

THE ROTARY DOCTOR SWEDEN

JAN – JUNE 2020 ACTIVITY REPORT



REPORT BY:

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TABLE OF CONTENT

1) Introduction.....	3
2) Endebess jeep line activities.....	4-6
3) Kwanza Jeep line Activities.....	6-8
4) Door to door (MCH on Wheel).....	8-9
5) North Pokot Project Activities.....	9
6) Dental project Activities.....	9-10
7) SPECIAL PROJECTS	
(i) Water projects.....	10
(ii) Community Led Total sanitations.....	11
(iii) Jiggers Campaign.....	11-12
(iv) Malnutrition campaign.....	12-13
(v) Covid19 sensitization program.....	13-14
(vi)	
8) 3 Focus village project review.....	14-20
9) Abbreviations.....	21

INTRODUCTION

The Rotary Doctors Sweden (RDS) and Community Nursing Services(CNS), despite the global pandemic of Covid19, we have continued to offer Health care services to the rural community. It has been a difficult period, we therefore had to modify our activities to fit within the new situation the world has found itself into. In the early months of 2020, the world work up to a global pandemic, the Covid19, affecting the normal life of people all over the world. The Rotary Doctors mobile activities were not spared either, we halted the program as the government issued guidelines to be followed during gatherings and need to protect our staffs too from the pandemic, our doctors and dentists at that time had to terminate their mission and head back home. Since then, the world has not recovered to the effects of corona virus.

The RDS and CNS were able to carry out activities from January 13th 2020, the activities included, curative services, preventive services like maternal Child health, Family planning and Antenatal clinic among others, community led total sanitation and water projects, Kasei for change project and mentorship program in Kachiliba. In our mobile clinics activities, we reached out to 10 different villages, working together with the Community, Community

health Volunteers and the county government. We were also able carried out Malnutrition campaigns, Jiggers campaigns and community sanitation programs and water projects. In March 13th 2020, the jeepline activities were temporarily halted due to corona pandemic. Our active mobile clinics days therefore were only 2months in the first half of this year.

The Covid19 brought a new situation and therefore a need to sensitize our health staffs and the general community through the CHVs in passing the corona information to the general community.

Even with Covid19, we have managed to carry out some activities; we embarked on door to door immunization, family planning and ANC services. People stayed away from the hospital in the fear of infection of covid19, parents failed to turn up for immunization schedules for their children; family planning defaulting was great and also lack of access to antenatal clinics. This prompted our approach to reach some of the rural population at their homes.

It has been a tough time, but our heartfelt appreciation to the board of Rotary Doctors Sweden, for the support they have given to us during this time. The CNS board of directors and the entire staff of the CNS/RDS we are grateful for your commitment and selfless service.

JEEPLINES

- The jeeplines were only active between 13th of January 2020 and march 13th 2020 before breaking due to covid19 pandemic. We only go out from Monday to Friday. We currently have only two jeeplines: Kwanza and Endebess jeeplines.

ENDEBESS JEEPLINE

patients turn up														
	Jan		feb		mar		Apr.		may		Jun		total	
	m	f	m	f	m	f	m	f	m	f	m	f	m	f
0-5	67	74	124	135	67	60	0	0	0	0	0	0	258	269
5-14	36	44	69	76	32	33	0	0	0	0	0	0	137	153
14-25	16	31	29	48	17	24	0	0	0	0	0	0	62	103
25-35	5	36	8	39	3	19	0	0	0	0	0	0	16	94
Above 35	12	55	16	83	13	36	0	0	0	0	0	0	41	174
Above 55	15	37	18	34	5	17	0	0	0	0	0	0	38	88
sub total	151	277	264	415	137	189	0	0	0	0	0	0	552	881
total	428		679		326		0		0		0		1433	

COMMENTS.

- February, had the highest number of patients, more female than males, 57% were patients below the age of 14 years.
- March had low numbers, because we had closed down due to covid19 pandemic.

Cases diagnosed

	total	%			%
Confirmed malaria	112	5.8	Eye Infections	65	3.4
clinical malaria	0	0	Ear Infections	41	2.2
Pneumonia	37	1.9	all other cases	520	27.4
Diarrheas diseases	64	3.4	Diabetes	6	0.3
Skin diseases/Wounds	307	16.2	Hypertension	125	6.6
Viral Infection	405	21.3	Asthma	17	0.9
general body aches	196	10.3	Epilepsy	4	0.2
Psoriasis	0	0			
TOTAL CASES 1900					

COMMENTS.

- Out all the cases diagnosed, malaria accounted for 5.8%, diarrheal case 3.4%. Viral infection was more common at 21.3% followed by skin diseases at 16.2%.

- Community led total sanitation has really contributed to decline in diarrheal diseases in the jeep line clinics.

Malaria testing

TOTAL TESTED 651		0-5		5-14		15-24		25-34		35-54		ABOVE 55		TOTALS
		M	F	M	F	M	F	M	F	M	F	M	F	
	POSITIVE	11	17	20	21	18	12	1	6	3	2	1	0	112
	SUB %													
	%	25%		36%		26%		6%		4%		0.9%		

COMMENTS.

- Patients between the age of 5-14 years had more malaria positivity, followed by the age between 15-24 years at 26%

Hiv testing

TOTAL TESTED 1480	0-5		5-14		15-24		25-34		35-55		ABOVE 55		TOTALS
	M	F	M	F	M	F	M	F	M	F	M	F	
POSITIVE	0	0	0	0	0	0	0	0	1	0	0	0	1
%													

COMMENTS.

- Out of 1480 tested only one was positive. Great stride towards HIV elimination.

Antenatal clinics/family planing.

ANTENATAL CLINIC VISITS	1 ST VISIT	2 ND VISIT	3 RD VISIT	ABOV 4 TH VISIT		TOTALS
	96	93	41	43		273
FAMILY PLANING	DEPO 123	PILLS 26	IMPLANTS 151	STERILIZATION 0	CONDOMS 9	TOTALS 309

COMMENTS.

- Increase in use of implants.

Immunization

BCG	POLIO			PENTA			MEASLES	FIC	ROTA
	BP	1	2	3	1	2	3		
98	21	122	147	169	119	147	157	133	144

COMMENTS.

- We were able to immunize, 133 children to attain full immunization status between 13th Jan – 13th March 2020.

MOSQUITOR BED NETS	
CHILDREN UNDER 1	0
PREGNANT MOTHERS	0
SOLD TO PTS	13
TOTAL	13

- Slow distribution of free nets since majority were given free nets by the government.

KWANZA JEEPLINE

patients turn up														
	jan		feb		mar		apr		may		jun		total	
	m	f	m	f	m	f	m	f	m	f	m	f	m	f
0-5	48	56	100	98	48	51	0	0	0	0	0	0	196	205
5-14	31	22	31	46	28	28	0	0	0	0	0	0	90	96
14-25	16	33	19	31	13	29	0	0	0	0	0	0	48	93
25-35	10	41	11	68	4	32	0	0	0	0	0	0	25	141
35-55	18	60	25	90	20	64	0	0	0	0	0	0	63	214
Above 55	29	63	29	83	20	64	0	0	0	0	0	0	78	210
sub total	152	275	215	416	133	268	0	0	0	0	0	0	500	959
total	427		631		401		0		0		0		1459	

COMMENTS.

- Majority of clients were seen on February, 40% of the clients seen were those below 14 years of age, while 60% were above 15 years of age.

Cases diagnosed

	total	%			%
Confirmed malaria	129	5.7	Eye Infections	41	1.8
clinical malaria	0	0	Ear Infections	34	1.5
Pneumonia	38	1.7	all other cases	786	35
Diarrheas diseases	34	1.5	Diabetes	0	0
Skin diseases/Wounds	238	10.6	Hypertension	10	0.5
Viral Infection	297	13.2	Asthma	1	0.04
general body aches	331	14.7	Epilepsy	0	0
Psoriasis	0	0			
Total cases 2245					

COMMENTS.

- Malaria cases accounted for 5.7% of the cases diagnosed, viral and general body pains accounted for the highest cases diagnosed at 13.2% and 14.7% respectively.
- Of remarkable improvement is the diarrheal disease from last year of 3.3% to a low of 1.5% this year. This could be due to aggressive community sensitization on community led total sanitation.

Malaria testing

TOTAL TESTED 528		0-5		5-14		15-24		25-34		35-54		ABOVE 55		TOTALS
		M	F	M	F	M	F	M	F	M	F	M	F	
	POSITIVE	32	25	16	11	5	11	4	0	1	10	6	8	129
	SUB %													
	%	44.2		20.9		12.4		3.1		8.5		10.9		

COMMENTS.

- Out of those tested the highest positivity at 44.2% was at age 0-5, followed by age 5-14 at 20.9%

Hiv testing

TOTAL TESTED 93	0-5		5-14		15-24		25-34		35-54		ABOVE 55		TOTALS
	M	F	M	F	M	F	M	F	M	F	M	F	
POSITIVE	0	0	0	1	0	0	0	0	1	1	0	0	3
%													

COMMENTS.

- Out of 93 tested 3 tested positive to HIV.

Antenatal clinics/family planning.

ANTENATAL CLINIC VISITS	1 ST VISIT	2 ND VISIT	3 RD VISIT	ABOV 4 TH VISIT		TOTALS
	43	23	23	18		107
FAMILY PLANING	DEPO	PILLS	IMPLANTS	STERILIZATION	CONDOMS	TOTALS
	142	27	26	0	11	206

IMMUNIZATION

BCG	POLIO			PENTA			MEASLES	FIC
	BP	1	2	3	1	2	3	
33	14	63	63	71	63	63	71	81

COMMENTS

- 74 Children attained full immunization status during this period.

MOSQUITOR BED NETS	
CHILDREN UNDER 1	0
PREGNANT MOTHERS	0
SOLD TO PTS	50
MOSQUITOR BED NETS	
TOTAL	50

DOOR TO DOOR (MCH ON WHEELS) PREVENTIVE SERVICES.

- In April, we decided to start a door to door immunization schedules, gathering were prohibited, mother's feared going to hospital for immunization and other MCH/FP services, therefore the need to reach them at home. We called the program "MCH on wheels"

IMMUNIZATION

	BCG	BP	OPV			PENTA			PCV10			ROTA		IPV	MR		HPV		FI	DEWORM	VIT A	
			1	2	3	1	2	3	1	2	3	1	2		1	2	1	2			@6M	@1Y
ENDEBESS	57	16	65	78	97	65	78	97	65	78	97	65	79	97	267	469	54	6	267	430	172	425
KWANZA	51	29	45	48	49	44	49	44	46	50	44	47	45	57	213	645	169	22	229	276	181	843

COMMENTS.

- The above table shows immunization returns during the start of door to door giving way to MCH on wheel from April 2020.
- The reporting tool was designed to cover wide range of antigens which have given during this period.

Antenatal clinics/family planing.

ANTENATAL CLINIC VISITS		1 ST VISIT	2 ND VISIT	3 RD VISIT	ABOV 4 TH VISIT		TOTALS
	ENDEBESS	20	16	14	10		60
	KWANZA	28	8	10	14		60
	TOTALS	48	24	24	24		120
FAMILY PLANING		DEPO	PILLS	IMPLANTS	STERILIZATION	CONDOMS	TOTALS
	ENDEBESS	93	9	59	0	12	173
	KWANZA	153	10	50	0	16	229
	TOTALS	246	19	109	0	28	402

COMMENTS

- We have been able to reach out to 120 mothers and offered Antenatal clinic services and also offered to 402 women different types of family planning.

NORTH POKOT

Antenatal clinics/ family planning.

ANTENATAL CLINIC VISITS	1 ST VISIT	2 ND VISIT	3 RD VISIT	ABOV 4 TH VISIT	TOTALS
	233	232	128	140	733
FAMILY PLANING	DEPO	PILLS	IMPLANTS	STERILIZATION	TOTALS
	1	2	1	0	4

COMMENTS.

- On a positive note, we have had 4 family planning clients, previously we have not been able to record any family planning services since this community is not very keen on using family planning.

Immunization

BCG	POLIO				PENTA			MEASLES	FIC	VIT A	D-WORMING	TOTAL
	BP	1	2	3	1	2	3					
311	28	297	313	238	213	140	140	438	195	708	231	3261

COMMENTS.

- We managed 195 fully immunized children, this period. We had some interruption when covid19 started, but we were able to resume again.

DENTAL PROJECT

The program is designed to offer dental services to primary school children. The services includes:

1. Health education.
2. Screening of dental cases.
3. Treatment of identified cases.

Adults also access the dental services from our out-reach clinics.

	Patients screened		Extractions		Fillings		Cleaning	
	m	f	m	f	m	f	m	f
0-5	0	0	0	0	0	0	0	0
5-14	1978	1883	131	119	0	0	3	0

14-25	545	516	43	48	0	0	0	0
25-35	4	20	3	19	1	0	0	1
Above 35	9	32	9	32	0	0	0	0
Above 55	6	4	6	4	0	0	0	0
sub total	2542	2455	192	222	1	0	3	1
total	4997		414		1		4	

COMMENTSS.

- 8.4% Of those screened had dental related problem out of which about 98% had an extraction.

SPECIAL PROJECTS

1. Water projects

No.	Spring/Shallow well	period	Sub County	Village	No. of households
1.	Nyahera community spring	Feb/March	Mumias	Mukhweso	100
2.	Mabusi community spring	Feb/March	Mumias	Bumia	65
3.	Maram community shallow we11	Feb/March	Kwanza	Maram	350
4.	Cheptantan community spring	Feb/March	Endebess	Cheptantan	320
5.	Mwangaza A community Shallow well	Feb/March	Kwanza	Mwangaza	118
6.	Sarura B. community shallow well	Feb/March	Kwanza	Amuka	79
7.	Pengi primary and community shallow well	March/April	Kwanza	Kimaran	760
8.	Perur community shallow well	April/May	Endebess	Perur	230
9.	Bwayi dispensary and community shallow well	April/May	Transzoia	Bwayi	150
10	Sande primary and community shallow well	May/June	Kwanza	Sande A.	127
11.	Aseka community spring	June/July	Mumias	Emuchingwe B.	59
12.	Kadiwa community spring	June/July	Mumias	Lusheya A.	85
13	Marambach Community Shallow well	June/July	Kwanza	Marambach	260

2. Community Led Total Sanitation project

Five villages had the opportunity to be involved in the CLTS program, they included:

- I. Sarua A with 178 households
- II. Sarura B with 132 households
- III. Mwangaza A with 152 households
- IV. Mwangaza B with 121 households
- V. Sande A with 91 households

Activities done during the program include;

- I. Meeting with the concerned health department.
- II. Village mapping
- III. Community rapport building meeting
- IV. Triggering
- V. CLTS community sensitization training
- VI. Households follow up sessions

Below is a tabulate increase in number of latrine coverage since February.

		Baseline Coverage	Coverage By June
SARURA A	178	52%	91.6%
SARURA B	132	59%	93.9%
MWANGAZA A	152	73%	95.4%
MWANGAZA B	121	33%	93.4%
SANDE A	71	45%	100%

COMMENTS

- The % shows the number of houses which have attained full Open defecation free parameters, to include: Safe and private structure, lit for the latrine and hand washing possibility.

3. Jigger campaign

The jigger campaign was done in Bwayi village in Sarura clinic. The number of targeted households was 56 and target number of patients 79. The campaign was on the 14th and 15th March 2020.

In the campaign the following were involved;

- I. 10 volunteers
- II. 10 staffs
- III. 1 village elder
- IV. 1 jeep line doctor
- V. Public Health office

Most of the affected cases were children between the age of 2 years to 14 years and the turn up for treatment was 98% for this age group. 79 of the treated cases received shoes.

Distribution of expected patients

	0-5yrs	5-14yrs	14-25yrs	25-35yrs	35-55yrs	OVER55yrs	TOTAL
MALE	6	11	17	9	3	4	50
FEMALE	4	7	11	4	1	1	29
TOTALS	10	18	28	13	4	6	79

Treated patients were as follow

	0_5yrs	5_14yrs	14_25yrs	25_35yrs	35_55yrs	Over 55yrs	TOTAL
MALE	9	16	26	3	4	3	57
FEMALE	4	7	21	2	2	1	41
TOTAL	13	23	47	5	6	4	98

4. Malnutrition campaign

The campaign carried out in April 2020 in Marambachi, rock and cheptantan villages. The villages are from Tulop Kesis one of our outreach sites.

- Services offered during the campaign included: Nutritional assessment, Health education, estimation of hb, deworming and treatment of skin related diseases.
- During the campaign the following were involved RDS staff, nutritionist, community health volunteers and village elders of respective villages.

The malnourished children data was as follows:

	0-5 yrs	5-14 yrs	TOTAL
MALE	16	4	20
FEMALE	4	5	9
TOTAL	20	9	29

Below is the data from the campaign:

		MALNUTRITION STATUS		HAEMOGLOBIN		VITAMIN A	DEWORMING	FUNGAL CASES
		SEVERE	MODERATE	LOW	NORMAL			
MALE	0-5 YRS	13	6	14	4	36	23	7
	5-14 YRS	1	0	0	1	1	6	1
FEMALE	0-5 YRS	3	11	12	3	51	25	3
	5-14 YRS	0	0	0	0	0	4	1
TOTAL		17	17	26	8	88	58	12

FOLLOW UP AT 6 WEEKS.

		MALNUTRITION STATUS		HAEMOGLOBIN		VITAMIN A	DEWORMING	FUNGAL CASES
		SEVERE	MODERATE	LOW	NORMAL			
MALE	0-5 YRS	0	2	1	16	36	23	1
	5-14 YRS	0	1	0	1	1	6	0
FEMALE	0-5 YRS	0	0	2	14	51	25	0
	5-14 YRS	0	0	0	0	0	4	
TOTAL		0	3	3	31	88	58	1

COMMENTS.

- Marked improvement during follow up of the children who were previously malnourished.

5. Covid-19 sensitization trainings

The sensitization trainings were done for the RDS staffs and for North and South Pokot targeting the Community health volunteers and Frontline health care workers in North Pokot (Kachiliba).

Topics covered during the sensitization included;

- For the RDS health workers and Frontline health workers.
 - COVID 19 Overview
 - Infection Prevention and control (IPC) Overview, Hand hygiene, Personal Protective Equipment (PPE) and Injection safety, Cleaning and Disinfection, Health care waste management /practical
 - Constitution of Rapid Response teams
 - COVID 19 Sample Management/practical
 - COVID 19 enhanced Surveillance
 - COVID 19 case management
 - Setting up Quarantine and isolation facilities
 - Handling of Dead bodies
 - Occupational safety and health
 - psychosocial support

Practical lessons included

- Putting and removal of Personal Protective Equipment's.
 - Handling of dead bodies
- For community health volunteers
 - What is Covid-19 and how did it develop.
 - How has it affected the world?

- c) How does it spread?
- d) What are the signs and Symptoms of covid-19
- e) How can we prevent it from spreading?
- f) What are the cultural practices that could put the community at risk of infection?
- g) What are the roles of Community Health Volunteers in prevention of the spread!

Practical lessons to the Community Health Volunteers included

- a) Hand washing techniques
- b) Putting on and removing masks
- c) Coughing on your elbow
- d) How to make a tippy tap

3 FOCUS VILLAGE PROJECT REVIEW OF CLINICS JUNE 2020

	TULOP KESIS			AMUKA			SARURA		
	<u>DATA</u>			<u>DATA</u>			<u>DATA</u>		
	BASELINE MAY 2019	DEC 2019 REVIEW	JUNE 2020 REVIEW	BASELINE MAY 2019	DEC 2019 REVIEW	JUNE 2020 REVIEW	BASELINE MAY 2019	DEC 2019 REVIEW	JUNE 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	4356	4379	5779	5835	5852	5824	5863	5876
Number of households *	1321	1334	1337	1165	1174	1177	1624	1643	1659
HEALTH SERVICE INFO									
Jeepline clinic house	CHURCH	CHURCH	CHURCH	CHURCH	CHURCH	CHURCH	CDF BUILDING	CDF BUILDING	CDF BUILDING
Distance from clinic to nearest health disp (GOK)	6.8KM	6.8KM	6.8KM	6.2KM	6.2KM	6.2KM	10.2KM	10.2KM	10.2KM
Number of Community Health Volunteers (CHV)	11	11	11	10	14	14	10	15	15
Number of fully trained CHV	4	0	0	6	6	6	4	4	4
WATER INFO									
Households accessing clean water source:	0.23%	0.23%	16.62 %	4.5%	5.4%	24.9%	3.5%	3.5%	21.2%
Wells	0	0	9.7%	3.30%	3.30 %	22.8%	0	0	17.7%
Springs	0	0	6.5%	0	0	0	2.3%	2.3%	2.3%
Rainwater	0.23%	0.38%	0.42%	1.20%	2.10%	2.1%	1.2%	1.2%	1.2%
Examples of water sources used now	Rivers/ra in water	River/rain water	river/ra in water	dam/riv er/rain water	dam /river/R ain water	dam/riv er/rain water	Wells/ri ver/rain water	wells,riv er/rain water	wells/rive r/rain water
SANITATION ISSUE									

Number of households with some sort of latrine	62%	80.5%	80.5%	79%	79%	62%	78%	78%	83.7%
Latrines having a lid out of the above% of total	9%	79%	79%	1.5%	1.5%	1%	11%	11%	41.5%
Latrines having hand-washing facilities	12.9%	79%	80%	28%	28%	58%	23%	23%	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	4	3	3	3	6	6	6
primary school	3	3	2	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	2360	2393	1913	2019	2081	2706	2934	2984
primary school	2117	2249	2182	1432	1612	1603	2492	2529	2566
secondary school	131	217	211	481	511	677	214	311	431
tertiary school	0	36	57	0	0	0	0	0	0
MOTHER AND CHILD HEALTH									
Number of fully immunized children	38%	39.1%	41.7%	48%	51%	55.9%	58%	62%	63.3%
Use of family planning	34%	38%	40.7%	65%	65%	69.7%	27.4%	31.3%	36.1%
Estimated number of pregnant women	82	67	62	71	54	90	96	68	46
Pregnant women coming to 4 check-ups	19%	16%	33%	7%	11%	32.1%	6%	7.6%	33.9%
Skilled deliveries of those doing the 4th check-up	31%	33%	41%	86%	86%	72.1%	83.3%	61.3%	81.7%
Number of women coming to post-natal visits	12%	6%	41.5%	23%	26%	78.6%	44%	44%	47.8%
Number of malnutrition cases at the jeeplines	21.20%	19.3%	11.5%	10.30%	8.9%	8.2%	8.2%	6.7%	6%
CHRONIC DISEASES									
Known diabetes cases on treatment	11	14	17	6	12	14	3	10	11
Known hypertension cases on treatment	18	25	26	11	27	34	10	22	28
PUBLIC HEALTH ISSUES									
Jiggers, assessed at the jeepline clinic	0	3	23	0	11	41	0	4	67
Scabies, assessed at the jeepline clinic	3	18	11	1	2	8	2	1	0
Fungal infection, assessed at the jeepline clinic	13	11	31	21	7	17	16	4	2
Diarrheal diseases, assessed at the jeepline clinic	76	189	106	102	133	108	34	29	17
Malaria prevalence	14%	15.8%	15.1%	12%	21.8%	18.1%	13%	16.7%	19.3%
Households received treated mosquito nets	1019	37(RDS)	321	981	41	493	1288	15	142

REVIEW OF THE REPORT.

1. CATCHMENT POPULATION AND NUMBER OF HOUSEHOLD.
- a) There is a steady growth on the population.

	VILLAGES	Baseline data 2019	June 2020	Growth rate
1	TULOP KESIS	4295	4379	1.97%
2	AMUKA	5779	5852	1.26%

3	SARURA	5824	5876	0.89%
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b) There was also a rise in the number of the households during the same time.

	VILLAGES	Baseline data 2019	June 2020	Growth rate
1	TULOP KESIS	1321	1337	0.98%
2	AMUKA	1165	1177	1.03%
3	SARURA	1624	1659	2.15%

COMMENTS.

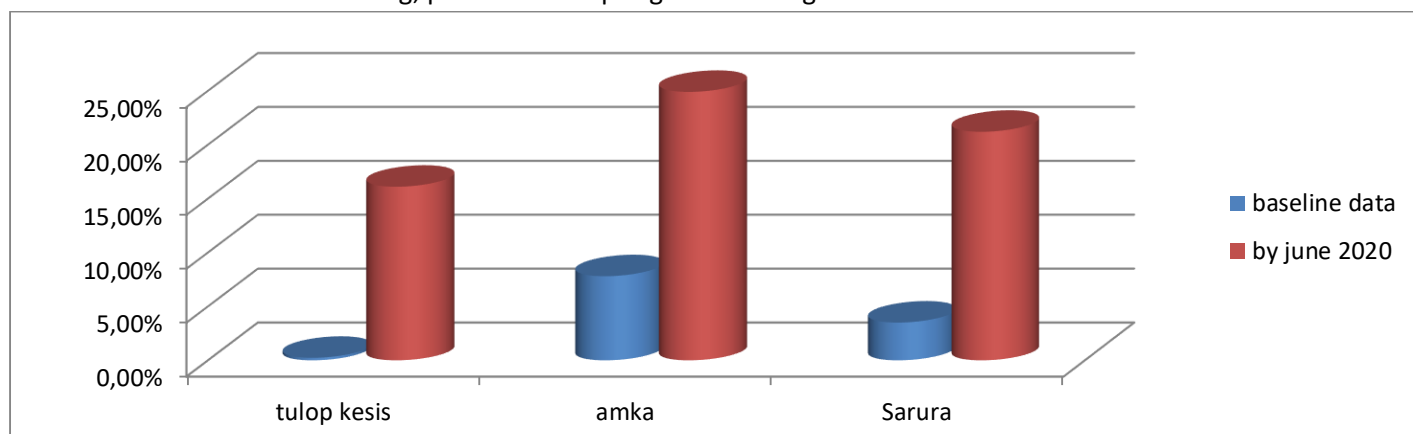
- There was increase in terms of population and household in the three villages.
- Population increase could be attributed to: New births and migrations into the villages.
- Households increase can also be attributed to: migration into the villages and increased independent where people move out of their parent's household to start own household.

2. JEEPLINE CLINICS.

- The jeepline services have been stopped due to covid19 pandemic!
- We have though continued in this areas with
 - MCH/FP services.
 - Community sanitation programs.
 - Public health campaigns.
 - Covid19 sensitization.

3. ACCESS TO CLEAN DRINKING WATER.

- Households accessing clean drinking water. The sources have been identified to include:
Rain water harvesting, protection of springs and sinking of shallow wells.



COMMENTS.

- A tremendous increase in the household accessing clean water. This is has been made possible by the Rotary doctors supporting of protection of one spring and two shallow wells in Tulop Kesis, 3 shallow wells in Sarura and 4 shallow wells in Amuka.
- The community members have also taken initiatives to harvest rainwater from the roof tops and store in big plastics tanks.

4. COMMUNITY LED TOTAL SANITATION.

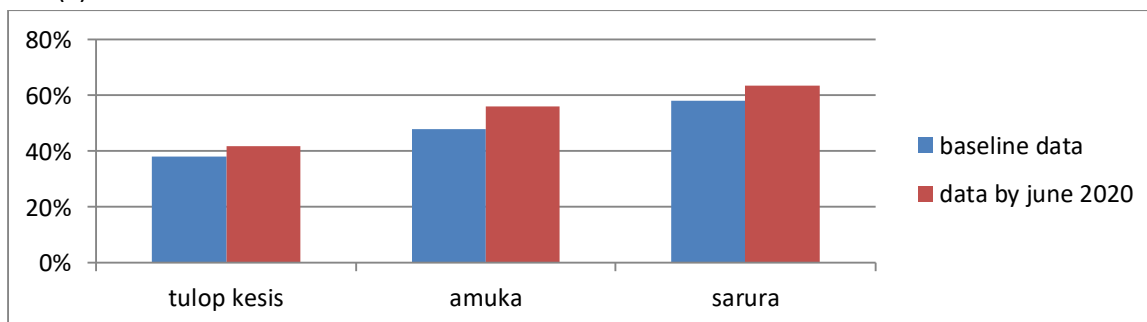
	PARAMETORS	BASELINE 2019	DATA BY JUNE 2020	INCREASE IN %	DECREASE IN %
TULOP KESIS	TOTAL TOILET COVERAGE.	62%	80.5%	18.5%	
	TOILET WITH LID	9%	79%	70%	
	TOILET WITH HAND WASHING FACILITY	12.9%	80%	67.10	
AMUKA	TOTAL TOILET COVERAGE.	79%	62%		17%
	TOILET WITH LID	1.5%	1%		0.5%
	TOILET WITH HAND WASHING FACILITY	28%	58%	30%	
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.

- There is an increase in toilet coverage in the two villages, except in Amuka which has seen a decline of 17%. Amuka lies mainly on the plain low land which is prone to flooding. Most of the toilets were swept away during the long rains period. These also included some of the toilets the community constructed after RDS sensitization on Community Led total sanitation programs.
- The community has responded well to our triggering on Community led total sanitation and this is good sign of community taking up own responsibility after sensitization.
- Other area of increase includes, toilet lid cover and hand washing facilities!

5. MOTHER TO CHILD CLINIC AND FAMILY PLANNING.

(a) FULLY IMMUNIZED CHILD



COMMENTS.

- Increase witnessed in the three villages on a fully immunized child.

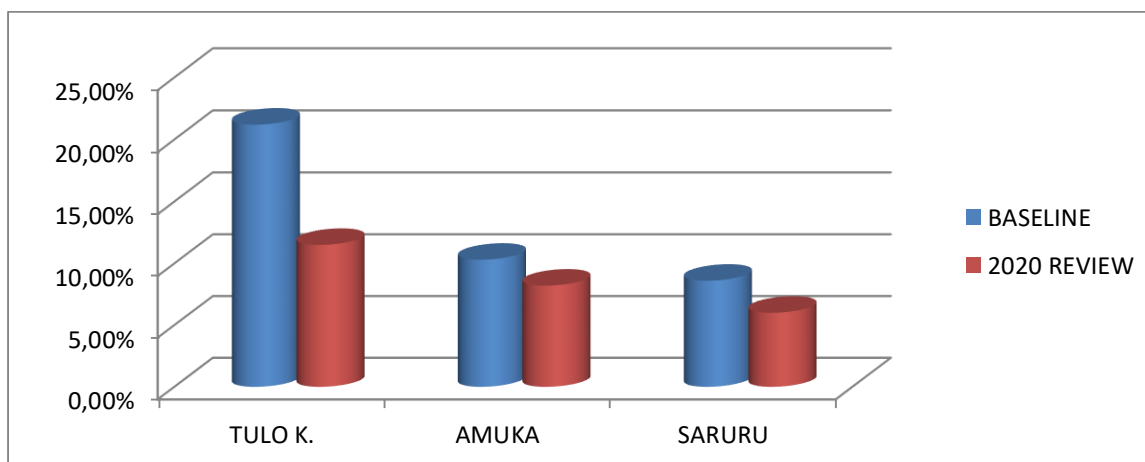
b) FAMILY PLANNING/ANC/POST NATAL

		BASELINE	JUNE REVIEW	INCREASE IN %	DECREASE IN %
FAMILY PLANING	TULOP KESIS	34%	40.7%	6.7%	
	AMUKA	65%	69.7%	4.7%	
	SARURA	31.3%	36.1%	4.8%	
ANC ABOVE 4 TH VISITS.	TULOP KESIS	19%	33%	14%	
	AMUKA	7%	32.1%	25.1%	
	SARURA	6%	33.9%	27.9%	
POST NATAL	TULOP KESIS	12%	41.5%	29.5%	
	AMUKA	23%	78.6%	55.6%	
	SARURA	44%	47.8%	2.8%	
SKILLED DELIVERY	TULOP KESIS	31%	41%	10%	
	AMUKA	86%	72.1%		13%
	SARURA	83.3%	81.7%		1.6%

COMMENT

- There was an increase in Family planning uptakes in all the three villages as seen in the table above.
- 4th antenatal clinic visit also increased by over 25% from the three clinics.
- Skilled delivery also increased in Tulop Kesis by 10% while in Amuka and Sarura it dropped by 13% and 1.6% respectively. The drop was attributed to fear of going to the health facilities during the covid19 period.

6. MALNUTRITION.



COMMENTS.

- Our nutritional campaigns are bearing fruits as the cases of Malnutrition are going down in all the villages. Tulop Kesis has a tremendous decline since we had a campaign there.

7. HYPERTENSION AND DAIBETIES.

		OLD CASES	NEW CASE	TOTAL CASES BY JUNE 2020
TULOP KESIS	HYPERTESION	18	8	26
	DIABETICS	11	6	17
AMUKA	HYPERTENSION	11	23	34
	DIABETICS	6	8	14
SARURA	HYPERTENSION	10	12	22
	DIABETICS	3	8	11

GENERAL COMMENTS

- ✓ There was a reduction in number of fully trained CHVs in Tulop Kesis unit as one passed on and the other 3 of the trained resolved to do other jobs.
- ✓ We had noted an increase in the number of jigger cases in all the three clinics from the months of Dec to March, this necessitated the jiggers campaigns of which we did in Sarura unit Bwayi village and this contributed to reduced jigger cases reported at our jeep line clinic and the attached government facility i.e. Bwayi dispensary. We expect to see this impact in our subsequent data reviews.
- ✓ Increased fungal cases were noted in Tulop Kesis clinic and this were mostly among the malnutrition cases of which we identified for a malnutrition campaign. During the campaign we did a deworming and antifungal treatment to all children that had any fungal infections.
- ✓ The implementation of the community led total sanitation in Sarura has contributed to increased latrine coverage including the latrine parameters.
- ✓ There is steady increase in the uptake of all preventive services and this is a good indicator that there is a behavior change in uptake of these services within this communities.

THE END.

ABREVIATIONS AS USED IN THE REPORT.

ANC.....	Antenatal Clinics.
CHVS.....	Community Health Volunteers.
CLTS.....	Community led Total Sanitation.
CNS.....	Community Nursing services.
CU.....	Community units.
FIC.....	Fully immunized Child.
FP.....	Family Planning.
GOK.....	Government of Kenya
HB.....	Hemoglobin
HIV.....	Human Immunodeficiency Virus.
HPV.....	Human papilloma virus.
IPC.....	Infection Prevention and Control.
IPV.....	Inactivated Polio Vaccine
ODF.....	Open Defecation Free
PCV10.....	Pneumococcal Conjugate Vaccine – protecting against pneumococcal disease caused by 10 types of streptococcus.
PPE.....	Personal protective Equipment's.
RDS.....	Rotary Doctors Sweden
VIT A.....	Vitamin A