

## Lwala Community Hospital, Lwala, Kenya

Date: October 28, 2016	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: Lwala Community Alliance ( <a href="http://lwalacommunityalliance.org/">http://lwalacommunityalliance.org/</a> )	
3. Project Title: Lwala Community Hospital	
4. Reporting Period: July 1, 2016 – September 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	
<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 30,000 to 40,000 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> <ul style="list-style-type: none"> <li>• Lwala Community Hospital saw continued high patient numbers during this quarter, though they dropped slightly from the prior quarter (11,751 in the third quarter compared to 12,971 in the second quarter).</li> <li>• Youth-friendly service outreaches conducted in primary schools across the catchment area provided health services to 422 students.</li> </ul>	

- There has been a gradual increase in the uptake of long-term family options during the course of 2016: from 319 in the first quarter to 354 in second quarter, to 390 in the third quarter.

### **Public Health Program**

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

- Lwala has reached its target of fully immunizing 90% of under-5 children through an intensive immunization campaign and the increased diligence of Community Health Workers (CHWs).
- Community Health Workers have enrolled 1,119 individuals in the HIV-WASH community program so far this year and are providing home-based care and education services to these individuals on a monthly basis.

### **Education Program**

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

- In-school mentoring sessions are bearing great results. Out of 393 girls enrolled in the in-school mentoring program, none have become pregnant during the year. The mentoring participants are often the most vulnerable girls in the school, so this success is particularly noteworthy.
- Another Better Breaks event was held in August. During this week-long camp, youth participated in leadership training, learned about sexual and reproductive health, and accessed health services. A total of 1,197 youth have already been reached by Better Breaks programming in 2016.

### **Economic Development Program**

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

- The economic program has reached a cumulative total of 993 individuals through its farmer and community groups in 2016.
- Plans for the economic development program in 2017 have been developed based on an in-depth consultation process in 2016. The program will include a partnership with Village Enterprise, a nonprofit dedicated to ending extreme poverty in rural Africa through entrepreneurship and innovation. The economic program will continue to run the nutrition and farmer training program and make a financial investment in a successful community-staff cooperative group.

### **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 M&E team has started developing technical requirements for an expanded electronic medical records system at the hospital. Doing so is the first step in building out the system, which is slated to take place in 2017.
- Data for the HIV-WASH community program has been uploaded into Lwala's Salesforce database, which is a major step toward successfully tracking individual participants and project successes.
- Lwala Community Hospital was selected as one of only four organizations from Migori County to showcase KenyaEMR (Electronic Medical Records) and guide future developments. We were in the company of larger hospitals and organizations, as well as the MOH.

### **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 successful transition to outsource the kitchen and grounds-keeping functions (from having full-time staff dedicated to these functions) occurred during the quarter. We anticipate finding cost savings as a result of the outsourcing.

### **Finance**

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

- The Finance team finalized an organization-wide Finance Policy and Procedures Manual during the quarter. Now, both policies and procedures in the US and Kenya are clearly laid out for staff and leadership.

### **Administration and Management**

- An extensive 2017 annual planning process took place from July through September, involving nearly all staff, and has led to the development of strategic program plans for 2017 through 2020.

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	
July	425	417	347	502	1,691
August	413	327	293	419	1,452
September	330	308	272	390	1,300
Total outpatients for reporting period:					<b>4,443</b>
Average per month:					<b>1,481</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	
July	23	19	328	364	734
August	29	32	349	382	792
September	25	28	266	275	594
Total:					<b>2,120</b>
Average per month:					<b>707</b>

<b>Family Planning Clinic</b>			
Month	New Clients	Re-visits	Total
July	113	55	168
August	116	58	174
September	99	52	151
Total:			<b>493</b>
Average per month:			<b>164</b>

<b>Inpatient Ward</b>					
Month	Under 5		Over 5		Total
	Male	Female	Male	Female	
July	32	23	28	36	119
August	29	31	29	25	114
September	22	27	16	34	99
Total:					<b>332</b>
Average patients per month:					<b>111</b>

<b>Antenatal Clinic</b>			
Month	New Clients	Re-visits	Total
July	41	139	180
August	37	151	188
September	46	123	169
Total:			<b>537</b>
Average per month:			<b>179</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			
July	31	21	10	62	62
August	31	32	7	70	72
September	18	24	7	49	51
Total:				<b>181</b>	<b>185</b>
Average patients per month:				<b>60</b>	<b>62</b>

<b>HIV/AIDS patients reporting for HIV appointments</b>					
Month	Under 5		Over 5		Total
	Male	Female	Male	Female	
July	11	7	204	481	703
August	13	32	188	532	765
September	10	13	168	464	655
Total:					<b>2,123</b>
Average patients per month:					<b>708</b>

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.

<b>JULY</b>			
Under 5		Over 5	
Clinical Malaria:	425	Clinical Malaria:	322
Confirmed Malaria:	265	Confirmed Malaria:	181
Respiratory Illnesses:	62	Urinary tract infection:	71
Diarrhea:	53	Rheumatism/Joint pain:	44
Skin Infections:	46	Skin Infection:	41
Anemia:	22	Respiratory Illnesses:	35
		Typhoid:	17
		Diarrhea:	16
		Pneumonia	14
<b>AUGUST</b>			
Under 5		Over 5	
Clinical Malaria:	385	Clinical Malaria:	312
Confirmed Malaria:	205	Confirmed Malaria:	146
Diarrhea:	54	Skin Infection:	67
Skin Infections:	45	Urinary Tract Infection:	28
Respiratory Illnesses:	28	Rheumatism/Joint Pain:	22
Anemia:	15	Respiratory Illnesses:	17
		Pneumonia:	17
		Typhoid:	13
		Diarrhea:	11
<b>SEPTEMBER</b>			
Under 5		Over 5	
Clinical Malaria:	282	Clinical Malaria:	305
Confirmed Malaria:	147	Confirmed Malaria:	174
Diarrhea:	66	Skin Infection:	69
Skin Infections:	30	Urinary Tract Infection:	54
Respiratory Illnesses:	28	Respiratory Illnesses:	30
Anemia:	18	Diarrhea:	16
		Rheumatism/Joint Pain:	15
		Typhoid:	11

16. Notable project challenges and obstacles:

- The Ministry of Health has selected a new partner organization – the University of Maryland – to lead its HIV work in Kenya. Due to the transition period, it is unclear how Lwala's support from the Ministry of Health will change in 2017. We expect to have clarity by the start of 2017.

- Teen pregnancies continue to occur throughout the region, even among school-aged girls. A long-term plan is being developed for 2017-2020 that includes activities to strengthen male, teacher, community, and parental engagement.
- There has been slow progress in gaining National Health Insurance Fund accreditation with the Ministry of Health, though the minor progress achieved during the quarter should lead to accreditation in early 2017.

17. If applicable, plans for next reporting period:

- Onboard a Health System Strengthening Partnerships Manager who will lead government engagement activities in Migori County in 2017 and beyond.
- Finalize monthly work plans for the 2017 program year across the organization, ensuring that all preparation takes place prior to the start of the year so that programs will begin successfully.
- Roll out a mobile data collection process with the HIV-WASH Community Health Workers (CHWs) and pilot the process for larger expansion in the future.
- Carry out an end-line evaluation of the e-Reader program to understand if the pilot program is having an impact on learning outcomes for enrolled students.

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

N/A

19. Success story(s) highlighting project impact

### **SUCCESS STORY: Out-of-School Mentoring Motivates Young Mother to Return to School**



Within North Kamagambo, adolescent girls face a nearly 35% chance of becoming pregnant, often leading to school dropout and early marriage. At age 15, Lillian faced an unexpected pregnancy. Cultural pressures and expectations ultimately forced Lillian – an orphan – to marry a man twice her age, and she gave up on her dream of pursuing secondary school.

Lillian continued to search for opportunities to better provide for her two children. While in church, she met a Lwala Community Health Worker, who made an announcement about the out-of-school girls' mentoring program. The out-of-school girls' mentoring program provides a safe space for adolescent girls to learn about topics tied to their own well-being. Lillian joined the weekly sessions, learning about self-esteem, assertiveness, family planning, and communication skills in order to best relate with her husband.

Throughout the program, mentors encouraged girls to re-enroll in school. Lillian slowly started to realize that though she was a teen mother, she could still achieve her dreams. Lwala's education team helped Lillian address her dream with her husband, who agreed to re-enroll her in school. Lillian credits her return to studying to the mentoring program, and she is currently in her second year of high school at Kuna Secondary School. Lillian states, "I can now pursue my dream of becoming a nurse. I like taking care of people." Lillian continues to be an ambassador to other out-of-school girls participants, encouraging them to embrace schooling despite early pregnancies and marriages.

### **BENEFICIARY PROFILE: Elizabeth Achieng Omiti**

Elizabeth Achieng Omiti is a widow caring for three of her grandchildren. She is known as Mama Kanisa, which translates to "Mother of the Church," stemming from her leadership role at a local place of worship. Two years ago, Elizabeth tested HIV positive. She joined Lwala's integrated HIV and WASH (HAWI) program to engage with community members and learn from Community Health Workers (CHWs) and hospital staff. Because of this support, she has been diligent about taking medications and attending regular appointments at the hospital. As an enrolled participant of the HAWI program, Elizabeth also sought opportunities to learn more about water access, sanitation, and hygiene to improve her health.

During a HAWI training that focused on WASH, someone read from Deuteronomy 23:12-16, a verse that talks about keeping a clean camp. Elizabeth had an epiphany about her own cleanliness at home. Though she had a latrine in her yard, it barely functioned and was falling apart. Prior to the training, Elizabeth thought that the unusable latrine showed neighbors that she kept a clean home. In reality, she discovered that a latrine alone did not keep her home clean; Elizabeth needed to fix and use her latrine.

After lacking help from family, Elizabeth turned to her fellow HAWI trainees for assistance. She led the team in organizing a series of “WASH Action Days,” where community members joined together to build latrines, providing loans, supplies, and labor. During this initiative, Elizabeth’s family realized the latrine’s value and joined in on the construction at her home. Within a few days, and after hours of hard labor, Elizabeth had a new latrine. She felt confident, knowing that she now had a safe space for sanitation, and she encouraged neighbors and family to use the structure to promote healthy behaviors. Because of Elizabeth’s success in building a latrine and the camaraderie amongst HAWI members, one of her neighbors felt compelled to join the program. Elizabeth continues to advocate in the community, spreading the message of the HAWI program and the importance of building and using latrines.



### III. Financial Information

Detailed accounting sent separately each month.