



Lwala Community Hospital, Lwala, Kenya

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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:

10/1/14 – 12/31/14

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:

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):

- Funded maternal and child health costs including:
 - Personnel costs for nurses Rose Gayo and Geoffrey Orangi and nurse aid Rosemary Akello
 - 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:

Hospital Program

IMPACT: Sustained reduction of morbidity and mortality through complete and comprehensive access to quality healthcare for the people of North Kamagambo

- Wycliffe Omwanda, Head Clinician, has shown strong leadership in his first few months at LCA. He

provides support and mentorship to the clinical staff while also identifying and solving problems that occur at the hospital.

- The hospital fee structure was changed to more closely align with fees at government hospitals; the biggest change was the elimination of maternity fees. The changes were announced within the community and posted in public places around the hospital.
- Based on preliminary data from the year, there have been no babies born in 2014 who have tested positive for HIV. This is due to the efforts at the antenatal clinic and maternity ward.
- Patient numbers appear to have stabilized after a decline during the middle of 2014; the average number of patients per month from October-December is 2,100. Continued observation of patient numbers is necessary in 2015.
- Through analysis carried out in October by Vanderbilt medical student Jon Andereck, lower delivery rates seen in 2014 seem to correlate closely with the update of family planning in 2013 and 2014.
- A nurse, Christine Aoko, was hired in December to focus specifically on the prevention of mother-to-child-transmission, which we expect to further improve the outcomes in that department.
- An adherence counselor, Phillip Mbom, who is trained as a clinician, began in December and immediately integrated himself in the defaulter tracing and counseling processes.
- 2014 hospital stats include the following:
 - 31,110 patient visits (average 2,593/month)
 - 415 babies delivered (average 35/month)
 - 7,575 HIV patient visits (average 631/month)
 - 663 long-term family planning methods dispersed (55 average/month)

Public Health Program

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

- A youth friendly corner was established at Minyenya Health Center in partnership with the Lwala Community Hospital; an opening ceremony took place at the end of December.
- There was a significant increase in the number of children enrolled in “Thrive thru 5” over the quarter; 2,806 children from 1,791 families are now receiving services on a monthly basis from our Community Health Workers.
- The number of under-5 deaths has been gradually decreasing during 2014. The monthly average of the first six months compared to the last six months of 2014 decreased from 9.2 to 3.5.
- Numerous community outreaches were held during Q4, adding to a cumulative total of almost 6,000 individuals reached in 2014. These events attract dozens of parents, typically mothers, to discuss issues around family planning options and methods.
- The number of Youth Peer Provider (YPP) referrals for sexual and reproductive health services in Q4 was an average of 179/month, up from an average of 73/month in Q3. This increase could likely be attributed to the new YPPs trained and working with youth in the community.
- Community Education Coordinator Elizabeth Akinyi initiated monthly nutrition trainings for parents of severely malnourished children, filling a gap in education on malnutrition in the community.
- A former Lwala public health intern, Steve Okong’o, has been hired to work on the Public Health Team, where he will specialize in data management and analysis, reporting, and coordinating the Watsi maternal and child health program.

Education Program

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

- Emily Okoth was hired as the new Education Coordinator, beginning work officially in January 2015. She visited Lwala for a program planning meeting in December.
- Continued integration of health education into Education program activities took place, including a WASH training and a large WASH promotion for students in the area.
- In November, 86 out-of-school girls graduated from the mentoring program and were linked to a team at LCA to receive livelihood training (e.g., tailoring, improved farming, soap-making)
- In anticipation of the need to meet high targets set for reaching students with sexual and reproductive health education and services during school breaks, the Education Team held 3 days of holiday break activities and engaged 474 students. Activities included health sessions on HIV/AIDS, sexually transmitted infections, sexuality and WASH, sporting and dancing events, and career development sessions.

Economic Development Program

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

Kamagambo

- The number of KIVA borrowers increased from 30 in October to 57 in November, the latter of which is the highest number of borrowers in any month for LCA; we have been authorized to continue recruiting new borrowers.
- Three new farmer groups were established in North Kamagambo, supported by both DIG and the Economic Development staff. Three demonstration gardens were created in November and trainings have begun.
- All five DIG-supported schools in North Kamagambo showed improvement in their gardens during Q4; two schools faced challenges with soil fertility and parent involvement.
- Lwala's DIG coordinator Olivia Nyaidho visited the U.S. in November to attend the DIG Strategic Planning meeting.
- In Q4, the New Vision Sewing Cooperative completed several international orders as well as pad kits and uniforms to be distributed to class 6-8 girls at LCA's 13 partner schools in January 2015.

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.

- Team Leads and M&E staff developed a framework M&E strategy for each program team through developing Impact Statements and Outcomes and linking all activities to the stated outcomes. The goal is to encourage staff to be more outcome-focused than activity-focused.
- Development of program scorecards began in Q4. The scorecards will track all data for each program team in a central Excel spreadsheet. This will allow for better data analysis and presentation guide program implementation. We expect to roll these out in February 2015.
- M&E Officer Vincent hired a Kenya EMR data clerk to input all HIV patient records into the system. As of December, approximately 400 patient records had been entered.

Operations

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

- Workers broke ground on phase 2 of the hospital expansion in October. At the end of December, the foundation was laid and construction of walls had begun. Construction of new staff housing is slated to begin in February 2015. See Success Story 1 for more details.

Finance

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

- The new Finance Manager, Mackenzie Opiyo, began work in November and has already taken a strong leadership role at LCA. He quickly learned the day-to-day functions of the Finance Team and additionally has begun making improvements to the financial systems and processes.
- The 2015 Annual Budget was finalized and incorporated into all new grant budgets.

Administration and Management

- Improved staff orientation processes have been carried out with all new hires during the quarter. Depending on the position of the new staff member, each person will go through a comprehensive 2-day to 1-week orientation.
- The management team has hired several successful new staff in leadership positions over the last few months and has provided good support to these staff members as they adjust to their new leadership roles.

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

The primary beneficiaries of the 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 DEPARTMENT REPORT

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	MONTHLY TOTALS				
	Under 5		Over 5		Total
	Male	Female	Male	Female	
Oct	114	102	151	282	649
Nov	138	123	180	280	721
Dec	163	105	197	306	771
Total outpatients for reporting period: 2,141					

Child Welfare Clinic

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	
Oct	8	14	170	172	364
Nov	20	19	255	274	568
Dec	14	14	167	148	343
Total					1,275
Average per month					425

Family Planning Clinic

Month	New Clients	Re-visits	Total
Oct	53	70	123
Nov	54	46	100
Dec	64	53	117
Total			340
Average per month			113

Inpatient Ward

Month	Under 5		Over 5		Total
	Male	Female	Male	Female	
Oct	17	21	15	22	75
Nov	14	19	18	29	80
Dec	23	18	21	32	94
Total					249
Average per month					83

Antenatal Clinic

Month	New Clients	Re-visits	Total
Oct	29	78	107
Nov	22	75	97
Dec	25	84	109
Total			313
Average per month			104

Deliveries and Postnatal Care					
Month	Number of deliveries at LCH		Deliveries at partner facilities through MCH outreach	Total	Women receiving postnatal care
	Boys	Girls			
Oct	12	14	11	37	37
Nov	19	21	0	40	40
Dec	19	15	3	38	38
Total					115
Average per month					38

HIV/AIDS					
Number of patients reporting for HIV appointments					
Month	Under 5		Over 5		Total
	Male	Female	Male	Female	
Oct	18	15	148	429	610
Nov	11	11	130	377	529
Dec	14	14	156	365	549
Total					1,688
Average per month					563

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.

OCTOBER 2014	
Under 5	Over 5
<ul style="list-style-type: none"> • Confirmed Malaria (80) • Clinical Malaria (28) • Respiratory illnesses (65) • Diarrhea (25) • Skin infections (19) 	<ul style="list-style-type: none"> • Respiratory illnesses (81) • Confirmed Malaria (70) • Clinical Malaria (49) • Urinary Tract infections (33) • Skin infections (26) • Typhoid (12)
NOVEMBER 2014	
Under 5	Over 5
<ul style="list-style-type: none"> • Confirmed Malaria (109) • Respiratory illnesses (73) • Clinical Malaria (53) • Skin infections (22) • Anemia (15) • Diarrhea (10) 	<ul style="list-style-type: none"> • Confirmed Malaria (94) • Respiratory illnesses (90) • Clinical Malaria (51) • Sexually transmitted Infections (32) • Skin infections (29) • Typhoid (14) • Pneumonia (12) • Rheumatism/joint pains (12)
DECEMBER 2014	
Under 5	Over 5
<ul style="list-style-type: none"> • Confirmed Malaria (118) • Respiratory illnesses (54) • Clinical Malaria (52) • Diarrhea (18) • Skin infections (15) • Anemia (13) 	<ul style="list-style-type: none"> • Confirmed Malaria (103) • Respiratory illnesses (82) • Clinical Malaria (55) • Skin infections (29) • Urinary Tract infections (28) • Typhoid (24) • Accidents (18) • Pneumonia (17) • Rheumatism/joint pains (11)

16. Notable project challenges and obstacles:

- Due to a delay in acquiring a shipping container for creating the youth friendly corner in Lwala, programmatic activities scheduled to take place at Lwala's youth friendly corner have been put on hold.
- The processes for collecting and reporting data at the hospital are sufficient for completing reports due to the Ministry of Health reporting; however, the processes are inefficient, involving too many staff and redundant data entry. With the new M&E system in place in 2015, we plan to overcome this challenge.
- Internet access was unavailable for most of December due to an issue with the router. Safaricom made several trips to Lwala, but still could not solve the problem quickly. The issue was resolved in late December by the Deputy Program Manager.
- Throughout 2014, there were fewer than planned performance evaluations carried out for Kenyan staff. One major challenge is the lack of performance indicators by which staff members are measured; as of now, they are only evaluated based on their job description and progress on work plans. The hiring of an HR manager will be a key factor in overcoming this challenge.

17. If applicable, plans for next reporting period:

- Recruit a new cohort of girls for mentoring (including around 280 in- and out-of-school girls) and conduct pre-program surveys for programming.

- Continue making progress on the hospital expansion and start construction on the new staff housing.
- Recruit, hire, and train an HR Manager.
- Complete the data transfer of HIV+ clients into the Kenya electronic medical records (EMR) system and conduct initial on-the-job training for clinical staff on how to operate the EMR system.
- Implement the new M&E scorecard system throughout the organization.
- Reach 2,800 families enrolled in “Thrive thru 5” by the end of Q1 2015.

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

19. Success story(s) highlighting project impact

1. HOSPITAL EXPANSION UPDATE

In October, workers broke ground on the construction of Lwala Community Hospital's new connecting wing and ward expansion (known as Phase II of our hospital plan). As of the end of 2014, the foundation was completed, and construction of exterior and interior walls had started. Construction activity will not only increase LCA's clinical capacity to better serve the people of North Kamagambo, but is also providing employment for many of the young men in the community. The hospital expansion entails addition of a new connecting wing as well as reconfiguration of the current hospital space. One change we are especially enthusiastic about will be better organization of the overall facility. The expanded facility will have the following:

- 1,500 more square feet of new exam, inpatient, and services space
- 12 new inpatient beds.
- Full separation of the well-child visit area from sick-patient areas
- Separation of the men's and women's inpatient wards
- Two new exam rooms for outpatient visits
- An office for the hospital head clinician
- Separate men/women inpatient toilet and shower facilities in the wards
- New HIV client counseling space away from sick-patient areas
- New laboratory space, with specialized rooms for blood drawing, sterilization, and microbiology
- Additional diagnostic equipment



We are also excited to be adding on-site living space for hospital clinical staff and their families. We'll be building 8 housing units with over 6,000 square feet of living space so that clinical staff can be on-site during their off hours to quickly respond to emergencies. Groundbreaking for the new staff housing started in late December.



Completion of both the hospital expansion and new staff housing is expected by October 2015.

Workers establish the foundation.



The walls go up in the Phase 2 expansion.

2. SUCCESS STORY: Lwala's Quality of Care

A 36 year old male from North Kamagambo was treated at the Lwala Community Hospital during September and October for chronic tonsillitis and was, at that time, diagnosed with HIV. After being given treatment for his illness and receiving counseling on living positively with HIV, he was discharged in stable condition. Later in October, he became sick again and was taken to a nearby referral hospital by his family. Although he spent one week in the ward there, his condition continued to deteriorate as he was suffering from fever, weight-loss, and slurred speech.

He insisted on returning to the Lwala Community Hospital, where he felt he would receive a higher quality of services. He was discharged and upon his arrival in Lwala, a team of clinicians and nurses evaluated him and diagnosed him with tuberculosis. He was immediately placed on a TB medication regimen and placed in nursing care. After 5 days of close care by Lwala clinicians, the patient experienced an improvement in his speech and was able to eat and walk with some support. On the sixth day, he was discharged from the Lwala Community Hospital in stable condition. The patient and his family were very happy with the treatment and services they received. He is now one of the patients that Lwala Community Hospital's HIV patient support center follows closely to ensure that he adheres to his HIV and TB treatment regimens.

**The featured patient wished to remain anonymous for this story.*

3. BENEFICIARY PROFILE: Elizabeth Achieng Omiti

Elizabeth Achieng Omiti is a trained farmer in North Kamagambo. At 52 years old, she is blessed with three daughters and two sons, who are now adults. She is a widow after the death of her husband in 2000 and takes care of five of her grandchildren.

Elizabeth is a member of the Rang'ala self-help farmer group, one of the groups in North Kamagambo that receives training on sustainable farming practices and farming as a business. Trainings on farming as a business entail topics such as crop enterprise selection, farm management, marketing, financial management, group savings and loans, farm profitability, record keeping, value addition of farm products, and long term garden sustainability practices. As part of the training, participants must choose an area of improvement for their own farms that fall in one these topic areas. Elizabeth picked bulb onion growing and developed a bulb onion nursery on her farm in July 2014. She took good care of her nursery until



September when it was ready for transplanting. She was then trained on how to transplant bulb onions and was well-assisted by her fellow group members. She transplanted the bulb onions into two small plots and worked hard to nurture her bulb onion farm alongside other vegetables in her farm by weeding, fertilizing, and watering when needed. She managed to provide her plants with enough water this season, but hopes to develop a reliable water source to water her vegetables and bulb onions for her to enjoy a bigger harvest and sales during drier seasons.

Elizabeth made Ksh 17,300 (\$194) from her small plot of bulb onions in November. She compared her earnings to what she would have made by planting so-called cash crops and asserts, "I would have not been able to make this money if I had planted either sugarcane or maize on the same piece of land. I now get money daily from the sale of vegetables, and I never go without necessities, like soap, as I did before." She plans to use her newly-earned money to renovate her house so that she and her grandchildren have a safe and decent place to live.

Elizabeth does not know how to write well but is assisted by one of her grandchildren to keep proper records of all her farm expenses and income in her record book. Elizabeth is also comfortably able to feed her grandchildren from a variety of vegetables from her own farm.

The Rang'ala self-help group not only is trained on improved farming techniques and farming as a business, but they also participate in a common group savings and loan scheme. Through her participation in this group, Elizabeth was able to take out loans to assist her with purchased inputs. Within the group, Elizabeth is a role model to her fellow group members and many of them, in addition to her neighbors, now want to plant bulb onions in the rainy season of 2015.

III. Financial Information

Detailed accounting sent separately each month.