

Lwala Community Hospital, Lwala, Kenya

Date: July 29, 2016	Prepared by: 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	
3. Project Title: Lwala Community Hospital	
4. Reporting Period: April 1, 2016 – June 30, 2016	
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: Lwala Community Alliance (LCA) is a community-led, nonprofit health and development agency working in Migori County in rural western Kenya. Through the Lwala Community Hospital, the organization provides 30,000 patient visits each year. The LCA's mission is to meet the health needs and build the capacity of all people living in North Kamagambo, including the poorest residents. The Lwala Community 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"> • Improve patient care and clinical operations • Improve access and facility infrastructure • Expand and improve quality of education programs • Professionalize the organization through better policies and practices • Properly procure and account for physical, financial, and human resources • Increase impact of health outreach programs • Build capacity of community members in income generating activities • Include community in program planning, monitoring, and evaluation 	
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"> • 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 	
10. Results and/or accomplishments achieved during this reporting period:	
<p>Hospital Program</p> <p><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> <ul style="list-style-type: none"> • Lwala Community Hospital saw increased patient numbers (10,140 in the first quarter compared to 12,971 in the second quarter), possibly due to the free care newly offered for under-5 children and the likelihood of other family members simultaneously seeking care at the hospital. We are investigating the cause further. • HIV testing and support was intensified during this reporting quarter; 2,854 individuals were tested and counseled, and 7 new support groups were created. 	

- The Lwala Community Hospital was registered with the Medical and Practitioners Board in Kenya; this is a major step in gaining accreditation for the Kenyan National Health Insurance Fund.
- The hospital has begun the implementation of an electronic point-of-sale system to collect patient fees.

Public Health Program

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

- The service package that Community Health Workers (CHWs) are providing at the household level has been expanded to include home-based testing and treatment of malaria for children under 5.
- Through conducting thorough data checks and through CHW encouragement of child vaccination, 80% of Lwala children community-wide are now fully immunized.
- The involvement of men in women's reproductive and general health issues has increased, in part due to a newly-formed committee that focuses on child protection and women's rights.

Education Program

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

- In-school health clubs, in collaboration with RMF-supported Lwala Community Alliance, are constructing permanent handwashing stations that are fed by water tanks and supplied with soap. Two schools have completed construction and 11 are in the process.
- Structured observations of the eReader program were carried out by a Vanderbilt graduate student in May and June. The results of her observations are expected to feed into program improvements and an overall assessment of the impact of the eReader pilot project.

Economic Development Program

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

- The economic team conducted a series of community consultation sessions to identify economic needs and areas of potential growth in the local economy, which will guide strategies of the economic development program.
- A partnership with Village Enterprise, a nonprofit dedicated to ending extreme poverty in rural Africa through entrepreneurship and innovation, has been formed, and a pilot project is planned to launch in the fourth quarter of 2016.

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 Kenya EMR (Electronic Medical Records) system has fully moved to point-of-care usage at Lwala Community Hospital with all clinical staff working with HIV patients. Patient tracking is now taking place primarily through the online system.
- The Kenyan Ministry of Health and Planned Parenthood Global conducted data quality audits at Lwala Community Hospital, and the hospital received high marks from both organizations. Lwala Community Hospital gained recognition as the second best health facility in Migori County in terms of data quality in Kenya EMR.

Operations

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

- A new centralized procurement process is now functioning within the Operations department; a stock room now stores frequently used items available for request from all departments.

Finance

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

- An M-Pesa account was created and is currently in use at Lwala Community Hospital, reducing the number of cash transactions. M-Pesa is a platform for mobile banking in Kenya.

Administration and Management

- A performance management process has been rolled out in Kenya, starting with employee reviews at the management level. The process includes each staff member completing written performance reviews and having an in-person meeting with his or her supervisor to discuss goals and targets for the coming year.

- The leadership team has experienced continued cohesion and development over the last quarter as a result of increased management mentorship.

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 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	
April	345	325	286	408	1,364
May	442	389	345	491	1,667
June	474	477	324	509	1,784
Total outpatients for reporting period:					4,815
Average per month					1,605

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	
April	12	20	330	337	699
May	29	27	348	391	795
June	18	25	363	411	817
Total:					2,311
Average per month:					770

Family Planning Clinic				
Month	New Clients	Re-visits	Total	
April	99	60	159	
May	124	51	175	
June	79	38	117	
Total:			451	
Average per month:			150	

Inpatient Ward					
Month	Under 5		Over 5		Total
	Male	Female	Male	Female	
April	16	39	31	28	114
May	33	27	28	32	120
June	36	26	22	34	118
Total:					352
Average patients per month:					117

Antenatal Clinic				
Month	New Clients	Re-visits	Total	
April	52	111	163	
May	44	128	172	
June	51	148	199	
Total:			534	
Average per month:			178	

Deliveries and Postnatal Care					
Month	Number of deliveries at LCH		Deliveries at partner facilities through MCH outreach	Total	Women receiving postnatal care
	Boys	Girls			
April	17	21	11	49	49
May	31	30	13	74	74
June	19	31	9	59	60
Total:				182	183
Average patients per month:				61	61

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

Approximately 30,000. 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.

APRIL			
Under 5		Over 5	
Clinical Malaria:	245	Clinical Malaria:	176
Confirmed Malaria:	145	Confirmed Malaria:	79
Diarrhea:	48	Skin Infection:	43
Anemia:	33	Urinary tract infection:	32
Respiratory Illnesses:	14	Rheumatism/Joint pain:	21
Skin Infections:	13	Diarrhea:	21
		Pneumonia	14
MAY			
Under 5		Over 5	
Clinical Malaria:	457	Clinical Malaria:	276
Confirmed Malaria:	262	Confirmed Malaria:	146
Diarrhea:	79	Skin Infection:	98
Respiratory Illnesses:	49	Urinary Tract Infection:	47
Skin Infections:	49	Rheumatism/Joint Pain:	32
Anemia:	32	Respiratory Illnesses:	20
		Pneumonia:	20
		Diarrhea:	19
		Typhoid:	12
JUNE			
Under 5		Over 5	
Clinical Malaria:	372	Clinical Malaria:	375
Confirmed Malaria:	233	Confirmed Malaria:	215
Respiratory Illnesses:	70	Skin Infection:	73
Diarrhea:	56	Respiratory Illnesses:	54
Skin Infections:	32	Urinary Tract Infection:	46
Anemia:	17	Rheumatism/Joint Pain:	33
		Diarrhea:	18
		Pneumonia:	15
		Typhoid:	12

16. Notable project challenges and obstacles:

- Lwala's partnership with Riders for Health, an organization that provides vehicle insurance and vehicle maintenance support to nonprofits around the world, is uncertain at the moment, as the UK headquarters of the organization closed during this quarter. Lwala Community Alliance's operations team is in discussions with the Riders for Health Kenya field office regarding future plans.
- Completion of building renovations to Lwala's program offices continue to be behind schedule. The contractor is in contact with the Lwala operations team, but has made little progress in completing the project.
- Involvement of youth in the community HIV & WASH program (HAWI) has proven challenging, and a new strategy for recruiting youth is being established.
- Pilot projects under the economic development program will be delayed due to extended time spent on community consultations and the development of a team strategy.

17. If applicable, plans for next reporting period:

- Expand the provision of malaria testing and treatment to additional Community Health Workers (CHWs), and track the progress of this pilot phase of implementation.
- Continue the next steps of enrolling the Lwala Community Hospital in the Kenyan National Health Insurance

Fund, which will include additional registration and certification.

- Conduct community consultations in relation to each program area (health care, education, and economic development) with the goal of incorporating community perspectives and needs into the 2017 program planning process.
- Begin an expansion phase of Lwala's central Salesforce database to the education programs in collaboration with Vera Solutions, a Salesforce consulting firm that focuses on international settings.

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

N/A

19. Success story(s) highlighting project impact:

SUCCESS STORY: Table Banking Empowers Impoverished Youths to Reach Their Goals



In North Kamagambo, young people face great challenges. Increased poverty, unemployment, and food insecurity inhibit their livelihoods. To address this, a group of young people formed the Nyachuria Youth Group to kick-start income generation. Despite their efforts, low savings and inadequate financial knowledge led to a loss in members and morale.

Determined to succeed, the Nyachuria Youth Group partnered with Lwala Community Alliance's economic development team. The economic development team works with over 13 groups in the community to improve economic practices through training and mentoring. After completing modules on table banking and financial literacy, the young people started to adopt better practices. The economic team continued to link them with other successful groups, serving as a source of empowerment and encouragement. With new knowledge and exposure to the savings culture, the Nyachuria Youth Group was able to properly provide loans to its members, and members were empowered to repay those loans.

Paul, the group's chairperson, reported, "A number of members have observed a drastic change in life. Through the table banking processes learned, group members can now afford to pay school fees and are able to expand their businesses with ease." In addition to individual successes, several group income generating activities, including cereal banking and poultry keeping, were initiated from the interest earned on successful loans. Further funds enabled the group to invest in a public address system, an additional source of employment through loaning the system to the community.

With guidance from Lwala Community Alliance, the Nyachuria Youth Group has saved \$1,000 from income generating activities alone. When the group shared out earlier this year, an individual member could receive up to \$300. Their commitment has led Nyachuria Youth Group to be one of the community's most successful table banking groups. The economic development program continues to reach over 200 individuals, facilitating table banking processes to improve community livelihoods.

BENEFICIARY PROFILE: Maurice Otieno Ochieng

Maurice Otieno Ochieng is a 3-year-old boy living in North Kamagambo. Orphaned after his father passed away and his mother left, Maurice's grandmother, Persila Adhiambo Ogutu, became his primary caretaker. Unprepared to provide for Maurice and his two siblings, Persila struggled to maintain a healthy lifestyle for the children.

On a routine household visit, a Community Health Worker (CHW) discovered the three orphans in poor health. During her assessment, she found Maurice to be severely malnourished and anemic. After educating Persila on the importance of HIV testing, the Community Health Worker screened each child. To Persila's surprise, Maurice tested HIV-positive. Given his status and declining health, the Community Health Worker referred him to Lwala Community Hospital. After an additional referral, Maurice began HIV and nutrition care.



Though Maurice was being treated, Persila still did not understand how he contracted HIV without engaging in sexual intercourse. Through several counseling sessions with the Community Health Worker, Persila came to understand and accept his status and agreed to provide full support in Maurice's care. His health began improving as he attended regular appointments and took medications as prescribed. In Persila's words, "I am really happy that Maurice's health has improved so rapidly. Even though he is taking ARVs, he is not different from other children. His progress has encouraged me to continue applying the information I was given by the Community Health Worker and the hospital." Due to the commitment of the Community Health Workers and Clinical Officers, Maurice has maintained a suppressed viral load for several months. Persila vows to stay invested and is thankful for the support of the HIV team.

III. Financial Information

Detailed accounting report sent separately each month.