



Lwala Community Hospital, Lwala, Kenya

Date: July 31, 2018	Prepared by: Julia Eigner
I. Demographic Information	
1. City & Province: Lwala Village, Kameji Sub-location, North Kamagambo Location, Rongo District, Migori County, Kenya	
2. Organization: Real Medicine Foundation (www.realmedicinefoundation.org) Lwala Community Alliance (www.lwalacommunityalliance.org)	
3. Project Title: Lwala Community Hospital	
4. Reporting Period: March 1, 2018 – June 30, 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	
II. Project Information	
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"> • 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 nurse Rose Gayo and clinician Wycliffe Omwanda ○ 58% of medicine costs 	

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 health care for the people of North Kamagambo

- Between March and June 2018, we saw 25,069 total patient visits across all three facilities that we support: Lwala Community Hospital and two government health centers/dispensaries, Minyenya and Ndege Oriedo.
- In 2017, only one child in the eMTCT program turned HIV-positive, and we are striving to outdo this performance by achieving a 100% eMTCT rate in 2018. We are on track to achieve this goal, with 84 HIV-exposed infants reaching 18 months and testing negative so far in 2018.
- In March, April, May, and June, we have provided 4,883 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 to train clinicians from Lwala and nearby partner facilities on the non-pneumatic anti-shock garment (NASG), a low-cost tool used to prevent women from experiencing post-partum hemorrhage after delivery. To date, the garment has been used 8 times in all of our facilities.

Public Health Program

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

- By the end of June 2018, Lwala had enrolled 6,661 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. This quarter, 12 villages in our catchment area were certified Open Defecation Free by the Ministry of Health.
- Lwala has continued to exceed its target of fully immunizing 90% of children under 5, maintaining a rate of 96% as of June 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 first Better Breaks session in 2018 took place during the April school holiday and reached 503 young people. The session included sex education and a video screening on the dangers of cross-generational sex, which parallels the Young Love curriculum we are rolling out at health clubs.
- In June 2018, 385 in-school girls and 117 out-of-school girls were enrolled in our mentoring groups. These groups teach girls about self-confidence and skills to avoid risky behaviors.
- As of June 2018, 177 female students and 143 male students were trained on our Young Love curriculum. The curriculum aims to teach students about the risks of inter-generational relationships as they relate to teen pregnancy and HIV.

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.
- The 485 individuals who were identified in the Progress Out of Poverty Index were enrolled in Village Enterprise programs. Training for this cohort began in April, and they received their grant disbursements in June.

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.

- In 2017, we conducted a household survey measuring population-based information across Lwala-supported communities, with the support of Vanderbilt Institute of Global Health. The survey instrument was developed by Lwala staff members and Vanderbilt faculty using tools such as the Kenya Demographic and Health Survey, Strengthening Communities through Integrated Programming Survey, several research studies, and a previous research tool used by Lwala.
- Initial key findings from the household survey relative to averages from the Kenya Demographic and Health Survey include:

- Under-5 mortality rate is 29.5/1,000 live births over the last five years, a 64% reduction compared to the Nyanza (regional) average.
- Contraceptive prevalence rate is 61.5% compared to 44.6% in Migori County.
- We are also in the midst of conducting a robust evaluation of our program expansion. This quasi-experimental study employs a stepped-wedge, cross-sectional design to understand health impacts in Lwala sites compared to control sites. The study focuses on maternal and child health outcomes, but also collects a wide range of socioeconomic data to help us understand more about the drivers of health outcomes. We have already surveyed 1,100 households across our current innovation hub and primary expansion location. We are conducting the survey throughout the sub-county and will use the data from the sub-locations where we are not yet working as control data to understand the impact of our community-led health programs. The step-wedge design allows us to repeat the survey every 12–24 months in new locations as we grow. The data collected in the first two sub-locations is currently being analyzed, and we are gearing up to survey two additional sub-locations next quarter.

Administration and Management

- In June, Winnie Oyugi and Emily Mbolu traveled to Dar es Salaam, Tanzania for the Regional Education Learning Initiative led by Wellspring.
- Lwala’s Executive Assistant Helen Chambers left our team to return to school full-time. Jenny Robinson joined us as the new executive assistant, bringing 18 years of administrative experience to the role.

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):

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	
March	318	338	270	403	1,329
April	285	282	245	402	1,214
May	457	417	341	514	1,729
June	499	434	306	477	1,716
Total outpatients for reporting period:					5,988
Average per month					1,497

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	
March	19	20	363	453	855
April	24	30	369	447	870
May	24	31	473	503	1,031
June	18	21	466	605	1,110
Total:					3,866

Average per month: **996.5**

Family Planning Clinic			
Month	New Clients	Re-visits	Total
March	156	139	295
April	155	155	310
May	161	117	278
June	134	81	215
Total:			1,098
Average per month:			274.5

Inpatient Ward					
Month	Under 5		Over 5		Total
	Male	Female	Male	Female	
March	31	20	12	31	94
April	9	15	16	20	60
May	20	13	18	31	82
June	23	6	20	25	74
Total:					310
Average patients per month:					77.5

Antenatal Clinic			
Month	New Clients	Re-visits	Total
March	74	209	283
April	62	199	261
May	65	210	275
June	68	247	315
Total:			1,134
Average per month:			283.5

Deliveries and Postnatal Care					
Month	Number of deliveries at LCH		Deliveries at partner facilities through MCH outreach	Total	Women receiving postnatal care
	Boys	Girls			
March	20	29	9	58	75
April	27	24	15	66	71
May	36	24	17	77	89
June	27	32	16	75	106
Total:				276	341
Average patients per month:				69	85.25

HIV/AIDS Patients Reporting for HIV Appointments					
Month	Under 5		Over 5		Total
	Male	Female	Male	Female	
March	8	10	151	460	629
April	5	18	202	538	763
May	8	1	194	565	768

June	14	26	169	558	767
Total:					2,927
Average patients per month:					731.75

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.

MARCH	
Under 5	Over 5
Clinical Malaria: 466	Clinical Malaria: 541
Confirmed Malaria: 140	Confirmed Malaria: 58
Diarrhea: 106	Skin Infection: 24
Skin Infections: 60	Urinary Tract Infection: 50
Anemia: 19	Diarrhea: 31
	Pneumonia: 23
	Rheumatism/Joint Pain: 23
APRIL	
Under 5	Over 5
Clinical Malaria: 407	Clinical Malaria: 423
Confirmed Malaria: 70	Confirmed Malaria: 24
Respiratory Illnesses: 258	Skin Infections: 45
Diarrhea: 61	Urinary Tract Infection: 58
Skin Infections: 68	Diarrhea: 22
Anemia: 12	Pneumonia: 26
	Rheumatism/Joint Pain: 22
	Accidents: 27
MAY 2018	
Under 5	Over 5
Clinical Malaria: 83	Clinical Malaria: 152
Respiratory Illnesses: 432	Confirmed Malaria: 33
Confirmed Malaria: 60	Skin Infection: 60

	Diarrhea: 83 Skin Infections: 85 Anemia: 15	Urinary Tract Infection: 67 Pneumonia: 37 Diarrhea: 16 Rheumatism/Joint Pain: 33 Accidents: 38
JUNE 2018		
	Under 5	Over 5
	Clinical Malaria: 744 Respiratory Illnesses: 168 Confirmed Malaria: 53 Diarrhea: 105 Skin Infections: 75 Anemia: 20	Clinical Malaria: 590 Confirmed Malaria: 30 Skin Infection: 27 Urinary Tract Infection: 57 Pneumonia: 46 Diarrhea: 13 Respiratory Illness: 168

16. Notable project challenges and obstacles:

- As a level IV hospital, we are eligible for reimbursements from the National Health Insurance Fund (NHIF) for services provided. Trained staff have been filing claims and enrolling community members in the insurance program. So far, we have registered 63 individuals for NHIF insurance, and 106 women in the maternity-focused “Linda Mama” insurance which provides free care for all pregnant women. We are experiencing challenges in enrollment, as many community members do not have identification numbers, which stalls the process. To address this setback, we plan to hire an NHIF clerk charged with increasing enrollment and managing NHIF-related duties.

17. If applicable, plans for next reporting period:

- We will begin implementing the mUzima technology to complement the KenyaEMR system with remote data collection.
- In the next quarter, we will deploy the newly-trained cadre of 118 Community Health Workers (CHWs) to our expansion site to provide maternal and child health care, family planning services, and mobile data collection. During their monthly household visits, Community Health Workers provide comprehensive health services, track growth, ensure on-time immunizations, make referrals to the hospital as needed, advise on healthy household behaviors, and diagnose and treat malaria.

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

N/A

19. Success story(s) highlighting project impact

SUCCESS STORY: Olivia

Over the last ten years, Olivia has grown from a Lwala patient to one of our strongest advocates. Olivia first visited Lwala Community Hospital in 2008 for a check-up. Her husband had passed away four years previously, and she was beginning to experience some of the same symptoms he had experienced before his death. When the lab technologist explained that Olivia had HIV and would need to be enrolled for treatment, she immediately accepted her diagnosis and began taking antiretrovirals. Her attitude towards her HIV diagnosis was reflective of her attitude towards other challenges in life: to face it head-on.

Olivia consistently took her HIV medication and joined a Lwala HIV support group called *Tang'chon*, meaning “prepare in advance.” With her HIV under control, Olivia decided to take on a new challenge, pregnancy. She enrolled in Lwala’s Thrive Thru 5 program and joined the elimination of Mother-to-Child Transmission (eMTCT) of HIV cohort. Through

these programs, she was supported by Lwala Community Health Workers Elizabeth and Carolyn and was treated with highly active antiretroviral therapy (HAART) to ensure that her viral load would remain low throughout the pregnancy.

In September of 2015, she gave birth to a healthy baby boy named Wallace. In accordance with eMTCT protocol, Wallace was consistently tested for HIV until he could be definitively declared HIV-negative at 18 months. To ensure that Wallace remained healthy, Olivia diligently brought him to the facility for his well-child visits and immunizations.



Olivia and her son Wallace in front of her farm

In February of 2017, the Lwala nutrition facilitators conducted a community screening to identify anyone who was at risk for malnutrition. Though Wallace was developing normally, he was identified as at risk because his mother was HIV-positive. Olivia and Wallace were then enrolled in the nutrition program, and Olivia began attending trainings. She quickly embraced the lessons from the nutrition trainings and started a kitchen garden at home. After seeing the benefits of growing her own food and using her land efficiently, she hoped to expand the garden into a larger farm.

It is now over a year since Olivia was enrolled in the nutrition program, and her land is thriving. Next to her house she is growing spinach, butternut squash, coriander, capsicum, beetroot, onions, and some indigenous vegetables. In addition, she has used the money from selling her extra crops to purchase two sheep and a small potato farm that she is using purely for commercial agriculture. According to our nutrition survey conducted in November 2017, Olivia has the highest producing farm out of all the nutrition clients that Lwala works with. She takes pride in her work, stating:

Lwala has really helped me by keeping me healthy and providing me with the tools to take care of my children and keep them healthy too. Lwala has taught me about nutrition, which allows me to have a healthy family, and that is the most important.

In her free time, Olivia likes to encourage her friends to adopt kitchen gardens and give them advice when they grow new crops. She is using the profits from her farm to pay for her children’s school fees and is looking forward to adding maize to her standard rotation of crops in order to increase her profits. Through a decade of partnership with Lwala, Olivia has faced every challenge with grace and is creating a large impact in her own community as an advocate and friend.

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

III. Financial Information

Detailed accounting report sent separately each month.