



Project Template

European Rotaract Information Center

Name of the project: Rotaract-Rotary Polio project - India

Organizing club: Rotaract Utrecht, Rotaract Amsterdam, Rotary Amstel & Vecht

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I. ANALYSIS, OPPORTUNITIES AND MAIN IDEA FOR THE PROJECT.

1. ANALYSIS OF THE PROBLEM WE WANT TO SOLVE

The core problem our project addresses is the persistent threat of polio, particularly in rural India where access to healthcare and vaccinations is limited. Despite global efforts, polio remains endemic in several regions, threatening the health and well-being of children. Lack of proper health education compounds the issue, leaving communities vulnerable and under-informed about preventive health practices. Our project aimed to tackle these challenges by combining direct vaccination efforts with educational programs, ensuring both immediate and sustainable health improvements in the community.

2. OPPORTUNITIES

This project presented several unique opportunities to create lasting change. Firstly, it enabled direct intervention in a global health challenge, significantly contributing to the eradication of polio in an area where it is most needed. Additionally, it provided a platform for enhancing health literacy among children and adults through educational initiatives, fostering preventive health behaviors that extend beyond the immediate scope of the project. Collaborating with local Rotary clubs and leveraging international Rotary networks amplified our impact and facilitated resource mobilization, ensuring that our interventions were well-supported and could be sustained locally.

II. HOW TO EXECUTE THE PROJECT

1. ACTION GROUP

Shared Responsibility in India

In India, each member of the group took on equal responsibility. Regardless of their role before the trip, everyone worked side by side in various tasks. This ranged from engaging in health education and vaccination efforts to participating in community activities. This team effort underscored the essence of collaboration and unity in our project.

Pre-Trip Planning and Coordination

Before the trip, a few members took on more specialized roles, focusing on planning and communication. There was a strong collaboration between the Rotarians. These individuals were key in communicating with Rahul and organizing the logistics, setting a solid foundation for the project's success.

Post-Trip Communication and Promotion

In the months following the trip, several members focused on communication and promotion of the India Vaccination Project. This includes presentations at different Rotary Clubs, International Rotaract Conferences, as well as the Vaccination conference from the WHO.

2. DESCRIPTION OF THE PROJECT

Our project was a collaborative effort between multiple Rotaract and Rotary clubs in Europe and India, aimed at eradicating polio and enhancing community health in rural India. The initiative included organizing vaccination drives, providing health education in schools, and donating medical and educational supplies to local institutions. This comprehensive approach not only targeted the immediate health needs by vaccinating children against polio but also aimed to improve long-term health awareness and infrastructure. The project exemplified outstanding collaboration across continents, demonstrating how united efforts can significantly impact a community's health and well-being.

3. GOALS OF THE PROJECT

- Vaccinate more than 200 children against polio to help reduce the spread of the disease.
- Deliver health education sessions to over 500 school children, emphasizing dental hygiene and menstrual health, to foster long-term health practices.
- Donate essential medical supplies to a local hospital, thereby enhancing its capacity to deliver community healthcare services.
- Provide educational materials and sports equipment to local schools to improve learning environments and promote physical activities.
- Initiate community-building activities, including the planting of over 20 plants and trees, to enhance environmental responsibility and foster community cohesion.

4. TARGET AUDIENCE

The primary target audience of our project includes children and families in rural Indian communities who are at risk due to limited access to healthcare and vaccinations. Specifically, the project focuses on:

- Children, who benefit directly from polio vaccinations and health education sessions.
- School staff and students, who receive educational materials and benefit from improved facilities.
- Local healthcare providers, who gain enhanced capacity with donated medical supplies.

These groups benefit from immediate health improvements and long-term educational and environmental enhancements, contributing to a healthier, more sustainable community.

The secondary audience comprised our Rotaract members, who gained invaluable experience and knowledge through their direct involvement in this international health project.

5. ACTION PLAN & TIME FRAME

- 24-18 Weeks Before:

Identify the Project's Goals: Clearly define what we aim to achieve.

Build and Organize Team: Assign roles based on expertise and responsibilities.

- 17-15 Weeks Before:

Initiate Fundraising Efforts: Begin fundraising to support project costs.

Collaborate with Local Partners: Secure agreements with local Rotary clubs and community leaders.

- 14-10 Weeks Before:

Logistics Planning: Arrange travel and accommodation for volunteers.

Procure Medical and Educational Supplies: Order and organize delivery of necessary supplies to India.

- 9-5 Weeks Before:

Prepare Educational Content: Develop materials for health education sessions.

Community Outreach: Start engaging with the local community through preliminary visits and communications.

- 4-2 Weeks Before:

Finalize Details: Confirm all logistics, travel schedules, and project activities.

Team Briefings: Conduct comprehensive briefings for all volunteers on their roles and responsibilities.

- 1 Week Before:

Arrive in India: Allow time for acclimatization and final on-ground preparations.

Set Up Project Sites: Ensure all locations are ready for the project activities.

- Project Week:

Execute Planned Activities: Conduct vaccination drives, health education sessions, and community-building activities.

- 1 Week After:

Evaluate the Project: Assess the impact and gather feedback from participants and local partners.

- 1 Month after:

Present project to Rotary Clubs

- 2 Months after:

Present project to the WHO at the International Vaccination Conference

Brief description of each step

1. Pre-trip Organization:

Activities: Fundraising, building partnerships, recruiting volunteers, coordinating with Indian Rotarians.

Challenges: Securing sufficient funds, ensuring effective communication across international teams, finalizing volunteer roles and responsibilities.

2. School Visit:

Activities: Conducting planting activities, delivering health education sessions, distributing educational supplies, and engaging in sports activities.

Challenges: Tailoring educational content to fit local cultural norms, ensuring active participation from students, managing logistics of materials distribution.

3. Hospital Visit:

Activities: Donating medical supplies, interacting with medical staff, assessing local healthcare needs.

Challenges: Understanding specific local healthcare challenges, ensuring the supplied materials meet actual needs, fostering effective communication between project volunteers and local medical staff.

4. Public Health Rallies:

Activities: Leading awareness campaigns in remote villages, distributing informational flyers, engaging with the community, managing crowd control.

Challenges: Overcoming language barriers, adapting messages to local contexts, ensuring reach and impact in remote areas.

5. Vaccination Day:

Activities: Administering oral polio vaccines at multiple sites.

Challenges: Coordinating logistics across multiple vaccination sites, maintaining strict health and safety standards.

6. RESOURCES

Strong Local Partnerships: Collaboration with local Rotary clubs for on-ground support and cultural insights. These partnerships are crucial for understanding local needs and navigating cultural challenges.

Funding and Sponsorships: Adequate funding is necessary to cover travel, supplies, and logistics. This can be sourced from fundraisers, donations, and sponsorships (S).

Cohesive Team: A well-coordinated group that can work effectively together throughout the project.

Local Health and Educational Collaborations: Agreements with local health services and educational institutions to ensure the project's interventions are appropriately targeted and supported.

Communication and Planning Infrastructure: Robust systems for communication and project management to coordinate activities and share updates seamlessly.

7. BUDGET

The overall budget for our Rotaract project in India was approximately EUR 4,400, which covered essential medical supplies for local health centers, educational materials, and sports equipment for schools. Additional costs for volunteer travel, accommodation, and food were between EUR 1,500 and 2,000 per person.

These figures provide a baseline; however, organizations planning similar projects should adjust for local price variations and potential unexpected expenses. This comprehensive

budget framework helps in planning and fundraising for projects in other countries, ensuring all necessary expenses are anticipated.

8. ORGANIZERS OF THE PROJECT

Anne ten Hacken - Rotaract Utrecht
Marlin Leemhuis - Rotaract Utrecht
Maurits Schmits - Rotaract Utrecht
Maïté Linnemans- Rotaract Utrecht
Dave van Zanten - Rotaract Utrecht
Imke Hausener - Rotaract Amsterdam
Moreno Weilenmann - Rotaract Amsterdam
Laura Verdegaal - Rotary Amstel & Vecht
Marjolein Steinhage Festen - Rotary Deventer Noord
Michèle Samsom - Rotary Amstel & Vecht
Stephan Griffioen - Rotary Amstel & Vecht
Jelle Schumer - guest

9. PARTICIPANTS

Rotarian Rahul Wadwa and Rotary Club of Agra Taj Mahal
Rahul, our primary contact in India, along with the Rotary Club of Agra Taj Mahal, played a crucial role in bridging cultural and logistical gaps. Their deep understanding of community needs and strong local networks were invaluable in coordinating our efforts effectively with both the hospital and school.

Hospital and School Collaboration

Both institutions were actively involved, with their staff providing critical insights that ensured our resources were directed where most needed. School teachers were particularly instrumental in gaining parental trust, which was essential for the success of our health education initiatives.

Travel Agency Support

A local travel agency handled our logistics and transportation, allowing our team to focus fully on project execution without logistical distractions.

Support from Dutch Rotaract and Rotary Clubs

Multiple clubs from The Netherlands provided financial support, enhancing our capacity to donate more substantial supplies to the hospital and school, thus amplifying the project's impact.

10. SPONSORSHIP

Our project received sponsorship support from a variety of sources, set up primarily through the participating Rotary and Rotaract clubs. These clubs led the fundraising initiatives, gathering private donations from both individuals and businesses. Additionally, several companies contributed directly to specific needs, such as school supplies and medical equipment. This collective sponsorship approach not only provided financial resources but also strengthened community ties and underscored the collaborative spirit of the project.

11. MEDIA COVERAGE

Dutch Rotary Magazine Article: <https://www.rotary.nl/d1580/nieuws/india/>

III. RESULTS

1. RESULTS AND OVERVIEW

Main results

The project vaccinated over 200 children against polio, conducted health education sessions for more than 500 schoolchildren, and provided crucial medical supplies to a local hospital. We also donated educational materials and sports equipment to enhance the learning and physical activity opportunities for children. Community engagement was strengthened through activities like tree planting, promoting environmental responsibility.

Challenges Faced

We encountered logistical hurdles, cultural barriers, and language differences, which sometimes made communication and execution challenging. However, our effective planning and the strong support from local partners helped us overcome these obstacles.

Successes

The project significantly boosted local healthcare capabilities and raised awareness about health issues, contributing to long-term community well-being. Our collaborative approach, involving multiple Rotary and Rotaract clubs, maximized the project's reach and impact.

2. ADVICES

Strong Local Partnerships

Forge robust relationships with local Rotary clubs and community leaders. Their insight and support are vital for navigating local cultural norms and logistical challenges.

Comprehensive Planning

Thoroughly plan each phase of the project, from fundraising to execution. Address potential challenges like transportation, supply chain issues, and volunteer coordination early in the planning process.

Cultural Sensitivity

Invest time in understanding the local culture and customs. This knowledge is crucial for designing effective health education and ensuring community acceptance and participation.

Health and Safety Protocols

Ensure all volunteers are trained on health and safety protocols, especially those involved in medical activities like vaccinations.

Feedback Mechanism

Implement a system to gather feedback from the community and volunteers. This will help refine the project over time and increase its effectiveness and sustainability.

3. SUSTAINABILITY

Continued Health Initiatives: We've established a framework for ongoing vaccination and health education efforts, ensuring we continue to combat polio effectively and promote health awareness in the community.

Educational Empowerment: By embedding health education in school curriculums, we are cultivating a generation that is better informed about health practices, ensuring these changes persist over time.

Community Involvement and Ownership: Strong partnerships with local organizations ensure that the initiatives are locally led and maintained, increasing the project's sustainability.

Replication and Expansion: The project model is designed to be replicable, allowing other Rotaract clubs to adopt and adapt it. This scalability means the project can be

reintroduced annually or as needed, adapting to the evolving healthcare landscape and community needs