



## Lwala Community Hospital, Lwala, Kenya

Date: April 29, 2017	Prepared by: Liz Chamberlain
<b>I. Demographic Information</b>	
1. City & Province: Lwala Village, Kameji Sub-location, North Kamagambo Location, Rongo District, Migori County, Kenya	
2. Organization: Real Medicine Foundation ( <a href="http://www.realmedicinefoundation.org">www.realmedicinefoundation.org</a> ) Lwala Community Alliance ( <a href="http://www.lwalacommunityalliance.org">www.lwalacommunityalliance.org</a> )	
3. Project Title: Lwala Community Hospital	
4. Reporting Period: January 1, 2017 – March 31, 2017	
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 35,000 people	
<b>II. Project Information</b>	
7. Project Goal:  Lwala Community Alliance (LCA) is a community-led, nonprofit health and development innovator working in Migori County in rural western Kenya. Through Lwala Community Hospital, the organization provides approximately 50,000 patient visits each year. The mission of the organization is to build the capacity of the people of North Kamagambo, including its neediest residents, to advance their own comprehensive well-being. The hospital is part of a larger effort to achieve holistic development in Lwala and the surrounding community, including educational and economic development.	
8. Project Objectives during this reporting period:	
<ul style="list-style-type: none"> <li>• Improve patient care and clinical operations</li> <li>• Improve access and facility infrastructure</li> <li>• Expand and improve quality of education programs</li> <li>• Professionalize the organization through better policies and practices</li> <li>• Properly procure and account for physical, financial, and human resources</li> <li>• Increase impact of health outreach programs</li> <li>• Build capacity of community members in income generating activities</li> <li>• Include community in program planning, monitoring, and evaluation</li> </ul>	
9. Summary of RMF-sponsored activities carried out during the reporting period under each project objective (note any changes from original plans):	
<ul style="list-style-type: none"> <li>• Funded maternal and child health costs including:               <ul style="list-style-type: none"> <li>○ Personnel costs for nurses Rose Gayo and Caren Siele</li> <li>○ 58% of medicine costs</li> </ul> </li> </ul>	
10. Results and/or accomplishments achieved during this reporting period:	
<p><b>Hospital Program</b>  <i>IMPACT: Sustained reduction of morbidity and mortality through complete and comprehensive access to quality health care for the people of North Kamagambo</i></p>	

- The hospital saw increased patient numbers during the quarter compared to the same period last year (12,022 patients in the first quarter of 2017 versus 10,140 patients in the first quarter of 2016), likely heightened by a nationwide doctors' strike.
- Lwala sustained a 98% skilled delivery rate for all mothers in the catchment area and 96% prevention of mother-to-child transmission of HIV.
- In 2017 to date, the team has achieved a contraceptive uptake of 2,436 couple years of protection (CYP), a 139% increase from the first quarter of 2016. Couple years of protection is a measure that weighs the value of a contraceptive method by the number of years it provides protection from pregnancy. At this current rate, we expect to exceed our target of 6,000 CYP by the end of 2017.

### **Public Health Program**

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

- Lwala successfully exceeded its target of enrolling 5,000 children in the maternal and child health community program, reaching a total of 5,338 children by the end of March.
- An intensive community-led total sanitation (CLTS) training initiative was launched during the quarter, reaching 54 community members. Participants learned about the consequences of poor sanitation and benefits of latrine construction, practicing how to support neighbors in latrine construction. As a result, 90 new latrines have been constructed so far in 2017.
- Lwala has continued to exceed its target of fully immunizing 90% of children under 5, maintaining a quarterly rate of 96%, which is significantly higher than the county rate of 47% (DHIS 2014).

### **Education Program**

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

- The preliminary findings of a research study on the e-reader program show a 19% improvement in literacy in program participants compared to the control group. A similar study was started for our new library model launched in 2017 to determine if the same literacy outcomes can be achieved at a lower cost per student.
- Lwala remodeled the program's sexual and reproductive health curriculum, intensifying lessons on family planning, abstinence, and condom use to decrease teen pregnancy rates.

### **Economic Development Program**

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

- After a successful 6-year partnership with the Development in Gardening Program, the gardening-based nutrition program was handed off to Lwala Community Alliance. The Lwala team is now working to fully integrate nutrition programs into our community health and clinical model. The team has enrolled 300 children and 58 HIV-positive clients in the program.
- Lwala supported a new partner organization, Village Enterprise, in its first round of a targeting process to identify over 400 eligible program participants. The selected participants will receive in-depth training to start and grow small businesses.

### **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.*

- A mobile-based, community-wide household survey was completed in early 2017. Analysis is ongoing to further understand population-based information across our catchment area, such as health-seeking behavior and HIV stigma.
- Development of a new community health worker (CHW) case management application has continued throughout the quarter. The application is designed to help workers monitor patients, ease data entry, improve referral tracking, and provide faster programmatic feedback. The application is expected to launch with a pilot group in the second quarter of 2017.

### **Administration and Management**

- We held a 10-year anniversary gala to celebrate Lwala Community Alliance's "Decade of Impact" and raised approximately \$200,000.
- Community Health Nurse Obel Elkana has been promoted to Clinical Mentor. He will serve as the trainer for all new clinical staff and oversee the clinical improvement strategy.
- The Kenyan audit was completed in March, receiving an unqualified opinion from the auditors.
- In the US, a new executive assistant and engagement officer were hired and onboarded. Both team members

are performing at a high level.

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

The primary beneficiaries of RMF-supported Lwala Community Alliance are children, women, HIV-infected persons, and the elderly. Prior to the establishment of Lwala Community Hospital, there was no immediate access to primary health care or HIV/AIDS testing and care in the area. For this reason, Lwala's health intervention has focused on primary care for children, access to medicines (particularly vaccines and antimalarials), 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):

<b>Outpatient Monthly Totals</b>					
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	
January	489	471	380	519	1,859
February	426	363	297	455	1,541
March	384	393	317	445	1,539
Total outpatients for reporting period:					<b>4,939</b>
Average per month					<b>1,646</b>

<b>Child Welfare Clinic Monthly Totals</b>					
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	
January	30	34	333	380	777
February	21	24	260	274	579
March	30	29	285	285	629
Total:					<b>1,985</b>
Average per month:					<b>662</b>

<b>Family Planning Clinic</b>			
Month	New Clients	Re-visits	Total
January	247	58	305
February	146	104	250
March	175	111	286
Total:			<b>841</b>
Average per month:			<b>280</b>

<b>Inpatient Ward</b>					
Month	Under 5		Over 5		Total
	Male	Female	Male	Female	
January	28	21	12	43	104
February	19	24	23	30	96
March	31	24	22	35	112

Total:	<b>312</b>
Average patients per month:	<b>104</b>

<b>Antenatal Clinic</b>			
Month	New Clients	Re-visits	Total
January	62	152	214
February	45	127	172
March	47	150	197
Total:			<b>583</b>
Average per month:			<b>194</b>

<b>Deliveries and Postnatal Care</b>					
Month	Number of deliveries at LCH		Deliveries at partner facilities through MCH outreach	Total	Women receiving postnatal care
	Boys	Girls			
January	28	35	9	72	81
February	22	20	7	49	56
March	27	30	10	67	77
Total:				<b>188</b>	<b>214</b>
Average patients per month:				<b>63</b>	<b>71</b>

<b>HIV/AIDS Patients Reporting for HIV Appointments</b>					
Month	Under 5		Over 5		Total
	Male	Female	Male	Female	
January	11	11	206	503	731
February	13	7	139	377	536
March	13	3	154	419	589
Total:					<b>1,856</b>
Average patients per month:					<b>619</b>

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

Approximately 35,000. The total population of North Kamagambo is about 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
  - Preventative services (including PMTCT and male circumcision)

- Counseling and testing (voluntary, diagnostic, and provider-initiated)
- 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.

<b>JANUARY</b>			
Under 5		Over 5	
Clinical Malaria:	402	Clinical Malaria:	340
Confirmed Malaria:	213	Confirmed Malaria:	124
Respiratory Illnesses:	160	Skin Infections:	75
Diarrhea:	157	Urinary Tract Infection:	65
Skin Infections:	67	Diarrhea:	41
Anemia:	50	Typhoid:	27
		Pneumonia:	20
		Rheumatism/Joint Pain:	19
		Respiratory Illnesses:	17
<b>FEBRUARY</b>			
Under 5		Over 5	
Clinical Malaria:	370	Clinical Malaria:	241
Respiratory Illnesses:	198	Confirmed Malaria:	122
Confirmed Malaria:	174	Skin Infections:	85
Diarrhea:	78	Urinary Tract Infection:	41
Skin Infections:	36	Diarrhea:	17
Anemia:	28	Typhoid:	17
		Rheumatism/Joint Pain:	10
<b>MARCH</b>			
Under 5		Over 5	
Clinical Malaria:	309	Clinical Malaria:	235
Respiratory Illnesses:	201	Confirmed Malaria:	110
Confirmed Malaria:	140	Skin Infections:	85
Diarrhea:	70	Urinary Tract Infection:	47
Skin Infections:	65	Pneumonia:	22
Anemia:	18	Diarrhea:	21
		Typhoid:	16
		Rheumatism/Joint Pain:	15

16. Notable project challenges and obstacles:

- The government health worker strike in Kenya finally ended after 100 days. The strike resulted in Lwala Community Hospital seeing an increased number of patients and referring many patients to more expensive private facilities that also remained open during the strike. During the quarter, we depleted our funds for patient referrals, and we are working on strategies to replenish them.
- Women who attend 4 or more antenatal care visits remains under our target (68% compared to an 80% target). We are piloting incentive programs with community health workers to encourage women to attend earlier and more frequent visits.
- Some education programs were delayed in order for our program team to revise the curriculum and strategy for sexual and reproductive health education in primary schools, in collaboration with the school management committees.

17. If applicable, plans for next reporting period:

- The e-reader library program will be officially launched in two schools in May, when schools are back in session for the second term of the year.
- Researchers from Vanderbilt will carry out an analysis of our household survey data with the goal of publishing at least one paper on the results by the end of the year.
- The partnership with Village Enterprise will move on to the next stage, in which selected participants will begin trainings on small business development.
- The community health worker documentation process, which will advise our long-term plans to expand outside of the existing catchment area, will go through a community and staff editing process. We want to ensure that we have input from all stakeholders in that program.

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

N/A

19. Success story(s) highlighting project impact

### **SUCCESS STORY: Client enrolled in HAWI project comes to terms with his new HIV status**



Evans is a married, middle-aged man with two children. After getting sick, he visited RMF-supported Lwala Community Hospital, where he was tested and counseled on his HIV-positive diagnosis. Despite this diagnosis, Evans refused to believe that he had contracted HIV. After his condition deteriorated, he visited the hospital for further testing. Still ignoring the clinician's recommendation, Evans requested to be discharged and refused to enroll in antiretroviral therapy.

One day at home, Evans heard loud music from a nearby market. He was too weak to go to the event but could hear fellow community members talking about HIV, telling their stories about how they overcame fear and stigma to seek treatment. Evans thought about his own fear, especially about what his wife and children would think—would they disown him? He never thought that HIV would be

a battle he would have to fight. As Evans continued to listen, he asked his son to tell the event organizers that he would like to speak with them.

Evans learned about the HIV and WASH Integration (HAWI) program through a community health worker who had helped mobilize the community for the event. Evans joined the program willingly, after hearing such positive feedback from his community members. The community health workers and clinical staff worked together to help Evans disclose the diagnosis to his partner, always available to provide support as needed. He says, "I thank God for the step I made to visit the Lwala Community Hospital almost two months ago and for my wife's acceptance of my new HIV status. I now live stronger and healthy, free from illnesses that previously affected me. They do not haunt me anymore." He continues, "However, it hurts me to think of the wasted resources during my denial period. If I could turn back the hands of time, I would have disclosed my status to my family members much earlier and probably protected the family from wasting their time and resources."

Since enrolling in the HAWI program, Evans has regained his strength and now works in his kitchen garden. His wife and the community health worker ensure that Evans adheres to his daily antiretroviral treatment. Their family lives close to Lwala Community Hospital, and Evans looks forward to regular clinical appointments and medication refills. The positive impact that HAWI has had on his life inspired him to become an advocate in the community. Evans supports community members who are in denial of their HIV status and encourages everyone to seek care.

## BENEFICIARY PROFILE: Vera Awuor Onuko



Vera Awuor Onuko is a 13-year-old girl attending Tuk Jowi Primary School. As a young girl living within the North Kamagambo region, she is vulnerable to teen pregnancy, sexual and gender-based violence, and sexually transmitted infections. Over holiday breaks, this risk increases, as the youth have more opportunities to engage in sexual activities outside of a nurturing school environment.

Vera feared this heightened pressure, unsure how to confidently say “No.” To learn how to protect herself, she attended RMF-supported Lwala Community Alliance’s Better Breaks program. Over one week during the holiday break, mentors educated Vera and other pupils on sexual and reproductive health and self-agency to build confidence and reduce risky behavior. Applying these tools, Vera now uses assertive eye contact and communication to resist pressure to date boys. She recognizes her own self-worth and rights as a young girl, intending to build positive relationships that do not

endanger her well-being. Vera no longer feels threatened by teen pregnancy and is confident she will continue her education, using stress management and goal setting to achieve in school.

In her words, “I am so happy that I have improved my education. I now have confidence to talk before people and even recited a poem in front of the whole group. Though I now feel safe from becoming pregnant, other girls may not. I want all youths to attend Better Breaks to learn how to abstain and stay in school.” With this knowledge, she believes that teen pregnancy, early marriage, and school dropout can be avoided. Vera is excited to participate in future Better Breaks programs and vows to spread this knowledge to her peers to better their lives.

### III. Financial Information

Detailed accounting report sent separately each month.