



Progress Report Lwala Community Hospital, Lwala, Kenya

Date: April 30, 2015	Prepared by: Katherine Falk & Liz Chamberlain
I. Demographic Information	
1. City & Province: Lwala Village, Kameji Sub-location, North Kamagambo Location, Rongo District, Migori County, Kenya	
2. Organization: Lwala Community Alliance – Real Medicine Foundation Kenya (www.realmedicinefoundation.org) World Children’s Fund (www.worldchildrensfund.net)	
3. Project Title: Lwala Community Hospital	
4. Reporting Period: 1/1/2015 – 3/31/2015	
5. Project Location (region & city/town/village): Lwala Village, Kameji Sub-location, North Kamagambo Location, Rongo District, Migori County, Kenya	
6. Target Population: North Kamagambo Location and those surrounding– approximately 30,000 people	
II. Project Information	
7. Project Goal: The Lwala Community Alliance is a non-profit health and development agency working in Migori County in western Kenya. Through the Lwala Community Hospital, the organization provides 33,000 patient visits each year. The mission of the organization is to meet the health needs of all people living in north Kamagambo, including its poorest. The hospital is part of a larger effort to achieve holistic development in Lwala, including educational and economic development.	
8. Project Objectives during this reporting period:	
<ol style="list-style-type: none"> 1. Improve patient care and clinical operations 2. Improve access and facility infrastructure 3. Expand and improve quality of education programs 4. Professionalize the organization through better policies and practices 5. Properly procure and account for physical, financial, and human resources 6. Increase impact of health outreach programs 7. Build capacity of community members in income generating activities 8. Include community in program planning, monitoring, and evaluation 	
9. Summary of RMF/WCF-sponsored activities carried out during the reporting period under each project objective (note any changes from original plans):	
<ul style="list-style-type: none"> • Funded maternal and child health costs including: <ul style="list-style-type: none"> ○ Personnel costs for nurses Rose Gayo and Vincent Onsongo ○ 58% of medicine costs • Funded ambulance repairs and maintenance • Funded fuel for ambulance to provide emergency transportation • Funded obstetric emergency referrals • Funded miscellaneous additional needs 	
10. Results and/or accomplishments achieved during this reporting period:	
<p>Hospital Program <i>IMPACT: Sustained reduction of morbidity and mortality through complete and comprehensive access to quality healthcare for the people of North Kamagambo</i></p> <ul style="list-style-type: none"> • During the first quarter of 2015, the hospital saw a total of 6,749 patient visits (average 2,250/month). Patient visits by type are broken down in the tables included in this report. 	

- The quality of weekday service provision has improved due to continuing medical education sessions, case review meetings, and ongoing supervision of staff by Head Clinician, Wycliffe Omwanda.
- The HIV program gained momentum due to two relatively new hires. Adherence Counselor Philip Mbom improved management of support groups and defaulter tracing and Senior Nurse Christine Aoko took the lead in the prevention of mother to child transmission (PMTCT) program, including tracking historical patients and improving data collection of newly enrolled mothers.
- The Lwala Community Hospital responded swiftly to a cholera outbreak in Q1. Lessons were learned in how to deal quickly and effectively with cholera in the future including immediately setting up an isolation ward. During parts of February and March, Médecins Sans Frontières/ Doctors Without Borders (MSF) provided the Lwala Community Hospital with a nurse and a clinician who were dedicated to treating cholera patients.
- During February, two Vanderbilt medical students completed a clinical rotation in Lwala; they arrived during the initial outbreak of cholera and assisted in dealing with the situation throughout their stay. They led CME sessions on proper diagnosis and treatment of diarrhea and urinary tract infections.

Public Health Program

IMPACT: Improved and sustained positive health-seeking behavior of the people of North Kamagambo

- There were 13 under-5 deaths (4/month on average) in Q1, which is a decrease from 6/month on average in 2014. This decrease was noted despite the cholera outbreak and an overall increase in malaria cases.
- In response to the cholera outbreak, the Public Health team mobilized the Community Health Workers (CHWs) to conduct door-to-door outreach to teach on cholera/diarrhea symptoms, treatment, and prevention. Water treatment was distributed to over 1,000 households, with a focus on those in the cholera-affected locations.
- The number of children enrolled in Thrive Thru 5 increased again during Q1. **3,167** children from 2,583 families are now receiving services on a monthly basis from the CHWs, surpassing LCA's target of reaching 3,000 children by June 2015.

Education Program

IMPACT: Improved graduation rates, educational results and health outcomes for school-aged girls and boys of North Kamagambo

- The new Education Coordinator Emily Mbolo has shown strong initiative in planning and coordination of the education team, such that all activities are on schedule and successful despite teacher strikes that took place during all of January.
- The girls' mentorship program is meeting its targets, with 180 in-school girls and 72 out-of-school girls enrolled.
- A baseline survey of 238 girls in the mentoring program was conducted in February. For the first time, Lwala staff used an iPad mobile application to capture data, which improved data quality and saved time. A second administration of the survey of the girls mentoring program is planned for May. The goal of the surveys is to provide mentors with information about the girls they are serving to better focus the content of their mentoring sessions.

Economic Development Program

IMPACT: Increased economic opportunities to promote self-reliance and sustained livelihoods for the people of North Kamagambo

- New borrowers continued to be enrolled in the KIVA loan program while several borrowers were approved for a second or third loan.
- Table banking trainings and support for widows, youth and HIV support groups have been running smoothly, led by the Economic Assistant Roselyne Akinyi and with the help of interns.
- Development in Gardening activities (e.g., training farmer groups in farming as a business and young mothers on gardening for nutrition) continued productively despite dry weather that lasted through the end of March.

Monitoring and Evaluation

The M&E Team is responsible for all data collection and data management for the organization and is a support system for the program teams to successfully track and improve their activities.

- The team trained individuals and departments on various aspects of the M&E strategy, including the Team Impacts and Outcomes, Team Scorecards, survey administration, etc.
- The M&E strategy and Departmental Scorecard system for tracking all program data have been fully implemented. Team Leads have embraced the new systems with few challenges during the roll-out phase and appear to understand the potential benefits of focusing activities in the context of bigger picture goals and utilizing data to inform program decisions.

Operations

The Operations Team is responsible for management of LCA's buildings, grounds, assets, and technology and for oversight of policies impacting these areas.

- Substantial progress has been made on the hospital expansion and the staff housing. On the hospital wing, the interior and exterior walls were completed and a roof is being installed; completion of the new wing is expected in June or July. By the end of March, the new staff housing foundation was being laid.
- A new procurement process has been rolled out in which the team must get competitive bids for new and ongoing procurement.
- A new vehicle for program activities was purchased in March and will be delivered in Q2.

Finance

The Finance Team is responsible for all Kenyan financial activities, including budgeting, billing, payroll, tracking expenditures and financial reporting.

- The 2014 audit was completed and submitted to meet the NGO registration deadline.
- Finance Manager Mackenzie Okun continues to show strong leadership in the finance department and initiative in improving financial systems.

Administration and Management

- Deputy Program Director Mercy Owuor and Kenya Program Director Robert Kasambala carried out quarterly work plan review meetings with all of the Team Leads in March. Several teams have successfully and independently updated their work plans and budgets throughout the quarter, showing progress in the proper utilization of project management tools.
- Interviews were conducted for a new HR Manager.

11. Impact this project has on the community (who is benefiting and how):

The primary beneficiaries of Lwala Community Alliance work are children, women, HIV infected persons, and the elderly. Prior to the establishment of the hospital, there was no immediate access to primary health care or HIV/AIDS testing and care. For this reason, the Lwala health intervention has focused on primary care for children, access to medicines (particularly vaccines and anti-malarials), HIV testing and care, public health outreach, and safe maternity. The impact has been substantial since opening, though more work is to be done and systems of measurement need to be strengthened.

12. Number served/number of direct project beneficiaries (for example, average number treated per day or per month and if possible, per health condition).

Outpatient Monthly Totals					
This chart reflects the number of patients reporting for outpatient care due to illness and does not capture the mothers and children who report to the MCH clinic for growth monitoring, immunizations, family planning, antenatal care and postpartum care.					
Month	Under 5		Over 5		Total
	Male	Female	Male	Female	
Jan	173	139	225	332	869
Feb	144	149	230	291	814
March	217	158	256	374	1,005
Total outpatients for reporting period:					2,688
Average per month					896

Child Welfare Clinic Monthly Totals					
This chart reflects the number of well children under 5 reporting for regular growth monitoring and immunizations.					
Month	New Clients		Re-visits		Total
	Male	Female	Male	Female	
Jan	23	13	184	166	386
Feb	14	12	158	198	382

March	22	26	231	205	484
Total:					1,252
Average per month:					417

Family Planning Clinic			
Month	New Clients	Re-visits	Total
Jan	50	88	138
Feb	43	38	81
March	51	43	94
Total:			313
Average per month:			104

Inpatient Ward					
Month	Under 5		Over 5		Total
	Male	Female	Male	Female	
Jan	28	20	19	25	92
Feb	31	28	45	46	150
March	36	34	39	49	158
Total:					400
Average patients per month:					133

Antenatal Clinic			
Month	New Clients	Re-visits	Total
Jan	37	92	129
Feb	43	92	135
March	31	116	147
Total:			411
Average per month:			137

Deliveries and Postnatal Care					
Month	Number of deliveries at LCH		Deliveries at partner facilities through MCH outreach	Total	Women receiving postnatal care
	Boys	Girls			
Jan	15	20	18	53	54
Feb	14	14	10	38	38
March	22	21	8	51	53
Total:					145
Average patients per month:					48

HIV/AIDS patients reporting for HIV appointments					
Month	Under 5		Over 5		Total
	Male	Female	Male	Female	

Jan	9	15	143	392	559
Feb	13	20	144	376	553
March	15	30	151	421	617
Total:					1,729
Average patients per month:					576

13. Number of indirect project beneficiaries (geographic coverage):

Approximately 30,000. The total population of North Kamagambo is 16,500, and programs are a magnet to people beyond North Kamagambo.

14. If applicable, please list the medical services provided:

- Basic Primary Care services
- Maternal and Child Health Services
 - Antenatal and Postnatal Care
 - Vaccination
 - Growth Monitoring
 - PMTCT of HIV
 - Family Planning
- Treatment of TB
- Comprehensive care for HIV including:
 - Preventative services (including PMTCT and male circumcision),
 - Counseling and testing (voluntary, diagnostic, and provider-initiated), and
 - Care and treatment for people living with HIV (including ARVs and nutritional support).

15. Please list the most common health problems observed within your region. The morbidity charts below detail the number of patients reporting to the outpatient department for various conditions. Only conditions with 10 or more reported cases are listed.

JANUARY	
Under 5	Over 5
Confirmed Malaria: 123	Confirmed Malaria: 120
Respiratory Illnesses: 86	Respiratory Illnesses: 89
Clinical Malaria: 62	Clinical Malaria: 88
Diarrhea: 28	Skin Infection: 42
Anemia: 21	Urinary Tract Infection: 35
Skin Infections: 12	Typhoid: 27
	Pneumonia: 11
	Accidents: 10
FEBRUARY	
Under 5	Over 5
Confirmed Malaria: 122	Confirmed Malaria: 107
Diarrhea: 79	Clinical Malaria: 78
Clinical Malaria: 48	Diarrhea: 69
Respiratory Illnesses: 45	Respiratory Illnesses: 61
Anemia: 11	Skin Infection: 36
Skin Infections: 10	Urinary Tract Infection: 21
	Typhoid: 20
	Rheumatism/Joint Pain: 19
	Accidents: 18
MARCH	
Under 5	Over 5
Confirmed Malaria: 124	Clinical Malaria: 108
Respiratory Illnesses: 81	Confirmed Malaria: 87
Diarrhea: 68	Respiratory Illnesses: 65
Clinical Malaria: 64	Skin Infection: 57
Skin Infections: 11	Urinary Tract Infection: 49
Anemia: 10	Diarrhea: 32
	Accidents: 32
	Typhoid: 12
	Rheumatism/Joint Pain: 10

16. Notable project challenges and obstacles:

While construction activities for the hospital expansion have been largely contained from normal hospital and office activities, there is some interference with patient and work flow (noise and movement of workers and materials) that will continue to be a challenge as the renovation of the existing hospital takes place in June and July.

Due to the cholera outbreak in the region, many patients from outside LCA's service area traveled to Lwala to receive quality care, which meant that space in the hospital was lacking for other inpatients. The situation confirmed that the new hospital construction is necessary.

Two program teams (public health and economic development) are currently being led by acting coordinators. As new coordinators are being recruited, the Kenyan staff leadership is helping to guide the activities and plans of each team.

Construction of a Youth-Friendly Corner at Lwala continues to be on hold, though a new plan is in place for construction to start by May.

17. If applicable, plans for next reporting period:

- Complete the new hospital construction and begin renovation of the existing hospital building; continue making progress on construction of the new staff housing.
- Hire and train an HR Manager.
- Move to point-of-care usage of the Kenya electronic medical records system with the registration desk, clinical teams, and the HIV care and support department.
- Carry out week-long holiday activities (“Better Breaks”) for at least 600 adolescents during their school break in April.
- Graduate the first cohort of out-of-school girls in 2015 from the girls mentoring program and link them to apprenticeship opportunities in farming, tailoring, and soap-making.
- Have 3,200 children enrolled in “Thrive thru 5” by the end of Q2 2015.

18. If applicable, summary of RMF/WCF-sponsored medical supply distribution and use:

N/A

19. Success story(s) highlighting project impact

1. HOSPITAL EXPANSION UPDATE

Construction of the main hospital connecting wing, the hospital renovation, and the new staff housing continues on schedule for an official opening in October 2015. LCA's Operations Team and staff management are actively working to manage any project risks, including schedule and cost, and the group meets on a weekly basis to review the work plan and any outstanding activities. This team is monitoring the work of the project architect and contractor, obtaining required approvals from the respective government ministries, and managing electricity and water infrastructure development. They are also working to finalize the needs of the facility and obtain quotes from vendors for hospital and office equipment. Major achievements in the reporting period include the following:



- The foundation and walls of the hospital connecting wing have been completed. Roof trusses and roofing panels were installed, and window installation is ongoing.
- The foundation and walls of the hospital ward extension have been constructed, and window installation is beginning.
- The foundation of the staff housing has been completed, and the contractor is preparing to pour the floor slab and construct walls.
- A draft environmental impact assessment (EIA), required by the government, was completed with the help of a consultant.
- The LCA Operations Team has worked with the Head Clinician and Head Lab Technician to finalize the list of equipment and furnishings to be procured.
- The LCA Operations Team has obtained partial equipment quotes from three vendors and is working to fill in gaps. Per LCA's procurement policy, quotes from multiple vendors must be obtained to ensure competitive pricing.
- LCA management and the Head Clinician are beginning the process of staffing the expanded facility and have posted advertisements for a Clinical Care Manager, Clinical Officer, and two Nurses.



Progress in the month of March on installation of roof trusses



The foundation for the new staff housing is being dug out

2. SUCCESS STORY: The Njura Women's Support Group

The Njura Women's Support Group is a group of 40 widows living with HIV/AIDS in North Kamagambo who meet every Friday afternoon. The group was started in 2013 by a few widows who felt neglected, abandoned, separated and stigmatized by the community because of their HIV status. The widows were seeking medication from different health facilities in order to avoid being known as HIV+.



They started meeting weekly to learn from each other about HIV and to discuss how to live positively with the disease. The group also encouraged all members to contribute a small amount of money as a way to create a group savings program. Their intentions were good and clear, but the group faced several hurdles soon after formation: the members' limited knowledge of HIV kept them from learning more about the disease, and the group savings program was struggling with very few people willing to contribute their own savings. As a

result, most of the members felt the group was not benefitting them and many left.

The few remaining members happened to meet Vincent Onyango, an employee of LCA on the agriculture team and resident of the community, after one of their weekly meetings. Vincent told them about how LCA could help them achieve their group goals to empower each other physically, economically, and emotionally. After a series of discussions with the widows' group and his coworkers at LCA, Vincent linked the group to LCA's Clinical, Public Health and Economic Development teams. Vincent later donated a piece of land for the group to set up a poultry house, which is one of their group investment strategies.

Through its various departments, LCA has been able to help the group reach and exceed its goals in the following ways:

- LCA's Clinical team offers the group psychological support through educational trainings and general counseling on stigmatization, which has helped members accept their status, increase their self-esteem, and establish a sense of belonging in society.
- Members go to monthly group adherence counseling sessions, where they share their health challenges and experiences. These sessions have greatly improved the members' health status and improved their value of life. At these meetings, any sick members are referred to the hospital for free services.
- The Clinical team also carries out outreaches and home visits to offer health education on living positively, including proper nutrition and avoiding illness.
- LCA's Public Health team occasionally visits the group to discuss sanitation and hygiene; as a result, every member of the group now has a toilet and observes best practices in personal hygiene.
- The Economic Development team trained the group on table banking (a group funding strategy where members place their savings, loan repayments and other contributions on the table, then borrow immediately as short term loans, often used to expand personal businesses or pay children's school fees) and educate members on small-scale farming. The group has a vegetable farm where they grow vegetables to sell at a local market. Each member also has a personal vegetable garden for both home use and for income generation.
- The Economic Development team has helped the group start a poultry house, which now has over 50 hens. The group members plan to sell chicks in the local market.

The group's members feel empowered in many ways - they are able to send their children and grandchildren to school, they are adhering to their treatment and living healthy lives, and overall, they are proud of their accomplishments.

2. BENEFICIARY PROFILE: Masline

Masline, a student in class 7 at Kuna Primary School, looks up to her two older brothers who both attend nearby secondary schools. Her mother is a single parent who spends much of her time selling vegetables at an outdoor market near their home so that all of her children can continue their education. Masline was recruited into LCA's mentoring program ("Salama Pamoja") by her teacher, who noticed that Masline often had a sad and gloomy demeanor about her. She acknowledges that she had to do a lot of chores at home that prevented her from focusing on her schoolwork and as a result, she often felt unprepared for school.

Masline joined the Salama Pamoja in-school mentoring program and was immediately glad that she did. She notes that the sessions on decision-making and priority-setting helped her to improve her behavior and become more organized, allowing her to better balance school and domestic work. The session on personal hygiene encouraged her to improve her appearance, which helped raise her self-esteem. The sessions on reproductive health and diseases even helped Masline better understand science. Through those lessons and her increased focus on school courses, Masline's academic performance has improved. Her marks in science increased from 30 to 60 and her overall scores improved from 180 to 251, which allowed her to be promoted to class 7 in 2015. According to Masline, "the girls mentoring program has really improved my confidence – I am glad to report that I feel comfortable sharing with peers about my own life and I now encourage them to join the girls mentoring group at our school."



III. Financial Information

Detailed accounting sent separately each month.