



Progress Report Lwala Community Hospital, Lwala, Kenya

Please complete. Budget may be attached as additional pages.

Note: The rows expand, allowing room for narrative.

Date: January 30, 2014

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I. Demographic Information

1. City & Province:

Lwala Village, Kameji Sub-location, North Kamagambo Location, Rongo District, Nyanza Province, Kenya

2. Organization:

Lwala Community Alliance – Real Medicine Foundation Kenya (www.realmedicinefoundation.org)
World Children’s Fund (www.worldchildrensfund.net)

3. Project Title:

Lwala Community Hospital

4. Reporting Period:

October 1, 2013 – December 31, 2013

5. Project Location (region & city/town/village):

Lwala Village, Kameji Sub-location, North Kamagambo Location, Rongo District, Nyanza Province, Kenya

6. Target Population:

North Kamagambo Location and those surrounding– approximately 30,000 people

II. Project Information

7. Project Goal:

The Lwala Community Alliance is a non-profit health and development agency working in Nyanza Province, Kenya. Through the Lwala Community Hospital, the organization provides 33,000 patient visits each year. The mission of the organization is to meet the health needs of all people living in north Kamagambo, including its poorest. The hospital is part of a larger effort to achieve holistic development in Lwala, including educational and economic development.

8. Project Objectives during this reporting period:

1. Improve patient care and clinical operations
2. Improve access and facility infrastructure
3. Expand and improve quality of education programs
4. Professionalize the organization through better policies and practices
5. Properly procure and account for physical, financial, and human resources
6. Increase impact of health outreach programs
7. Build capacity of community members in income generating activities
8. Improve programs through better communication and 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):

- Funded maternal and child health costs including:
 - Personnel costs for nurses Rose Gayo and Geoffrey Orangi and nurse aid Rosemary Akello
 - 58% of medicine costs
- Funded ambulance repairs and maintenance
- Funded fuel for ambulance to provide emergency transportation
- Funded obstetric emergency referrals

10. Results and/or accomplishments achieved during this reporting period:

Improve patient care and clinical operations

- Average number of monthly patient visits increased from **2,600** in Q3 to **2,755** in Q4. Year-end statistics indicated that there were 32,930 patient visits in 2013 (compared to 24,026 in 2012).
- Grant activities for expanding and improving the quality of HIV programming began in October with support from Blood:Water Mission and NOPE. Activities in Q4 included restructured continuing medical education trainings, development of HIV clinical care protocol, 943 tested and counseled for HIV, 25 new clients enrolled in HIV care, all staff participated in World AIDS Day event.
- Average monthly deliveries at the Lwala Community Hospital was 44 in Q4, an average of 10-20 deliveries less than previous quarters but typical for this time of year across the history of the organization but could potentially indicate an uptake in FP methods or a decrease in maternal health outreach efforts. There were a total of 643 deliveries in 2013.
- Youth friendly clinics are ongoing twice a month (one at the hospital and one in the community). 469 youth were reached with FP services in Q4.
- Clinical officers have been conducting daily rounds and ensuring proper documentation of all the procedures done to the patients.
- The Hepatitis B laboratory test was introduced to patients.
- An MCH nurse followed up with 18 malnourished, under-5 children who are on a supplemental feeding regimen. All 18 children were identified to be improving.

Improve access and facility infrastructure

- Lab moved to a new location and equipped with upgrades, giving enough space to improve infection control by clearing patient congestion in the waiting area. Old lab transformed into space for family planning services VMMC.
- Graveling on a stretch of the road to Lwala was completed by the local government and is now improved for all weather conditions.
- Installation of internet broadband facilities was completed by Datapath team. Awaiting Safaricom internet hook-up.

Expand and improve quality of education programs

- Salama Pamoja ("Safety Together": a program to reduce gender based violence) mentoring meetings with in- and out-of-school girls continued (36 in-school girls and 45 out-of-school girls). Five out-of-school girls are willing to go back to school and one has reintegrated in Form One at Tuk Jowi Girls' Secondary School.
- In October, a 2-day workshop was held for the out-of-school girls. The group recapped the topics covered to date through drama, skits, and role plays. Girls were then educated on family planning, business ideas/development, and the importance of girls' education.
- In November, special mentoring was conducted at Tuk Jowi Primary School for classes 5-7 with boys and girls separately. This was a request made by health club patron who felt the students were at-risk since they were sexually active.
- All 6 of planned 6 water tank installs for 2013 were completed by the end of Q4; all 13 local primary schools now have access to clean drinking water. Kameji and Andingo Primary Schools completed latrine construction; Kunu Primary completed latrine construction and Tuk Jowi Primary is near completion on 6 latrines. WASH training for school health club members was held in December with 21 students attending.
- Regular health club meetings in schools are ongoing. Health club patrons in all schools were trained on counseling skills in order to identify and support students with emotional problems.
- 29 sponsored students are continuing with their high school education. Meeting with secondary school sponsored students took place in November. Six students were rewarded for exceptional academic performance and 3 were giving a written warning that they will be deregistered if they cannot maintain a C average. In December, one student was deregistered due to continued poor performance and an unauthorized transfer to a new school.
- Sponsored students reported to various Lwala Community Alliance departments for December community service.
- Schools closed in December for the end-term break.

Professionalize the organization through better policies and practices

- Team leads meetings now happening on weekly basis to allow team leads discuss program activities for the week at the beginning of the week.
- Team Leads created 12-month work plans for each department (operations, finance, clinical care, public health, education, and economic development).
- 13 Lwala staff are going through training on long term family planning methods and post-abortion care

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

The primary beneficiaries of the Lwala Community Alliance work are children, pregnant women, HIV infected persons and the elderly. Prior to the establishment of the hospital, there was no immediate access to primary health care or HIV/AIDS testing and care. For this reason, the Lwala 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 DEPARTMENT REPORT

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	MONTHLY TOTALS				Total
	Under 5		Over 5		
	Male	Female	Male	Female	
Oct	148	137	290	360	935
Nov	169	134	252	262	817
Dec	240	206	273	375	1,094

Total outpatients for reporting period: 2,846

Child Welfare Clinic

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	
Oct	31	26	302	258	617
Nov	15	26	289	219	549
Dec	20	31	269	236	556
Total	1,722				

Average per month 574

Family Planning Clinic

Month	New Clients	Re-visits	Total
Oct	136	69	205
Nov	72	67	139
Dec	99	66	165
Total	509		
Average per month	170		

Inpatient ward

Month	Under 5		Over 5		Total
	Male	Female	Male	Female	
Oct	14	12	16	35	77
Nov	22	18	13	33	86
Dec	23	20	20	27	90
Total	253				
Average per month	84				

Antenatal Clinic

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

Approximately 20,000. Total population of North Kamagambo is 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 including:
 - preventative services (including PMTCT and male circumcision),
 - counseling and testing (voluntary, diagnostic, and provider-initiated), and
 - 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.

OCTOBER

Under 5 Over 5

- Clinical Malaria (76)
- Confirmed Malaria (75)
- Respiratory illnesses (68)
- Diarrhea (28)
- Anemia (22)
- Skin infections (19)

- Clinical Malaria (160)
- Respiratory illnesses (135)
- Confirmed Malaria (68)
- Skin infections (63)
- Urinary tract infection (32)
- Rheumatism/joint pains (32)
- Accidents (fractures, injuries, etc) (17)
- Typhoid (16)
- Pneumonia (14)
- Diarrhea (12)
- Anemia (12)
- Animal bites (12)
- Eye infections (10)

NOVEMBER

Under 5 Over 5

- Confirmed Malaria (105)
- Clinical Malaria (72)
- Respiratory illnesses (69)
- Anemia (27)
- Skin infections (17)
- Diarrhea (16)

- Clinical Malaria (113)
- Respiratory illnesses (142)
- Skin infections (38)
- Confirmed Malaria (65)
- Rheumatism/joint pain (18)
- Urinary tract infection (25)
- Pneumonia (13)
- Accidents (fractures, injuries, etc) (13)
- Eye infections (11)

DECEMBER

Under 5 Over 5

- Confirmed Malaria (195)
- Clinical Malaria (118)
- Respiratory illnesses (81)
- Diarrhea (26)
- Anemia (22)
- Skin infections (19)

- Confirmed Malaria (166)
- Clinical Malaria (133)
- Respiratory illnesses (93)
- Skin infections (50)
- Urinary tract infection (36)
- Diarrhea (16)
- Accidents (fractures, injuries, etc) (13)
- Typhoid (11)
- Eye infections (10)

16. Notable project challenges and obstacles:

- Ambulance was down due to necessary repairs for 3 weeks, making referrals for deliveries more difficult. As a result, the outreach vehicle was used to transport patients instead.
- 3 new staff were hired in Q4, totaling 14 new staff in the last 6 months of 2013. The lack of adequate staff housing continues to be a major challenge. There are additional concerns over office space for many of the new staff.
- 5 schools are still without latrines and no plans are in place to finish the last phase of latrine construction since WASH funding was cut by the funder for 2014.
- There was difficulty acquiring CD4 reagents, leading to delayed initiation of HIV+ clients into care.
- Lack of sufficient clinical space continues to be a challenge due to high patient numbers.

17. If applicable, plans for next reporting period:

- Hire Finance Manager and additional nurse with HIV expertise
- Distribute 550 uniforms to all Class 6 girls in 13 primary schools
- Complete internet hook-up through Safaricom to provide wireless connectivity on site
- Formalize clinical mentorship program of staff to ensure quality service provision
- Conduct bi-annual strategic planning meeting with Kenya staff
- Launch "Thrive Thru 5" to expand services to children up to age 5
- Launch out-of-school youth clubs as part of YPP program

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

19. Success story(s) highlighting project impact

1. Lwala Community Alliance Participates in the 2013 International Conference on Family Planning in Ethiopia

In November, over 3,300 delegates from 120 countries traveled to Addis Ababa, Ethiopia to attend the 2013 International Conference on Family Planning (ICFP). This year's theme was "Full Access, Full Choice." Lwala Community Alliance's Kenya Deputy Program Director Mercy Owuor represented Lwala with a poster presentation titled, "Nearing 100%- Successfully generating demand for maternal and reproductive health services in Migori County, Kenya." The presentation focused on Lwala's maternal and child health program, which trains traditional birth attendants and community members Community Health Workers (CHWs). Lwala's CHWs have proved to be an effective strategy for increasing the uptake of skilled birth attendance and family planning.

Additionally, Lwala was featured in a recent Girls' Globe article for ICFP titled: Family Planning: 3 Barriers Only Women Understand. In the article, Ash Rogers of partner organization Segal Family Foundation writes, "Lwala has integrated family planning throughout their hospital with family planning services available at every intake point [...] 62 community health workers counsel women in their own homes, dispel common myths on sexual and reproductive health, and help women find the method that works for them. Lwala also [targets] youth with family planning education and information on available services. Since these programs began, Lwala has seen an increase in the average number of monthly family planning visits from 93 to 150. And, despite widely believed myths in the community about long-term methods (implants and IUDs), the number of women receiving long-term methods has more than doubled in the last 6 months."

Finally, Lwala Deputy Program Director Mercy Owuor wrote a blog in response to her participation in the conference that can also be read on the Girls' Globe website at <http://girlsglobe.org/2013/11/23/3-lessons-for-kenya-from-the-international-conference-on-family-planning/>.

We are grateful for the chance to share our lessons on the ground to further access to successful family planning.



Deputy Program Director Mercy Owuor at the International Conference on Family Planning

2. Economic Development through Agricultural Training

In Lwala, sugar cane is the primary cash crop and often one of the only viable sources of income for young men and women between the ages of 20 and 35. Low supply of sugar cane in the area has increased competition among the distributors, including young women who sometimes struggle to secure even a day's supply and who often resort to risky sexual behavior to earn a living wage.

“Before we were completely dependent upon jaggery (unrefined sugar) production, which is in decline, but now I can feed my family without the sugar cane.” Beldine, a young mother and wife, is quick to express pride that she contributes to her family's well-being. With the help of partner Development in Gardening (DIG), Beldine is growing local vegetables to supplement the wages of her husband, a machine operator at the milling site.

Rose, a 31 year-old mother and a wife, also grows vegetables. Her husband struggles to earn livable wages from the sugar cane milling sites to feed their family, but now he hopes to learn more about growing vegetables from his wife. “She is a good teacher,” he says.

Beldine and Rose both married into jugglery production families that are struggling to survive due to decreasing supplies of sugar cane to the millers in the area. Now, they both are members of a farmers group that was implemented by DIG in the Lwala community. They have learned the basic skills in local vegetable production and have received vegetable seeds from DIG through a cost-sharing model.

Lwala Community Alliance's partnership with DIG aims to empower young men and women through economic and marketplace development. DIG has facilitated access to business skills training, financial literacy, and technical training in organic vegetable production. Both Beldine and Rose are optimistic about their futures. As Beldine says, "I believe I will be successful. I can feed my family and now avoid the abuse found with the sugar cane industry."



Beldine collects produce from her garden

3. Beneficiary Profile: Marceline Auma

Marceline Auma smiles as she holds her newborn baby during a postnatal visit at the Lwala Community Hospital. After her one previous pregnancy, her child succumbed to common childhood diseases and infections soon after birth. But this 23 year-old mother is not worried about the survival of the latest addition to her family because, for the first time, she delivered at a health facility with the help of skilled birth attendants who gave both mother and son full treatment and information to promote health.

Like many mothers in Nyanza, Marceline chose to give birth at the hospital after community health workers visited and educated her on the benefits of skilled delivery. According to Sheila Odongo, a community health worker, the high cost of maternity services and traditional beliefs on childbirth have for a long time limited the number of rural women who deliver at health centers. "Most of them give birth at home with the help of traditional birth attendants who are not equipped to deal with birth complications or provide babies with much needed vaccinations," Sheila added. This has led to a higher incidence of child and maternal mortality especially in this region.

This is quickly changing, however, through the informative campaigns conducted by Lwala Community Hospital. The Lwala Community Hospital ensures that children are delivered in sterile conditions, are immunized, and are protected from delivery-related infections. The hospital has also built a placenta pit to ensure proper disposal of the placenta. This move has encouraged more women to come to hospitals because it respects the culturally held beliefs of the community regarding placenta disposal. In addition, mothers get information on health care for herself and her children to reduce both maternal and child mortality rates.

The hospital has seven skilled birth attendants and is pioneering behavior change in its locality as more and more women opt for skilled delivery. These mothers are very pleased with the service and have vowed to encourage other women to do the same.



“I am very happy with the services I got here and the care my baby was given,” says 23 year-old Marceline, a first time mother. Men in the community have also contributed to this trend after being educated and encouraged to take their pregnant wives to hospitals for delivery.

Marceline and her baby are seen by a Lwala

Community Alliance clinician

III. Financial Information

Detailed accounting sent separately each month.

Thank you!

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