

Table of Contents

1. Purpose of our project:	2
2. Collaborators:	2
2.1 Karambenor Denmark:	2
2.2 ADASEC:	2
2.3. Craftsman Project Aalborg Municipality:	2
3. Objective for the reconnaissance trip:	3
4. Sindian:	3
4.1 The strengths of the Sindian clinic:	4
4.2 The challenges in the Sindian clinic:	5
5. Program:	6
6. Conclusion on what we experienced in Sindian:	7
7. Is there a need for help?	7
8. Objectives for the development project:	7
9. Opportunities in the future:	8
10. Our thanks to the people involved:	8



1. Purpose of our project:

Our organization aims to carry out voluntary work of general interest, for the benefit of civil society in the area in and around Sindian in southern Senegal. This includes contributing to the continued development of clinics that can manage the daily optimization of the overall care and/or treatment of the local population. We want to raise the level of health by, among other things, sharing knowledge about hygiene and the spread of infection.

2. Collaborators:

With this trip we want to be able to establish a collaboration with ADASEC and Karambenor Denmark. We are already in close contact with Sidy Badji from Karambenor Denmark. We have come in contact with Sidy Badji through Peter Attrup, from the Craftsman Project in Aalborg Municipality, which cooperates with Danida.

2.1 Karambenor Denmark:

Karambenor Denmark is a Danish organization (NGO) that works for the development of civil society in Senegal. Their purpose is for children and young people to receive education at a level that qualifies them for higher education. To develop agricultural methods, in dialogue with local farmers, to create a more sustainable agriculture. And to contribute to the development of the health sector by upgrading both local hospitals and the village clinics, so that the local population can access a better health service. We can clearly sense that Karambenor is well-rooted in the local community, in the area we are planning to establish a development project.

2.2 ADASEC:

ADASEC is a Senegalese association for socio-economic development, health, education, agriculture and culture. The president of the organization is Bouba Diatta, who has been very helpful in creating this reconnaissance trip.

2.3. Craftsman Project Aalborg Municipality:

The Craftsman Project in Aalborg Municipality, Gasværksvej in Aalborg, has several functions. They have both a wood workshop, a caretaker function and a metal workshop. At

the metal workshop, unemployed people work to collect used / discarded aids and equipment from nursing homes and hospitals from most of Jutland. In the workshop, it is cleaned, renovated and optimized before being packed in containers and sent to a number of the world's poorest countries who need it. In this way, activation of unemployed and charity work are merged in perfect harmony. Our contact person Peter Attrup is a project employee and has his daily work both with the packaging of containers, shipping to the respective countries and subsequent contact with the recipient countries. Peter has very good experience in development projects, hospital equipment and in traveling around the world's poor countries.

3. Objective for the reconnaissance trip:

The purpose of our reconnaissance trip to Sindian in Senegal was to establish contact with health professionals in the clinics in the area where the trip was arranged. We intended to seek information on the area's infrastructure, including the healthcare system in the local area. To visit the various authorities that could be involved either directly or indirectly in our upcoming project. To create interest in the project in the area during visits to the various clinics. And to uncover any issues and conflicts of interest prior to implementation.



4. Sindian:

The village of Sindian is an hour's drive from the town of Bignona in southern Senegal. Namely in the Casamance district of the Ziguinchor region. The city has about 5000 inhabitants and has a large catchment area. It's hard for the locals in Sindian to get to the nearest city (Bignona), making them dependent on the local health clinic.

The clinic in Sindian, "Poste de santé de Sindian" and "Maternité de Sindian", consists of two separate clinics. Mamadou Ndour leads the general clinic, while Mme Diop leads the mother /

child clinic (delivery rooms). In addition to these two managers, there are a handful of assistants. The clinics do not have much space, despite receiving 600-700 patients / pregnant women a month.

The patients come with both infections, circumcisions, injuries after traffic and work accidents and children for vaccination. If the patients' problems are too complicated to be taken care off in the clinic, they are passed on to Bignona, where there is a hospital. It is an hour-long trip on unpaved dirt road, which is not very easy if you are seriously ill. The clinic has its own ambulance that transports the patients to the city.

The clinic in Sindian is part of a village community with 19 villages. Some of the villages around are smaller and more sparsely populated, which means that the clinics are also smaller and have fewer functions. Locals from these peripheral areas must use the clinic in Sindian. The health personnel at these clinics have a health-related collaboration with each other across the villages. Common to the village clinics is that, when needed for further nursing and treatment, patients are transported to the hospital in Bignona.

4.1 The strengths of the Sindian clinic:

One can mention several strengths of the health clinic in Sindian, "Poste de santé de Sindian". Most important is Mamadou Ndour. He is responsible for the clinic. He is a trained nurse from Dakar, but functions as both doctor, nurse, midwife and paramedic. So he is a generalist who can do a little of everything. He is a very competent man who is also a very caring person.

The mother / child clinic "Maternité de Sindian", led by Mme Diop, a midwife in Dakar. She is also a very competent woman. When we were with Mamadou and Mme Diop it was apparent that everyone knows them, appreciates them and has great confidence and respect for them.

Both of them contribute, together with their assistants, to the fact that the village has great confidence in both them as professionals and in the health service system they represent. We see both Mamadou and Mme Diop as committed and innovative in their jobs and work. They appear to be proud of their profession and strive to provide as competent a treatment as possible. They carry an authority of kindness and security. The assistants at both clinics also appear to be very competent and accommodating.

We also see it as a strength for the village that many parents choose to give birth to their child at the clinic, and not at home. It shows a great sense of security. All new mothers can stay in the clinic for two days in order to recover, while the midwife can help and make sure that both mother and child are doing well. The vast majority of women also follow a planned course of examinations during the entire pregnancy, and they subsequently come regularly to the child examinations.

We also see it as a significant strength that the vast majority of parents let their children follow a well-organized vaccination program. Moreover, all the vaccinations are free of charge for the families.



4.2 The challenges in the Sindian clinic:

The biggest challenges in the clinics in both Sindian and the surrounding clinics are a lack of even basic materials and medicine. This applies to both disposable materials for disinfecting utensils, dressing materials, medical equipment, gloves, needles, infusion set, iv fluid, etc. The list is interminable

In some of the peripheral clinics, even continuous power and water supplies are missing. This means that you have to collect water in containers and have to use candles at night. Of course, it is problematic to have to give birth in the light of a candle light at night. Just as it can be problematic to keep the collected water clean of bacteria.

Common to the clinics we have visited is that livestock are walking in and around the clinic. There are both chickens, sheep, goats and cattle everywhere. It is extremely difficult to maintain a high standard of hygiene when animals are present and thus animal excrements. Excrements are the direct cause of the spread of many diseases, including diarrhea.

Common to the clinics is also that the cleaning is too poor. Disinfecting utensils is not sufficient as long as equipment and floors are dirty. It is necessary to clean much more thoroughly. Furthermore, it would be recommendable that they would be able to close off for unnecessary access that requires additional cleaning.

During our visit to the schools, we could also observe that the children do not have optimal opportunities to wash hands after toilet visits, and before eating lunch packs. There was a

bucket of water in the class room with cleaning water, which was also used to wash the board in. The children also used it for washing their hands.

On the whole, we felt there was a lack of running water and hand soap for thorough washing. Lack of hand hygiene very easily leads to the spread of infections such as diarrhea.

5. Program:

During our stay in Sindian, we have had a good and rewarding program that has been prepared together with ADASEC. We have gained a good knowledge of the clinic and the mother / child clinic in Sindian. We have attended a birth, vaccinations, etc.

In addition, we have visited clinics in the area. For example in Kagnarou, Diangongue and Medjedje, which are smaller clinics than in Sindian. And we have had the pleasure of getting acquainted with the schools in the village and the many happy children.



6. Conclusion on what we experienced in Sindian:

Our overall impression after this reconnaissance trip is that the health clinics lack a boost in the handling of hygiene and the spread of infection. And the schools lack a boost in handling toilet facilities and hand hygiene.

We are fully aware that the free-range animals are culturally conditioned and something we do not know from our culture. Like the huge amounts of waste that you see all over the village. Be it both plastic, cans, etc. etc. We realized that there is no established waste management, which means that it just stays there until someone burns it off or digs it into the ground.

After the meeting with the healthcare staff in the clinics, we can conclude that there is an interest in new initiatives that can improve the healthcare standard in the clinic. The staff are responsive and interested in change.

The lack of materials is very visible and is often mentioned when we visit. We will pass on our information to Karambenor and work together in order to be able to send a container to the area with materials. Shipment of materials will not be our main focus, as development work must to a greater extent characterize our organization.

7. Is there a need for help?

We see a clear need in both the clinics and in the local population, e.g. in the schools, to raise the hygiene standard, and thus minimize the risk of spreading infection. We consider it necessary to have more information about cleaning and hand hygiene in the clinics. Maintenance and cleaning of equipment and fixtures can be much better. We will also suggest better toilet facilities with the possibility of washing with soap in the schools. We also see a need for general knowledge about better hygiene, since most visits at the clinic with the small children are about diarrhea.

8. Objectives for the development project:

Our goal for a future development project in Sindian and its associated community of villages is to raise the standard of hygiene and thereby reduce the spread of infection leading to, for example, diarrhea diseases.

We would like to disseminate knowledge about good hand hygiene right down to the school classes. We also intend a targeted education with the oldest girls in school / high school. They are the future pregnant women and mothers of babies and toddlers. They will be able to change the future of their own children.

We also see it as a natural thing to involve healthcare professionals at both the clinics and the peripheral clinics in the area. We would be able to arrange joint meetings with several nearby clinics at a time. We want to offer healthcare professionals the knowledge of hygiene and spread of infection, so that they can subsequently pass on knowledge. In other words, help them to help themselves.

We will try to produce teaching material that aims at the target group and which, at the same time, takes into account the conditions the local population lives in.

9. Opportunities in the future:

We find it relevant for a sustainable development project that there is continuous follow-up. We will work on establishing a development project of a 3 years' duration, where our organization will come and follow up on ongoing initiatives, and possibly involve more healthcare professionals. We are also available for initiatives that are desired by both healthcare professionals and the local population, and will be flexible along the way if our project requires changes of any nature. We imagine being able to offer a delegation from our association approx. 2 to 3 times a year.

10. Our thanks to the people involved:

Marianne, Gitte, Lisa and Mie would like to thank all of you who have been involved in this reconnaissance trip in one way or another.

Many thanks to Peter Attrup, who from the very first meeting with us, could sense our strong desire to make thoughts a reality. He has supported us all the way, from the creation of our own organization, to this journey, and has indicated that he will continue to support and assist us with e.g. applications.

A big thank you also go to Sidy Badji from Karambenor, who has shown great interest in our organization and our objective with this whole concept. Sidy is anchored in Senegal, with many contacts, and has communicated with ADASEC. We have met several times with Sidy, and have had useful knowledge about the country and its culture.

Our thanks also go to the Senegalese NGO, ADASEC. In particular, Monsier le-President Bouba Diatta. They have organized the entire week's program for us, from pick-up at the airport to the journey home. They have put together a good and useful program, where we have both experienced with the eyes and with the heart. We have felt very welcome and very safe. And thank you to Moussa Sané for looking after us every single day.

Mme Diop must also receive a huge thank you from us. She provided her accommodation for us all week, and served us great food for all meals.

A big thank you also to Mamadou Ndour. He has made himself available to us all week. Either when we were with him in the clinic or when we were all visiting other clinics in the area. And a thank you to his assistant Bouba, who miraculously transported us around in the ambulance, in the hard-to-reach terrain.

Thanks to the locals in Sindian for the kindness shown to us all week. We met many smiles and many happy people every single day. Thanks for the football match and rap concert. You have been a great source of inspiration for us and for our future development work.

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Thank you for your support.

