



Hej Viveca,

Sänder delrapport från vår klubb, Uppsala Glunten RK, med avseende Rotary Doctors utbildningsprojekt i North Pokot, där vi erhöll finansiella stöd från U-fonden.

Slutrapporten kommer att lämnas då projektet är klart, förhoppningsvis under våren 2021.

Med vänlig hälsning,  
Uppsala 2020-10-21

A handwritten signature in blue ink, appearing to read "Ngoc Hang Huynh".

Ngoc Hang Huynh  
Klubbpresident 2020-2021  
Uppsala Glunten Rotary Klubb



## Delrapport Rotaryprojekt med stöd från U-fonden

Insändes efter del av projekt, se nedan. Om projektet inte är avslutat före 1 juli efter erhållet bidrag, skall delrapport insändas då samt slutrapport när projektet avslutas. Om projektet inte är avslutat året efter ansökningsåret skall hela beloppet återsändas.

Personuppgifter kommer att tas bort ur U-fondens register senast två verksamhetsår efter det att projektrapporten behandlats. Register över klubbar som fått bidrag kommer att finnas.

### U-fondens ansökningsnummer: ?

Projekt titel: Utbildning av lokala hälsovolontärer i North Pokot, Kenya

Rotary Klubb: Uppsala Glunten

Projektet startade den 19 maj 2020

Projektet avslutades den: Ej avslutat än, se nedan.

Erhållet Bidrag: 25 000 SEK

### Resultat:

1. Ge en rapport om projektets genomförande, bifoga gärna bilder

Målet med projektet var:

"Att utbilda ett stort antal lokala hälsovolontärer i familjeplaneringsfrågor i ett område (North Pokot) med hög andel tonårsgraviditeter och en stor utbredning av könsstympning, vilket medför en stor andel av graviditetskomplikationer. Genom utbildning kan man påverka beteenden för att minska dessa problem".

På grund av Covid-19 pandemin som under våren 2020 även drabbade Kenya kunde det planerade projektet ej genomföras inom beräknad tid. Liksom andra länder stängde Kenya ned innebärande att förbud rår/rådde gällande att samla grupper för undervisning.

Samtidigt kom från hälsomyndigheterna i västra Kenya en bön om hjälp att ge befolkningen kunskap om Covid-19, smittspridning och åtgärder för att förebygga den. I samråd med U-fonden omdirigerade då Uppsala Gluntens Rotaryklubb 40 000 SEK av den totala summan 75 000 SEK till utbildningsinsatser gällande Covid-19. Dessa insatser har sedan skett i de byar i North Pokot där klubben i föregående års projekt har finansierat undervisningsinsatser.

2. Har målet uppnåtts?

Utbildningen gällande Covid-19 ägde rum 19-21 maj 2020. Totalt genomfördes via Rotary Doctors 18 utbildningar vid 18 Community units. Vid varje Community unit utbildades 10 byhälsovolontärer – på ett Corona-säkert sätt.

Varje utbildning kostade 3 800 SEK, dvs total kostnad 68 400 SEK.

Uppsala Gluntens Rotaryklubb har bekostat utbildning huvudsakligen i "sina" byar.

Bidrag från andra rotaryklubbar täckte kostnaderna för några andra byar.

Beträffande innehåll i utbildningarna, genomförande och utfall se bifogad rapport(bilaga 1) från Rotarys koordinator på plats Daniel Muruka. 96,8 % av de aktuella hushållen har nåtts.

3. Om en samverkande organisation deltagit – beskriv dess roll

Samverkanspartners har varit generalsekreteraren för Rotar Doctors Sweden Karin Håkansson samt koordinator Daniel Muruka i Kenya.

4. Erfarenheter ur Rotaryperspektiv: positiva – negativa

Information från projektet har lämnats i anslutning till ett par klubbmöten. Den pågående pandemin har påverkat klubbens möten och medlemmars deltagande.

5. Hur många Rotarianer har deltagit i projektet och på vilket sätt

Se punkt 4.

6. Utvärdering: Vad gick bra och mindre bra?

Pågående pandemi har kraftigt påverkat såväl klubbens verksamhet som planerade insatser i Kenya.

35 000 SEK återstår för fortsatta insatser i Kenya. Emellertid är läget där med hänsyn till Covid-19 sådant att insatser ännu inte går att genomföra enligt ursprunglig projektplan. Under veckorna 43-44 2020 kommer koordinatören Daniel Muruka att besöka Kacheliba-området där "våra" byar finns. Han återkommer därefter med förslag om hur och när vi kan fortsätta klubbprojektet.

### Ekonomisk redovisning

| Typ av intäkt                         | Intäkter   | Typ av kostnad | Kostnader |
|---------------------------------------|------------|----------------|-----------|
| Bidrag från egen klubb                | 50 000 SEK |                |           |
| Bidrag från annan klubb               |            |                |           |
| Bidrag från U-fonden                  | 25 000 SEK |                |           |
| Bidrag från ev annan samarbetspartner |            |                |           |
|                                       |            |                |           |
|                                       |            |                |           |
| SUMMA                                 | 75 000 SEK |                |           |
|                                       |            |                |           |

Datum

19/10-20



Projektansvarig

Namnförtydligande

Anders Jacobson



Klubbpresident

Namnförtydligande

NGOC-HANG HUYNH

## **REVIEW OF NORTH POKOT COVID19 SENSITIZATION.**

### **INTRODUCTION.**

This activity was carried out between the 19<sup>th</sup> and the 21<sup>st</sup> may 2020, the activity was in response to the outbreak of the Corona virus globally. The need for the community to access more information regarding the origin, transmission routes and prevention to curb the spread of the virus was great, there by necessitating community sensitization. The Community Health Volunteers plays a big role in the transfer of health information from the Sub County Health Team to the rural community. Our approach to sensitize the rural community was therefore anchored on an already existing framework of the community unit. One community unit has one CHEW, a chew act as the supervisor of the CHVs and the link between Sub County Health Management Team and the CHVs. 1 CHV is responsible for approximately 100 household.

The objective of the COVID19 training in North Pokot was to prepare the community about the pandemic. There has been a lot of myths and rumors about the covid19 and therefore need to bring the community to a situation where they would be able to know facts from hearsay.

The training was being facilitated by the Sub County Health management Team Covid19 TOT. The training topics included:

- (1) The origin of Covid19.
- (2) Transmission and mode of infection.
- (3) How to break the transmission circle.
- (4) Possible suggestive signs of covid19 infection.
- (5) Preventing the spread of covid19.
- (6) Networking with the Sub County Health management Team covid19 response team.
- (7) Community Surveillance and CHVs role.

The role of CHVs in the community Sensitization.

After the training, the CHVs were to draw a plan on how he/she will schedule meeting with the village members at their household to talk about covid19. We were looking for a possibility not to listen to talks about the Covid19 virus, but create a dialogue atmosphere where people discuss about the subject. Ask questions and get accurate answers.

Target population.

North Pokot is composed of 18 community units, each community unit has 10 Community health volunteers. Each of the 10 CHVs oversee about 100 household. Our targeted household therefore was  $18 \times 10 \times 100 = 18,000$  households. Each CHV was given a simple register to indicate the household he was visiting, where the head of the visited household was to sign up having been visited. The Chew was to verify during the random visit.

Follow up.

The follow up was to asses;

- (1) Has the CHV been visiting the members of the community?
- (2) Are the communities more aware of covid19?
- (3) Is there hand washing facilities in the house and are people using it.
- (4) Are people observing social distances?
- (5) Are people using masks?
- (6) Are there reported cases in the villages?

- (1) CHVs visiting the household.

As can be seen in the table below, the CHVs have done a good job, over 96.8% of the household targeted have been visited. This could be verified by the CHEW on the ground and the house visit registers.

| NO | COMMUNITY UNIT | CHEW                 | TARGETED HOUSEHOLD | VISITED HOUSEHOLD | % VISITED |
|----|----------------|----------------------|--------------------|-------------------|-----------|
| 1  | ALALE          | LUSIANA LOKENO       | 1001               | 987               | 96.8%     |
| 2  | AMUKURIAT      | AUGUSTINE KIPYEGON   | 998                | 897               |           |
| 3  | SASAK          | JENIPHER LIMO        | 1005               | 999               |           |
| 4  | NARUAORO       | ZIPORA APEYO         | 982                | 953               |           |
| 5  | KASEI          | OBADIAH MNANGAT      | 1007               | 987               |           |
| 6  | KIWAWA         | WINBER KEMBOI        | 1002               | 973               |           |
| 7  | CHELOPOY       | SHIEKA ARUPE         | 997                | 977               |           |
| 8  | KAURIONG       | MIKAEL AGWALA        | 992                | 903               |           |
| 9  | KAMKETO        | SAMSON KAPITONGAR    | 1003               | 902               |           |
| 10 | KAMUNONO       | DANIEL LOKODIR       | 1000               | 978               |           |
| 11 | LOSAM          | ROBERT OSORO         | 988                | 967               |           |
| 12 | KACHELIBA      | GILBERT RUTO         | 998                | 918               |           |
| 13 | ASILONG        | CHEPONINGWEI LONGURA | 1002               | 992               |           |
| 14 | NAKUYEN        | NICHOLAS LEOTUM      | 997                | 997               |           |
| 15 | KARON          | EVERLYNE TWALA       | 1005               | 1001              |           |
| 16 | OROLWO         | JEMES RONO           | 989                | 977               |           |
| 17 | NAKWIJIT       | WILLIAM KROP         | 987                | 987               |           |
| 18 | KONYAO         | SAMWEL CHESIRO       | 1020               | 998               |           |
|    |                |                      | 17,987             | 17,973            |           |

(2) More community awareness of the covid19.

- From the household visited, almost all are now aware about the Covid19, they know how it is passed from one person to another, they know it is real and killing people and that there is great need to take care.

(3) Hand washing facility.

- All the household visited had hand washing facilities by the gate, one is asked to wash his hands when coming into the homestead and also wash his hands when leaving the compound. There were signs of water running on the ground where the hand washing implement was hanged meaning it is always used.
- In shopping centers one could also observe that there were hand washing facilities erected to be used by those going for shopping.

(4) Are people observing social distances?

- This has not been effectively implemented, the pokots like sitting together especially men talking about community issues, one could still notice that they have not fully embraced this. In some cases you see they have, but in some none.
- Social distance is also not so possible in the small houses they have, one small house of 10 by 10 housing more than 6 persons, does not really provide a possibility of social distance while at home.

(5) Are people using masks?

- Masks are being used, mostly when they go out of their homes, while at home they do not use it. They argue the mask is expensive and one cannot afford to buy mask every day or every other day. So what they have they keep, to use when they will be going out of the home to visit other people, or go to possible crowded places.

(6) Are their reported case?

- There have been cases that have been followed up, the community raising alarm, but all the cases have been negative.

(7) Behavior changes.

- It is becoming more common now with people not shaking hand while greeting each other, it more common now to wave at each other when greeting.
- Most community members were able to demonstrate safe coughing and sneezing techniques.

Challenges faced.

- North Pokot is a vast area with household scattered, it was not very easy for the CHVs to transverse the whole area on foot and cover the number of households.
- Small houses which do not provide possibility of social distancing.
- Cost of buying Masks daily.

General observation.

The majority of the community accepted that covid19 is a real threat and have taken the covid19 sensitization very seriously and are openly discussing about it. The Community Health Workers have done a great job, without them this information will not have reached to the general community in the rural.