



Lwala Community Hospital, Lwala, Kenya

Date: April 30, 2019	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: January 1, 2019 – March 31, 2019	
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 and East Kamagambo locations and those surrounding—approximately 60,000 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 rural communities, including their 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 Caren Siele and clinical officer Wycliffe Omwanda 	
10. Results and/or accomplishments achieved during this reporting period:	
<p>Hospital Program <i>IMPACT: Sustained reduction of morbidity and mortality through complete and comprehensive access to quality health care for the people of Rongo Sub-County</i></p> <ul style="list-style-type: none"> • We have seen 15,439 total patient visits at Lwala Community Hospital in 2019. 	

- In 2018, we maintained a 98% elimination rate for HIV-exposed children. In November, we graduated our cohort of 63 HIV-exposed infants from the elimination of mother-to-child transmission (eMTCT) program. Of the 64 children that were enrolled into this cohort in May 2017, only one child has tested positive. A cohort of 83 HIV-exposed infants are currently enrolled in this program and will graduate in November.
- Through our community-led reproductive health model, we have drastically increased contraceptive uptake. In fact, we provided 4,210 couple years of protection, which measures the number of years a couple is protected from pregnancy, in quarter one of 2019.
- 14 Lwala villages have been internally verified as Open Defecation Free and are awaiting Ministry of Health certification. Because of our success providing sanitation coverage in our innovation hub, Lwala has been tasked to lead all villages in North Kamagambo to become Open Defecation Free.
- This year we will scale-up the non-pneumatic anti-shock garment (NASG) intervention to treat obstetric hemorrhage, a leading cause of maternal death. To date, we have trained 17 facilities, including three tertiary facilities and 178 clinical officers, on the NASG, and distributed 40 garments. We plan to train approximately 30 more clinics.

Public Health Program

IMPACT: Improved and sustained positive health-seeking behavior of the people of Rongo Sub-County

- 10,963 children under-five regularly received care from our cadre of 204 Community Health Workers across our innovation hub (North Kamagambo) and expansion site (East Kamagambo)—a 68.8% increase from our quarter one 2018 enrollment rates.
- We continue to provide education to community members on the consequences of poor sanitation and the benefits of latrine construction through an intensive community-led total sanitation (CLTS) initiative. This year, 14 villages in our catchment area were certified Open Defecation Free by a third-party verification firm contracted by the Ministry of Health. After villages are certified, we begin working with them on water infrastructure projects. So far, two villages have completed water access projects to rehabilitate broken handpumps.
- Lwala has continued to exceed its target of fully immunizing 90% of children under 5. We achieved an immunization rate of 97% for quarter one 2019, 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

- In January 2019, we had 120 girls re-enroll in school as part of our Broaden Horizons mentorship program. This program targets young mothers who have not completed their secondary education and provides them with a starter package of notebooks, uniforms, and a micro-grant to incentivize them to re-enroll. This is our highest number of students to re-enter to date.
- For the 2019 school year, we provided 780 girls with school uniforms and 1,012 girls with sanitary pad kits. We also provided mentorship to 394 girls in school who have been identified as high-risk students by their teachers to ensure that they remain enrolled in school.

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 partners with the organization Village Enterprise. Village Enterprise provides training and microgrants to community members so that they can start their own small businesses.
 - Since Lwala began partnering with Village Enterprise in March 2017, 4,371 people have been measured by the Progress Out of Poverty Index (PPI); 3,082 have qualified as ultra-poor, and 2,119 have enrolled in the Village Enterprise program. In Village Enterprise's 2018 fiscal year, our enrollees increased average household savings by 91% to \$43.12 USD, and average household consumption increased from \$273 to \$352. Both of these measures are standard indicators in measuring economic wellbeing and reflect how our innovative partnership with Village Enterprise is improving the livelihood of our community members.

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 September, Lwala published a [peer-reviewed article](#) with Vanderbilt University in *PLOS ONE* (the Public Library of Science journal) on our achievements in under-5 mortality in Rongo-Sub County.¹ This cross-sectional survey found a significant decrease in under-five mortality following the establishment of Lwala Community Alliance. Between 1999–2006, before Lwala’s intervention, the under-five mortality rate was 104.8 deaths per 1,000 live births. After Lwala’s intervention, this rate was 53 deaths per 1,000 live births, and in the last five years this number has decreased further to 29.5 per 1,000 live births. This is compared to regional data which shows the under-five mortality rate is 82 deaths per 1,000 live births.
- We are in the midst of conducting a robust evaluation of our program expansion. This quasi-experimental study employs repetitive cross-sectional surveys to understand health impacts in Lwala sites compared to control sites. The study focuses on maternal and child health, but also collects a wide range of socio-economic data to help us understand more about the drivers of health outcomes.
 - The sampling frame factored in approximately 6,000 households and sample size was calculated using a binomial test to compare one proportion to a reference value. For survival analysis, Cox regression models with clustering at the household level were used to estimate hazards ratios. We will continue to gather this data over time.

Administration and Management

- In February, we attended the Sankalp Africa Forum to meet with current partners, including Geo Gecko and Dimagi, to discuss and pilot potential tools for M&E.
- In March, we attended Innovations in Healthcare as a second-year member of the global cohort to foster our relationship with the network while opening up channels of engagement with Pfizer, a board member and investor of IIH.
- In April, Skoll World Forum was an opportunity to steward relationships with over 20 current or potential partnerships through 1:1 meetings, session participation, and social activities. We discussed potential proposals and were invited to submit to 5 partners and forged relationships with 7 potential partners.
- Unite for Sight resulted in engagement with the broader global health community on responsible fundraising, leadership, and ethical development.
- As a member of Community Health Impact Coalition (CHIC), we attended a UN General Assembly (UNGA) meeting on Universal Health Coverage.
- Looking ahead to Q2, we plan to participate at Izumi, Women Deliver Global Conference, and the Aspen Ideas Festival.

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	
January	359	354	271	506	1,490
February	338	326	287	451	1,402
March	318	338	270	403	1,329
Total outpatients for reporting period:					4,221

¹ Starnes JR, Chamberlain L, Sutermeister S, et al. Under-five mortality in the Rongo Sub-County of Migori County, Kenya: Experience of the Lwala Community Alliance 2007-7 with evidence from a cross-sectional survey. *Public Library of Science*. 2018;13(9). doi:10.1371/journal.pone.0203690.

Average per month **1,407****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	
January	32	21	481	493	1,027
February	24	42	475	590	1,131
March	22	33	450	541	1,046
Total:					3,204
Average per month:					1,068

Family Planning Clinic

Month	New Clients	Re-visits	Total
January	87	130	217
February	89	140	229
March	43	172	215
Total:			661
Average per month:			220

Inpatient Ward

Month	Under 5		Over 5		Total
	Male	Female	Male	Female	
January	23	22	17	20	82
February	27	23	23	28	101
March	21	14	12	23	70
Total:					253
Average patients per month:					84

Antenatal Clinic

Month	New Clients	Re-visits	Total
January	85	207	292
February	68	229	297
March	62	237	299
Total:			888
Average per month:			296

Deliveries and Postnatal Care

Month	Number of deliveries at LCH		Deliveries at partner facilities through MCH outreach	Total	Women receiving postnatal care
	Boys	Girls			
January	28	34	55	117	85
February	27	35	60	122	93
March	28	33	49	110	90
Total:				349	268
Average patients per month:				116	89

HIV/AIDS patients reporting for HIV appointments

Month	Under 5	Over 5	Total
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	Male	Female	Male	Female	
January	81	64	241	611	997
February	53	56	218	515	842
March	60	73	258	622	1,013
Total:					2,852
Average patients per month:					951

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

Approximately 60,000. The total population of North Kamagambo is about 16,500, and programs are a magnet to people beyond North Kamagambo, including our expansion site, East 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

January 2019			
Under 5		Over 5	
Clinical Malaria:	738	Clinical Malaria:	880
Respiratory Illnesses:	229	Confirmed Malaria:	51
Skin Infections:	97	Skin Infection:	80
Diarrhea:	82	Urinary Tract Infection:	100
Anemia:	21	Diarrhea:	40
Confirmed malaria:	79	Pneumonia	32
		Rheumatism/Joint Pain:	46
		Accidents:	13
February 2019			
Under 5		Over 5	
Clinical Malaria:	698	Clinical Malaria:	658
Confirmed Malaria:	70	Confirmed Malaria:	57
Respiratory Illnesses:	315	Skin Infections:	73
Diarrhea:	166	Urinary Tract Infection:	74
Skin Infections:	76	Diarrhea:	41
Upper Respiratory Tract Infection:	315	Pneumonia:	24
		Rheumatism/Joint Pain:	48

		Accidents:	31
March 2019			
Under 5		Over 5	
Clinical Malaria:	693	Clinical Malaria:	709
Respiratory Illnesses:	253	Confirmed Malaria:	56
Confirmed Malaria:	81	Skin Infection:	58
Diarrhea:	137	Urinary Tract Infection:	87
Skin Infections:	79	Pneumonia:	23
Anemia:	12	Diarrhea:	29
		Rheumatism/Joint Pain:	43
		Accidents:	40

16. Notable project challenges and obstacles:

In quarter one, none of our partner facilities, except for Lwala Community Hospital, received government reimbursements for Linda Mama, the government program that grants funding for facilities based on the number of skilled deliveries they support. This program is designed to provide financial support to government facilities while also incentivizing them to conduct outreach and awareness campaigns to increase the number of deliveries. We are currently lobbying the government to increase resources to these facilities. At the same time, we are conducting financial reviews with the facility staff to help them account for and responsibly manage the resources they have.

17. If applicable, plans for next reporting period:

- Conduct the first Health Facility Assessment for Ongo and Kitere health facilities in our new expansion site of South Kamagambo.
- Lead North Kamagambo in its effort to certify every village as Open Defecation Free.
- Provide 14,000 couple years of protection to the communities we serve.
- Recruit, train, and deploy a new cadre of 26 Youth Peer Providers to address adolescent and youth needs surrounding sexual and reproductive health.
- Bring the life-saving non-pneumatic anti-shock garment intervention to all of Migori County.
- Train a new cadre of at least 100 Community Health Workers in our secondary expansion site, South Kamagambo.

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

NA

19. Success story(s) highlighting project impact

SUCCESS STORY: Winnie Onyango

Winnie Onyango's baby, Beverline, was diagnosed with malnutrition in September 2018. Winnie noticed that her baby was small and that she seemed very tired. At her friend's suggestion, she brought Beverline to Lwala Community Hospital for treatment. They were brought to the nutritionist, Nancy, who conducted a full evaluation. Nancy took a Mid-Upper Arm Circumference (MUAC) reading, which is a very simple way to assess a child's weight compared to their height.

Beverline's MUAC was 10.7 cm, which indicates severe acute malnutrition. Beverline was admitted to Lwala Community Hospital for four days, where she was given supervised feedings and nutritional support from our



Our lead Community Health Worker, Euniter, measures a child's MUAC in her home.

clinical and nutrition teams. Winnie and Beverline were enrolled in counseling and our mother-care peer groups, where they received nutrition education and psychosocial support. Finally, they were discharged with supplements and therapeutic feeds to support weight gain.

When Winnie and Beverline returned two weeks later, the baby showed signs of improvement and was more alert due to increased micronutrient intake. Winnie was enrolled in agronomy training and given spinach seeds, pumpkin seeds, and squash seeds so that she could start a kitchen garden. Winnie is a farmer and sells her crops as her economic means, but she had not known how important a diverse diet is for a baby until she joined the nutrition program. Now, Beverline has a MUAC reading of 14.5 cm, which is healthy and normal.

“I really appreciate the nutritionist, Nancy, who gave us supplements and counseling, and I encouraged another mother with a very small baby to come receive the same support,” Winnie said.



Winnie and Beverline outside the nutritionist's office after their most recent check-up.

III. Financial Information

Detailed accounting sent separately each quarter.