



## Lwala Community Hospital, Lwala, Kenya

Date: March 31, 2018	Prepared by: Nicole Philip
<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: December 1, 2017 – February 28, 2018	
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:	
<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 nurse Rose Gayo and clinician Wycliffe Omwanda</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>	

- Between December 2017 and February 2018, we saw 15,630 total patient visits across all three facilities that we support: Lwala Community Hospital and two government health centers/dispensaries, Minyenya and Ndege Oriedo.
- Lwala registered a 96% skilled delivery rate for all mothers in the catchment area as of February 2018. In 2017, we achieved 98% prevention of mother-to-child transmission of HIV. So far in 2018, there are 70 babies in our eMTCT program.
- In December, January, and February, we have provided 2,246 couple years of protection (CYP). 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.
- In February, partners from the University of California, San Francisco visited Lwala to train clinicians from Lwala and nearby partner facilities on the non-pneumatic anti-shock garment, a tool used to prevent women from experiencing post-partum hemorrhage after delivery.

### **Public Health Program**

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

- By the end of February 2018, Lwala enrolled 6,331 children in the maternal and child health community program.
- We continue to provide education to community members on the consequences of poor sanitation and benefits of latrine construction through an intensive community-led total sanitation (CLTS) initiative.
- Lwala has continued to exceed its target of fully immunizing 90% of children under 5, maintaining a rate of 96% as of February 2018, which is significantly higher than the county rate of 57% (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 one-to-one model of 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. A follow-up program assessment was conducted in October 2017, and we found that results were more moderate compared to the one-to-one model but still encouraging. We are anticipating a multiplied impact the second and third years of the program.
- In January 2018, 298 in-school girls and 62 out-of-school girls were enrolled in our mentoring groups. These groups teach girls about self-confidence and teach them skills to avoid risky behaviors.
- In order to prevent risky relationships between adolescents and older partners that often lead to HIV transmission and teenage pregnancy, we are preparing to implement the Young Love curriculum, validated by partners in Botswana, in May 2018.

### **Economic Development Program**

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

- In order to provide financial access to even the most impoverished community members, Lwala continues to partner with the organization Village Enterprise. Village Enterprise provides training and microgrants to community members so that they can start their own small businesses. In February 2018, Lwala provided poultry vaccines to all of the groups starting agriculture enterprises and offered business skills training to 87 small business owners.

### **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.*

- Preparation is underway for a follow-up to the mobile-based, community-wide household survey that was completed in early 2017. This survey will be conducted in our current catchment area, North Kamagambo, and our expansion area, East Kamagambo. This survey will allow us to understand population-based information across our catchment area, such as health-seeking behavior and HIV stigma. We have submitted this survey for IRB approval with Vanderbilt University and AMREF and expect the survey to begin in late April 2018.

### **Administration and Management**

- In February, Community Programs Director Winnie Oyugi traveled to Seattle to participate in the iLeap International Fellowship Program.
- In the US office, a Development Manager was hired and is performing at a high level.
- In December, Lwala held our annual staff retreat in the nearby city of Kisii. Our Executive Director and Impact

Director traveled to Lwala to attend, and staff participated in team building activities and vision sessions.

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	
December	362	331	334	434	1,461
January	352	354	271	506	1,483
February	338	326	287	451	1,402
Total outpatients for reporting period:					<b>4,346</b>
Average per month					<b>1,449</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	
December	8	31	269	310	618
January	30	26	350	416	822
February	23	23	304	433	783
Total:					<b>2,223</b>
Average per month:					<b>741</b>

<b>Family Planning Clinic</b>			
Month	New Clients	Re-visits	Total
December	131	142	273
January	190	110	300
February	151	120	271
Total:			<b>844</b>
Average per month:			<b>281</b>

<b>Inpatient Ward</b>					
Month	Under 5		Over 5		Total
	Male	Female	Male	Female	
December	23	14	16	28	81
January	15	37	29	18	99
February	33	25	15	25	98
Total:					<b>278</b>

Average patients per month: **93**

<b>Antenatal Clinic</b>			
Month	New Clients	Re-visits	Total
December 2017	64	166	230
January 2018	69	163	232
February 2018	46	181	227
Total:			<b>689</b>
Average per month:			<b>230</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			
December	33	33	11	77	77
January	28	31	7	66	77
February	22	22	9	53	47
Total:				<b>196</b>	<b>201</b>
Average patients per month:				<b>65</b>	<b>67</b>

<b>HIV/AIDS Patients Reporting for HIV Appointments</b>					
Month	Under 5		Over 5		Total
	Male	Female	Male	Female	
December	49	99	91	271	510
January	56	53	163	461	733
February	65	54	166	479	764
Total:					<b>2,007</b>
Average patients per month:					<b>669</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>DECEMBER</b>			
Under 5		Over 5	
Clinical Malaria:	30	Clinical Malaria:	16
Confirmed Malaria:	204	Confirmed Malaria:	103
Respiratory Illnesses:	18	Skin Infection:	34
Diarrhea:	56	Urinary Tract Infection:	36
Skin Infections:	95	Diarrhea:	14
Anemia:	37	Typhoid:	9
Accidents:	11	Pneumonia:	20
		Rheumatism/Joint Pain:	25
		Accidents:	44
		Respiratory Illnesses:	27
<b>JANUARY</b>			
Under 5		Over 5	
Clinical Malaria:	43	Clinical Malaria:	35
Respiratory Illnesses:	40	Confirmed Malaria:	89
Confirmed Malaria:	177	Skin Infection:	36
Diarrhea:	131	Urinary Tract Infection:	57
Skin Infections:	70	Diarrhea:	41
Anemia:	23	Typhoid:	11
		Rheumatism/Joint Pain:	24
		Accidents:	37
		Respiratory Illnesses:	30
		Pneumonia:	24
<b>FEBRUARY</b>			
Under 5		Over 5	
Clinical Malaria:	16	Clinical Malaria:	21
Respiratory Illnesses:	236	Confirmed Malaria:	78
Confirmed Malaria:	123	Skin Infection:	32
Diarrhea:	101	Urinary Tract Infection:	46
Skin Infections:	62	Pneumonia:	24
Anemia:	29	Diarrhea:	33
		Respiratory Illnesses:	30
		Rheumatism/Joint Pain:	32
		Accidents:	26

16. Notable project challenges and obstacles:

Male engagement in healthcare-related matters continues to be a challenge in our community. This is reflected in our lower numbers of male patients reporting for HIV/AIDS appointments and low numbers of men accompanying their female partners to family planning or antenatal care visits at the facility. This is a significant challenge because men are often the gatekeepers of women's health—determining how family funds are allocated for health care and whether or not women can access services. In order to encourage men to be more involved in health-related matters, we are conducting monthly male forums that convene men in the community, giving them the opportunity to ask questions, learn about health care, and discuss difficult topics with their peers and knowledgeable medical providers. To incentivize male attendance at antenatal care visits, couples who attend the visit together are allowed to skip the line.

In addition, we are working to roll out an innovative cell phone-based game that promotes male involvement in sexual and reproductive health issues in a fun and inviting manner. We will continue to strive towards increased male involvement in health care, including areas such as support group enrollment and contraceptive services.

17. If applicable, plans for next reporting period:

- We will conduct a follow-up assessment to our January 2017 household survey in North Kamagambo. This survey will allow us to measure the impact of our interventions on the community. In addition, we will conduct a household survey in East Kamagmabo, our expansion area. This survey will serve as a baseline, allowing us to generate programmatic targets and objectively measure our impact over time.
- After the household surveys are complete, we will begin expanding our operations to East Kamagambo. The programs that are expanding to East Kamagambo are Maternal and Child Health, Sexual and Reproductive Health, and the CHW program. We will begin by recruiting and training CHWs and implementing a Quality Improvement initiative in the three facilities with which we are partnering. The Quality Improvement initiative will begin with comprehensive facility assessments to identify areas for improvement and then the roll-out of mentorship and improvement initiatives.

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

N/A

19. Success story(s) highlighting project impact

### SUCCESS STORY: Sarah and her family



*Sarah's oldest daughter, Hillary, poses with the bag of nutrition supplements that her family received from Lwala's nutritionist*

Sarah is a young mother living in Nyagweta, a village in Kadianga Area about 30 minutes from Lwala Community Hospital. Her husband works in their village, doing odd jobs and handiwork for their neighbors and friends. Neither Sarah nor her husband attended formal schooling, and they have often struggled to maintain a steady income. With four children under eight years old, finding sufficient funds to provide food and clothing for the entire family was a challenge for many years.

Lwala Community Alliance first learned of Sarah's family two years ago through the community health nurse, Mr. Obel. He found them living in a mud hut with a leaking roof and barely enough room to sleep. Sarah had just given birth to twins, a boy and a girl, who were always unclothed and extremely small for their age. Their mid-upper arm circumference (MUAC), a standard measure of malnutrition, put them in the category of severe acute malnutrition (SAM). Mr. Obel learned that Sarah and her husband had previously resisted receiving services from Lwala, as they preferred working with traditional healers and religious leaders in the community. However, Mr. Obel educated Sarah's family on the severity of their children's condition and the various services available to them through Lwala Community Alliance.

Following the consultation with Mr. Obel, they eagerly agreed to enroll their older daughter, Hillary, and the twins, Samuel and Alice, in Lwala's nutrition program. As a part of the nutrition program, the children receive food supplements every other week and are evaluated by Lwala's nutritionist every month. In addition, Sarah attends nutrition trainings with Lwala's field-based nutrition team. In these trainings, Sarah has learned agricultural practices to maximize the amount of food she can grow on her family's land, and she has received seed input support to jumpstart her own kitchen garden.

It has been two years since Sarah and her children were first identified by Mr. Obel, and their family has continued to grow. The youngest child, Maria, was born at Lwala Community Hospital nine months ago. Sarah attended all four recommended antenatal care visits before delivering, and Maria is on schedule to receive all of her vaccinations. Hillary and the twins have recovered from their bouts of **malnutrition and are developing on schedule. They continue to receive nutrition supplements** every other week to ensure that they remain healthy.

Sarah has benefitted greatly from the nutrition trainings at Lwala. Her kitchen garden is flourishing, growing vegetables such as spinach and maize that provide her children with essential nutrients. Not only is she proud of her children's growth over the past two years, she is also proud of her own growth as a mother, being able to provide her children with the food that they need from her own garden. Sarah is grateful to the Lwala staff for empowering her to promote healthy behaviors in her family and provide her children with the resources they need to grow and remain healthy.

*\*All names have been changed to protect the privacy of the family.*

### III. Financial Information

Detailed accounting report sent separately each month.