**ROTARY DOCTORS SWEDEN**



**END YEAR REPOR JULY – DECEMBER 2020**

**BY:**

**DANIEL MURUKA**

**JACINTA KARIMI**

INTRODUCTION.

In the last half of the year 2020 (July-December) the Covid19 pandemic in Kenya has not been any better, the strict rules regarding prevention of the spread have been in force, with ban on public gathering’s, curfew, hand washing and use of face mask and sanitization has continued. At the end of the year we have observed a downward trend on the new infection of about 5% or below.

Our activities, though affected have continued with Preventive services being our main community activities. We have continued with Vaccination, Family Planning and Antenatal clinics program in the rural areas of Kenya. The continuation of these services in the three sub counties (Endebess, Kwanza and North Pokot) has enabled the sub counties to increase their vaccination target coverage.

Our Community training programs and Community public health campaigns have also been on-going, these includes, training of the community health volunteers, malnutrition and jiggers eradication campaign’s. Our community sanitation programs have also been on course. In this program we have seen many communities increase their total toilet coverage through our Community Led Total Sanitation Programs. Many households have also increased access to clean drinking water through the water projects (spring protections and shallow wells sinking)

The Community Nursing Services offices have been relocated from Kisumu to Kitale, the idea was to reduce travelling cost and also to be in touch with the implementing staff and enhance support supervision.

Under the circumstances, we are proud to say that through the efforts made by each and every team member from Sweden to Kenya, we have done a great job in the community in this difficult period. Thanks to Karin Hakansson for your immense support and understanding!

1. **2020 DOCTORS**

* There were no doctor or dentist coming in during this period due to covid19 restrictions.

1. **STAFFS.**

* The table below shows the staffs that have been very key in implementing the activities we have carried out within this period.

|  |  |  |  |
| --- | --- | --- | --- |
|  | NAME | STATION | RESPONSIBILITIES |
| 1 | SARAH A. OTIENO | KITALE | Nurse, preventive program Endebess sub county. |
| 2 | FAITH NAFULA JUMA | KITALE | Nurse, preventive programs Kwanza jeepline |
| 3 | SELINA WACHIYYE | KITALE | Lab technician, public health, clts and training programs, |
| 4 | DANIEL O. WAKHO | KACHILIBA | Lab technician preventive program North Pokot |
| 5 | ALOYCE OKELO | KITALE | Team driver and cars management. |

**2020 ACTIVITIES.**

1. Jeepline clinics with doctors until March, after that with Mother and Child Health services.
2. Dental clinics.
3. Mentorship program.
4. Preventive services.
5. Water projects.
6. Public health campaigns.
7. Community lead total sanitation.
8. Training of Community health Volunteers.
9. Kasei for change – women´s right to health.

**JEEPLINE CLINICS.**

* The RDS had transited from the mobile curative services and now focused on the mobile preventive services.
* We have though been following up the development of the clinics we used to go.
* The table below shows how the clinics have developed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ENDEBESS | STATE BY NOW | KWANZA | STATE BY NOW |
| 1 | Tulop Kesis |  | **6** St. Emanuel |  |
| 2 | Mubere | Taken by GOK | **7**  Sarura | Taken by GOK |
| 3 | Mowlem | Taken by GOK by opening Twiga disp. | **8** Amuka |  |
| 4 | Robinson |  | **9** Umoja | Taken by GOK |
| 5 | Nabeki | Taken by GOK | **10** Zea | Taken by GOK |

(GOK- Government of Kenya)

* Out of the 10 clinics, we started with at the beginning of the year, 6 have been taken over by the county government, a nurse has been posted and supplies sent to the dispensary.
* 4 have not been taken over, though we still run immunization services in the area.

**IMMUNIZATION DONE BY RDS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **BCG** | | **BP** | **OPV** | | | | **PENTA** | | | **PCV10** | | | | **ROTA** | |
|  | **<1** | **>1** | **<2WK** | **1** | **2** | | **3** | **1** | **2** | **3** | **1** | | **2** | **3** | **1** | **2** |
| **ENDEBESS** | **131** | **0** | **22** | **159** | **178** | | **213** | **167** | **205** | **240** | **162** | | **211** | **235** | **165** | **202** |
| **KWANZA** | **92** | **1** | **69** | **153** | **157** | | **208** | **150** | **156** | **210** | **153** | | **158** | **210** | **153** | **158** |
| **N. POKOT** | **530** | **0** | **83** | **469** | **526** | | **724** | **525** | **593** | **808** | **505** | | **547** | **652** | **501** | **580** |
| **TOTALS** | **752** | **1** | **174** | **781** | **861** | | **1145** | **842** | **954** | **1258** | **820** | | **916** | **1097** | **819** | **940** |
|  | **IPV** | | **MR** | | **HPV** | | | **FIC** | **DEW** | **VITAMIN A** | | |  |  | |  |
|  |  | | **1** | **2** | **1** | **2** | |  |  | **@6M** | | **>1** |
| **ENDEBESS** | **237** | | **444** | **882** | **4** | **1,117** | | **66** | **453** | **1434** | | **379** |  | |
| **KWANZA** | **208** | | **509** | **883** | **0** | **885** | | **261** | **510** | **2062** | | **309** |
| **N. POKOT** | **574** | | **802** | **440** | **737** | **5** | | **802** | **767** | **1034** | | **515** |
| **TOTALS** | 1019 | | 1755 | 2205 | 741 | 2007 | | 1129 | 1730 | 4530 | | 1203 |

KEY to shortenings:  
**BCG**: Bacille Calmette-Guerin vaccination for Tuberculosis   
**BP:** Birth Polio, **OPV**: Oral Polio  
**PENTA**: Pentavalent vaccine protects against five major diseases: diphtheria, tetanus, pertussis (whooping cough), hepatitis B and Haemophilus influenzae type b (DTP-hepB-Hib).  
**PCV10:** Pneumococcal 10-valent conjugate vaccine  
**ROTA:** Rota virus vaccine **IPV:** Inactivated polio vaccine

**MR:** Measles and Rubella virus vaccine  
**HPV**: Human Papilloma Vaccine.  
**FIC:** Fully Immunized Child, **DEW**: Deworming medicine given

**Immunization table for different MCH on wheel program.**

**COMMENTS.**

* The immunization program in North Pokot, is reaching out to more children with different vaccine as compared to the other immunization outreach programs in Endebess and Kwanza. High birth rate in Pokot, scattered health facilities to offer services, CHVs training and Kasei for change would be the most likely reason for this.
* The mobile outreach programs enable the capturing of defaulters, this can be seen in the increasing numbers in subsequent doses like in OPV 1, 2, and 3 etc.

**Table showing total sub county coverage from 2019 and 2020 of fully vaccinated children and RDS contribution to the sub counties.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SUB COUNTY | 2019 COVERAGE | 2020 COVERAGE | RDS TOTAL IMPUT |
| 1 | NORTH POKOT | 37% | 60% | 19.2% |
| 2 | ENDEBESS | 87% | 99.3% | 15.6% |
| 3 | KWANZA | 88% | 96.5% | 13.8% |

**NB:** The figures from the county level in the first two staples are uncertain, the baseline figure of children that should have vaccine is based on a projection of the population, and after the census done in 2020 it was realized that this figures did not reflect the real population size.

**Comments:**

* In North Pokot RDS is active in five areas, around the Kasei health center, Nakwijit dispensary, Tinei dispensary, Konyao health center and Kanyerus which a small part of the Sub County. The 19.2% contribution from RDS are in those areas. This is approximately 20 % of the sub-county.
* In Endebess and Kwanza RDS is also covering approximately 20 % of the sub-counties, here focusing on the least accessible areas.
* Intensified mobile outreach clinics have improved the general percentage coverage for the different sub counties.

**ANTENATAL CLINICS VISITS AT RDS CLINICS.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ANTENATAL CLINIC VISITS |  | 1ST VISIT | 2ND VISIT | 3RD VISIT | ABOV 4TH VISIT | TOTALS |  |
|  | **ENDEBESS** | **79** | **82** | **48** | **45** | 254 |
| **KWANZA** | **48** | **58** | **46** | **46** | **198** |
| **N. POKOT** | **239** | **265** | **192** | **193** | **889** |
| **TOTALS** | 366 | 405 | 286 | 284 | **1341** |
| FAMILY PLANING |  | **DEPO** | **PILLS** | **IMPLANTS** | **STERILIZATION** | **CONDOMS** | **TOTALS** |
|  | **ENDEBESS** | **360** | **27** | **151** | **0** | **176** | 714 |
| **KWANZA** | **400** | **61** | **160** | **0** | **60** | 681 |
| **N.POKOT** | **15** | **5** |  | **0** | **0** | 20 |
| **TOTALS** | **775** | **93** | **311** | **0** | **236** | **1415** |

**RDS ANTENATAL DATA ACROSS ALL THE 3 SUB COUNTIES**

**COMMENTS**

* More than 50% of all the ANC clients seen in our programs are seen in North Pokot.
* There are more ANC clients in the clinics we visit that attain the stipulated 4th visit, this could be due to the fact that the services are brought closer to the women´s homes.
* In all the three service areas, 2nd visit recoded a higher number than 1st visit, this means some clients started elsewhere and come for 2nd visit in our outreach clinics. Our staff thinks this has to do with “**Linda mama package” (**A public funded health scheme that ensure that pregnant women and infants have access to insurance for quality and affordable health services) We are exploring the possibility with the Sub-county health nurses of initiating the same service within our program.

**Table of the whole sub county coverage and the RDS contribution.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | 2020 coverage | Rds contribution |
| ENDEBESS | 1st ANC | 116.4% | 3.8% |
| 4th ANC | 41.3% | 6.1% |
| Family Planning. | 43% | 10.5% |
| KWANZA | 1st ANC | 126.2% | 5.6% |
| 4nd ANC | 49.1% | 9.2% |
| Family Planning | 53.2% | 15.2% |
| NORTH POKOT | 1st ANC | 130.3% | 38.3% |
| 4th ANC | 34% | 15% |
| Family Planning | 21.3% | 15% |

KEY = AND: Antenatal clinic, control of mothers before delivery, 4 visits is recommended

**NB:** The figures from the county level in the first two staples are uncertain, the baseline figure of children that should have vaccine is based on a projection of the population, and after the census done in 2020 it was realized that this figures did not reflect the real population size.

**FAMILY PLANNING DATA GENERATED FROM RDS CLINICS**

**COMMENTS.**

* Kwanza outreach clinic recorded high client number in family planning use, this has also been seen as the reason for low ANC and Immunization data. Each family has fewer children.
* North Pokot has for the first time has recoded numbers in Family planning. From zero to 20 clients is a great improvement, this number has been recorded mainly around Kameto and Kasei areas we have the Kasei for change projects.

**MALNUTRTION ASSESMENT FROM OUR THREE OUTREACH CLINICS OF RDS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MALNUTRITION | |  |  |  |  |  |  |  |
|  | **screened** | | **GOOD** | | **MAM** | | **SAM** | |
| MONTH | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** |
| ENBEBESS | 360 | 456 | 350 | 439 | 27 | 21 | 6 | 10 |
| KWANZA | 304 | 426 | 294 | 218 | 13 | 15 | 3 | 6 |
| N. POKOT | 1727 | 1878 | 1644 | 1707 | 161 | 185 | 25 | 27 |
| TOTALS | **2391** | **2760** | **2288** | **2364** | 201 | 221 | 34 | 43 |

KEY: MAM = Moderate Acute Malnutrition. SAM = Severe Acute Malnutrition

**COMMENTS**

* 79.8% out of the total malnourished children were recorded from North Pokot, while 12.8% were from Endebess and 7.4% from Kwanza.
* The Pokot RDS outreach is integrated with a nutritionist form the government, bringing in nutritional supplements, while in Endebess and Kwanza we give the fortified porridge, it is our nurses that takes care of these cases.

**SPECIAL PROJECTS.**

1. **WELLS AND SPRINGS.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | WELLS | PERIOD | SPONSORING CLUB | SUB COUNTY | VILLAGE | NO. OF HOUSEHOLD |
| 1 | **Sarura primary and community well** | **Nov 2020** | **Lerum RC** | **Kwanza** | **Sarura** | **141** |
| 2 | **Sande C community shallow well** | **Dec 2020** | **Water for all** | **Kawanz** | **Sarura C** | **130** |
| 3 | **Namorio Community well** | **Nov 2020** | **Water for all** | **Endebess** | **Namorio** | **140** |
| 4 | **Mwangaza B community shallow well** | **Dec 2020** | **Water for all** | **Kwanza** | **Mwangaza B** | **90** |
|  | **SPRINGS PROTECTED** |  |  |  |  |  |
| 1 | **Nambakhami spring.** | **Dec 2020** | **Uddevalla RC** | **Matungu** | **Mukhama** | **42** |
| 2 | **Surudi spring** | **Dec 2020** | **Trollhattan RC** | **Matungu** | **Surudi** | **57** |
| 3 | **Mabisi** | **Oct 2020** | **Angelholm RC** | **Matungu** | **Ombachu** | **78** |
| 4 | **Kalara spring** | **Sept 2020** | **Vanersborg Aurora RC** | **Mumias** | **Emachingwe** | **80** |
| 5 | **Emulungunga** | **Sept 2020** | **Orust RC** | **Mumias** | **Mwichinga** | **123** |

**COMMENTS.**

* 881 households have got a chance to access clean drinking water during this period.

1. **COMMUNITY LED TOTAL SANITATION.**

* We carried out implementation of Community Led Total Sanitation in 5 villages in Amuka.
* Total Number of household 637.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | PRE-PROJECT | DEC 2020 |
|  | TOTAL NUMBER OF HOUSES | 637 | 637 |
|  | HOUSE WITH LATRINES | 190 | 592 |
|  | HOUSEHOLD WITHOUT LATRINES | 447 | 45 |

**COMMENTS.**

* By end of December 2020, we managed trigger the community in increasing toilet coverage from the initial 29.8% to a high of 92.9%.
* Community Led Total Sanitation is a community driven change process where the RDS role is to do sensitization and mobilization of households to build own latrines.

1. **JIGGERS CAMPAIGN.**

* The jiggers campaign was carried out in Kimondo area.
* Targeted clients were 122 (both children and adults)

Number treated: 137, this was 112.3% of the clients targeted. All those treated were provided with shoes and their houses fumigated.

1. **TRAININGS OVER THE PERIOD.**

* During this period, the RDS has been able to undertake the following trainings, mostly for the Community Health Volunteers.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | TRAINING TARGET | NO. TRAINED | NO OF DAYS | TRAINING DESCRIPTION | TRAINING TOPICS COVERED |  |
| 1 | CHVs TULOP KESIS | 10 | 5 | Part of the CHVs training curriculum. | * REPRODUCTIVE HEALTH. * RIGHT BASED APPROACH. * COMMUNITY MOBILIZATION. | * Follow up scheduled early 2021. |
| 2 | CHVs KIMONDO | 29 | 1 | For jiggers eradication in Kimondo village. | * COMMUNITY JIGGERS MANAGEMENT AND ERADICATION. | * Followed by jiggers eradication campaign 137 clients treated. |

**KASEI FOR CHANGE**

* The Kasei for change project restarted its activities again in September after some few months of suspension due to covid19 pandemic.
* The project, aims was to support local groups to lead a change process to increase the Kasei women knowledge on their reproductive health right.
* This period also marked the end of the active phase of Kasei for change phase one. The final report is being worked on by Karin and Daniel.
* The project has been implemented in three sub-locations in the Kasei ward, in North Pokot.

During the period we have been able to carry out the following activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ACTIVITY | Target H/H | Reached H/H | Information shared |
| 1 | Household visits by the three women and three men groups in their own  sub-locations. | 1,920 | 2,122 | Discussed during the visits:  - Effects of Female Genital Mutilation   (FGM).   * Small manageable family through family planning. * Girl child education. * Utilization of the reproductive health services at clinics. |
| 2 | Dialogue meeting with the health staff and members of Kasei for change. | 60 | 60 | * The need to use the reproductive health services and the benefits of the usage to the family members. |
| 3 | Training on Right based approaches both health providers and members of Kasei for change. | 60 | 60 | * Application of RBA in the community, health facilities and the administration offices. |
| 4 | Data review meeting | 60 | 60 | * Look at the changes in data from the initial baseline data. |
| 5 | CNS meeting regarding lessons leant | 12 | 12 | * Application of the valuable lessons learnt by CNS during the implementation of Kasei for change project. |
| 6 | Dialogue meetings with the Traditional Birth Attendances | 50 | 45 | * Effect of FGM in the community. * Referral of clients to the health facilities to use reproductive health facilities. * Need to abandon the knife. |

**THE 3 FOCUS VILLAGES**

Most of the special projects (water- and sanitation projects, training of CHVs and jiggers) as reported on above are implemented in three areas, called Community Units, to be able to see long-terms effective with a more structured approach. These areas are Tulop Kesis, Amuka and Sarura in Endebess and Kwanza. In these three areas baseline information was gathered in May 2019, and new information is compiled every 6 months to see changes.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **TULOP KESIS** | | | **AMUKA** | | | **SARURA** | | |
| ***DATA*** | | | ***DATA*** | | | ***DATA*** | | |
| **BASELINE MAY 2019** | **JUNE 2020 REVIEW** | **DEC 2020 REVIEW** | **BASELINE MAY 2019** | **JUNE 2020 REVIEW** | **DEC 2020 REVIEW** | **BASELINE MAY 2019** | **JUNE 2020 REVIEW** | **DEC 2020 REVIEW** |
| **Name of the community unit (CU)** | **TULOP KESIS** | | | **KIMARAN** | | | **SARURA** | | |
| **Number of villages in the CU** | 8 | 8 | 8 | 13 | 13 | 13 | 13 | 13 | 13 |
| **Catchment population** | 4295 | 4379 | 4911 | 5779 | 5852 | 6102 | 5824 | 5876 | 5988 |
| **Number of households \*** | 1321 | 1337 | 1489 | 1165 | 1177 | 1513 | 1624 | 1659 | 1719 |
| HEALTH SERVICE INFO |  |  |  |  |  |  |  |  |  |
| **Number of Community Health Volunteers (CHV)** | 11 | 11 | 11 | 10 | 14 | 14 | 10 | 15 | 15 |
| **Number of fully trained CHV** | 4 | 4 | 3 | 6 | 6 | 6 | 4 | 4 | 4 |
| WATER INFO |  |  |  |  |  |  |  |  |  |
| **Households accessing clean water source:** | 0.23% | 16.62% | 20.6% | 4.5% | 24.9% | 24.9% | 3.5% | 21.2% | 25.9% |
| **Wells** | 0 | 9.7% | 14.1% | 3.30% | 22.8% | 22.8% | 0 | 17.7% | 24.7% |
| **Springs** | 0 | 6.5% | 6.5% | 0 | 0 | 0 | 2.3% | 2.3% | 0 |
| **Rainwater** | 0.23% | 0.42% | 0.42% | 1.20% | 2.1% | 2.1% | 1.2% | 1.2% | 1.2% |
| Examples of water sources used at the beginning of the project | Rivers/rain water | river/rain water |  | dam/river/rain water | dam/river/rain water |  | Wells/river/rain water | wells/river/rain water |  |
| **SANITATION ISSUE** |  |  |  |  |  |  |  |  |  |
| **Number of households with some sort of latrine** | 62% | 80.5% | 78% | 79% | 62% | 78.4% | 78% | 83.7% | 83.7% |
| **Latrines having a lid out of the above% of total** | 9% | 79% | 77% | 1.5% | 1% | 16.4% | 11% | 41.5% | 41.5% |
| **Latrines having hand-washing facilities** | 12.9% | 80% | 77% | 28% | 58% | 78% | 23% | 41.5% | 41.5% |
| **Number of villages in the CU declared OD-free\*\*** | 0 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| EDUCATION INFO |  |  |  |  |  |  |  |  |  |
| **Number of schools in the CU:** | 4 | 4 | 5 | 3 | 3 | 3 | 6 | 6 | 6 |
| **primary school** | 3 | 2 | 3 | 2 | 2 | 2 | 5 | 5 | 5 |
| **secondary school** | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| **tertiary school** | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Number of school going children in the CU:** | 2248 | 2393 | 2815 | 1913 | 2081 | 2388 | 2706 | 2984 | 3228 |
| **primary school** | 2117 | 2182 | 2480 | 1432 | 1603 | 1667 | 2492 | 2566 | 2617 |
| **secondary school** | 131 | 211 | 335 | 481 | 677 | 721 | 214 | 431 | 611 |
| **tertiary school** | 0 | 57 | 46 | 0 | 0 | 0 | 0 | 0 | 0 |
| MOTHER AND CHILD HEALTH |  |  |  |  |  |  |  |  |  |
| **Number of fully immunized children** | 38% | 41.7% | DCABS | 48% | 55.9% | DCABS | 58% | 63.3% | DCABS |
| **Use of family planning** | 34% | 40.7% | DCABS | 65% | 69.7% | DCABS | 27.4% | 36.1% | DCABS |
| **Estimated number of pregnant women** | 82 | 62 | DCABS | 71 | 90 | DCABS | 96 | 46 | DCABS |
| **Pregnant women coming to 4 check-ups** | 19% | 33% | DCABS | 7% | 32.1% | DCABS | 6% | 33.9% | DCABS |
| **Skilled deliveries of those doing the 4th check-up** | 31% | 41% | DCABS | 86% | 72.1% | DCABS | 83.3% | 81.7% | DCABS |
| **Number of women coming to post-natal visits** | 12% | 41.5% | DCABS | 23% | 78.6% | DCABS | 44% | 47.8% | DCABS |
| **Number of malnutrition cases at the jeeplines** | 21.20% | 11.5% | DCABS | 10.30% | 8.2% | DCABS | 8.2% | 6% | DCABS |
| CHRONIC DISEASES |  |  | DCABS |  |  | DCABS |  |  | DCABS |
| **Known diabetes cases on treatment** | 11 | 17 | DCABS | 6 | 14 | DCABS | 3 | 11 | DCABS |
| **Known hypertension cases on treatment** | 18 | 26 | DCABS | 11 | 34 | DCABS | 10 | 28 | DCABS |
| **PUBLIC HEALTH ISSUES** |  |  | DCABS |  |  | DCABS |  |  | DCABS |
| **Jiggers, assessed at the jeepline clinic** | 0 | 23 | DCABS | 0 | 41 | DCABS | 0 | 67 | DCABS |
| **Scabies, assessed at the jeepline clinic** | 3 | 11 | DCABS | 1 | 8 | DCABS | 2 | 0 | DCABS |
| **Fungal infection, assessed at the jeepline clinic** | 13 | 31 | DCABS | 21 | 17 | DCABS | 16 | 2 | DCABS |
| **Diarrheal diseases, assessed at the jeepline clinic** | 76 | 106 | DCABS | 102 | 108 | DCABS | 34 | 17 | DCABS |
| **Malaria prevalence** | 14% | 15.1% | DCABS | 12% | 18.1% | DCABS | 13% | 19.3% | DCABS |
| **Households received treated mosquito nets** | 1019 | 321 | DCABS | 981 | 493 | DCABS | 1288 | 142 | DCABS |

|  |  |
| --- | --- |
| Key: DCABS | Data Collection not possible due to striking nurses |

\*\* OD-free: Village free of open-air defecation (meaning that a village has approved latrines)

**REVIEW OF THE THREE VILLAGE REPORT.**

1. **CATCHMENT POPULATION AND NUMBER OF HOUSEHOLD.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | VILLAGES | Baseline data 2019 | Dec 2020 | Growth rate |
| 1 | TULOP KESIS | 4295 | 4911 | 14.3% |
| 2 | AMUKA | 5779 | 6102 | 5.6% |
| 3 | SARURA | 5824 | 5988 | 2.8% |

**COMMENTS**

* There was a great growth of population in Tulop Kesis, two reasons could be the reasons.   
  (a) The baseline data was a projection (before the census) it might not have captured the true picture on the ground.   
  (b) The Census carried out in late 2019 captured a tribe that live in the Mt. Elgon forest area that has not been included in the population counted earlier.

**HOUSEHOLDS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | VILLAGES | Baseline data 2019 | Dec 2020 | Growth rate |
| 1 | TULOP KESIS | 1321 | 1489 | 12.7% |
| 2 | AMUKA | 1165 | 1513 | 29.9% |
| 3 | SARURA | 1624 | 1719 | 5.8%% |

**COMMENTS.**

* More households come up in Amuka, than the other 2 villages. Meaning more people becoming more independent.

1. **ACCESS TO CLEAN DRINKING WATER.**
2. Households accessing to clean drinking water has increased. The sources have been identified to include: Rain water harvesting, protection of springs and sinking of shallow wells.

**COMMENTS.**

* There was an increase in access to clean water in Tulop Kesis and Sarura this quarter while Amuka remained the same as the first quarter of 2020.
* This increased access to clean drinking water was made possible through the water project supported by Rotary Clubs and the Rotary Doctors.

1. **COMMUNITY LED TOTAL SANITATION.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | PARAMETORS | BASELINE 2019 | DATA BY dec 2020 | INCREASE IN % | DECREASE IN % |
| TULOP KESIS | TOTAL TOILET COVERAGE. | 62% | 78% | 16% |  |
| TOILET WITH LID | 9% | 77% | 68% |  |
| TOILET WITH HAND WASHING FACILITY | 12.9% | 77% | 67.1% |  |
| AMUKA | TOTAL TOILET COVERAGE. | 79% | 78.4% |  | 0.6% |
| TOILET WITH LID | 1.5% | 16.4% | 14.9% |  |
| TOILET WITH HAND WASHING FACILITY | 28% | 78% | 50% |  |
| SARURA | TOTAL TOILET COVERAGE. | 78% | 83.7% | 5.7% |  |
| TOILET WITH LID | 11% | 41.5% | 30.5% |  |
| TOILET WITH HAND WASHING FACILITY | 23% | 41.5% | 18.5% |  |

**COMMENTS.**

* Latrine coverage with lid in Tulop Kesis and in Sarura has increased due to sanitation project of RDS.
* Hand washing facilities have increased a lot, due to training within the latrine project but also due to the covid-19 pandemic and the training of CHVs and the campaign within the Global Grant project.

**RELOCATION OF KISUMU OFFICE TO KITALE COST EFFECT ANALYSIS.**

* The objective:

1. Enabled support supervision and built confidence and good relationship with the staffs.
2. Enable timely program reviews and help each other in developing solutions.
3. Reduced time, spent driving between Kisumu and Kitale.
4. Overall reduction in cost of some vote heads per year.

* The CNS office in Kisumu and visiting different stations involve costs in the following vote heads: fuel, Cost for repairs and services and out of station expenditures. We have compared the costs in the period between July – December 2020 and July – December 2019 and see cost deviation and the result is as shown below:

OSA = Out of Station Allowance

***COMMENTS***

* The major cost reduction has been witnessed in the out station allowances, where staffs are allocated some funds to meet the cost associated with out station expenditure.
* In fuel and vehicle cost we have also seen a reduction of slightly more than a half of what we used the same period in 2019.
* As for the rent, reduction is due to the agreement CNS accepted to transfer its Kisumu office rent cost to the doctors house Kitale.
* The rent would have costed 240,00ksh, but because of CNS input, the RDS has only paid 78,000ksh only. A reduction of up to 77.5%

**CARS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | CAR REG | MAKE | COMMENTS |
| 1 | KCN 576C | TOYOTA HARRIER | * Low in maintenance and in very good condition, used for office errands, allocated to the Daniel and Jacintas use. |
| 2 | KCJ 209Q | NISSAN DOUBLE CABIN | * Used by Daniel Wakho in West Pokot, very expensive to maintain, the roads contributes to its high maintenance cost. |
| 3 | KCE 365M | NISSAN DOUBLE CABIN | * Use in Kitale, still in good condition used for the preventive outreach services |
| 4 | KBU 694R | NISSAN DOUBLE CABIN | * Use in Kitale, still in good condition used for the preventive outreach. |
| 5 | KBK 933J | TOYOTA DOUBLE CABIN | * Stand by car. |
| 6 | KCX 089A | MARUTI GYPSY | * Used interchangeably between, Endebess, Kwanza and North Pokot. During this year it was more used in North Pokot. |