

A Descriptive Study on Water Scarcity as a One Health Challenge among the Osiram Community, Kajiado County, Kenya

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Abstract : The One Health concept was officially adopted by the international organizations and scholarly bodies in 1984. It aims at combining human, animal and environmental components to address global health challenges. Using collaborative efforts optimal health to people, animals, and the environment can be achieved. One health approach plays a significant approach role in prevention and control of zoonosis diseases. It has also been noted that 75% of new emerging human infectious diseases are zoonotic. In Kenya, one health has been embraced and strongly advocated for by One Health East and Central Africa (OHCEA). It was inaugurated on 17th of October 2010 at a historic meeting facilitated by USAID with participants from 7 public health schools, seven faculties of veterinary medicine in Eastern Africa and 2 American universities (Tufts and University of Minnesota) in addition to respond project staff. The study was conducted in Loitoktok Sub County, specifically in the Amboseli Ecosystem. The Amboseli ecosystem covers an area of 5,700 square kilometers and stretches between Mt. Kilimanjaro, Chyulu Hills, Tsavo West National park and the Kenya/Tanzania border. The area is arid to semi-arid and is more suitable for pastoralism with a high potential for conservation of wildlife and tourism enterprises. The ecosystem consists of the Amboseli National Park, which is surrounded by six group ranches which include Kimana, Olgulului, Selengei, Mbirikani, Kuku and Rombo in Loitoktok District. The Manyatta of study was Osiram Cultural Manyatta in Mbirikani group ranch. Apart from visiting the Manyatta, we also visited the sub-county hospital, slaughter slab, forest service, Kimana market, and the Amboseli National Park. The aim of the study was to identify the one health issues facing the community. This was done by a conducting a community needs assessment and prioritization. Different methods were used in data collection for the qualitative and numerical data. They include among others; key informant interviews and focus group discussions. We also guided the community members in drawing their Resource Map this helped identify the major resources in their land and also help them identify some of the issues they were facing. Matrix piling, root cause analysis, and force field analysis tools were used to establish the one health related priority issues facing community members. Skits were also used to present to the community interventions to the major one health issues. Some of the prioritized needs among the community were water scarcity and inadequate markets for their beadwork. The group intervened on the various needs of the Manyatta. For water scarcity, we educated the community on water harvesting methods using gutters as well as proper storage by the use of tanks and earth dams. The community was also encouraged to recycle and conserve water. To improve markets; we educated the community to upload their products online, a page was opened for them and uploading the photos was demonstrated to them. They were also encouraged to be innovative to attract more clients.

Keywords : Amboseli ecosystem, community interventions, community needs assessment and prioritization, one health issues

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