Letter from the Directors

Dear Insiders,

This quarter, our leadership has seized several opportunities to share our model on a global stage. Indeed, the transformational impact we are seeing in rural Kenya has implications for the larger movement for health equity. This effort is important to our mission as it builds on the long-term goal of reforming the systems responsible for many of the health and development challenges our communities face.

In these global forums we have joined forces with peers and collaborators who share our values for community-driven development and health justice. Together, our voices are amplified.

For example, we joined the Community Health Impact Coalition at the sidelines of the United Nations General Assembly (UNGA) to advocate for the use of the CHW AIM tool, a document co-authored by Lwala’s Executive Director. We presented to representatives from USAID, WHO, Ministries of Health, and large funders on Lwala’s use of the tool to inform Migori County’s community health strategy.

At a TED event, Lwala was featured in a film about the movement to design better community health systems with Community Health Workers at their core. Our Managing Director spoke eloquently about the challenge to reach the 1 billion people left out of formal health systems and how Community Health Workers can close the gap. He joined voices from our close collaborators at Last Mile Health, Living Goods, Medic Mobile, and Financing Alliance.

You’ll read more examples of this global reach in this report. And, you’ll learn about the tangible ways our work is advancing on the ground.

This quarter, we greatly accelerated our work in Water, Sanitation & Hygiene, with 41 new villages declared Open Defecation Free by the Ministry of Health. This is the culmination of years of community-led advocacy and the construction of hundreds of latrines. It means we’ll see a reduction in water-borne illnesses, especially benefiting children and people living with HIV.

We also saw big payoffs in our work with government health facilities. After investing in community-led Health Facility Management Committees and intensive quality improvement cycles, we saw facilities improving patient satisfaction scores, strengthening supply chains for essential commodities, and securing government reimbursements allowing them to invest in patient care.

We are inspired by the creativity and drive of our communities and believe they hold the keys to transform systems of inequity. Thank you for being part of this bottom-up movement!

In solidarity,

Ash Rogers               Julius Mbeya
# Table of Contents

## OUR IMPACT

- Systems Change .......................................................... 4
- Quality Improvement ......................................................... 6
- Community Health Workers ................................................. 9
- Maternal Health .............................................................. 11
- Child Health .................................................................... 13
- Nutrition ........................................................................ 13
- Sexual and Reproductive Health ........................................... 14
- HIV and WASH Integrated Care (HAWI) ............................... 16
- Lwala Community Hospital ................................................ 17
- Education ...................................................................... 19
- Economic Empowerment .................................................... 21
- Measurement & Research .................................................... 22
- Leadership ...................................................................... 23

## OUR MODEL

- Health Systems Strengthening ............................................. 25
- Quality Improvement .......................................................... 27
- Community Health Workers ............................................... 29
- Maternal Health ............................................................... 29
- Child Health .................................................................... 30
- Nutrition ........................................................................ 31
- Sexual and Reproductive Health ........................................... 31
- HIV and WASH Integrated Care (HAWI) ............................... 33
- Lwala Community Hospital ................................................ 34
- Education ...................................................................... 35
- Economic Empowerment .................................................... 37
- Measurement .................................................................. 37

## STAFF SPOTLIGHT

.......................................................................................... 39

## BENEFICIARY STORY

.......................................................................................... 40
Global Engagement

- Lwala continues to play an active role in the Community Health Impact Coalition (CHIC), a coalition of 13 leading expert organizations implementing Community Health Worker models around the world. Together with the coalition, Lwala has co-authored several tools on optimizing community health systems that have been published and made available to a global audience.

- As part of CHIC, Lwala co-authored USAID & UNICEF’s AIM tool, which outlines standards for quality Community Health Worker implementation. At a UN General Assembly side-line event, Lwala presented our example of using the AIM tool to support county-level policy. The audience included representatives from USAID, WHO, Ministry of Health, and several high-profile bilateral and multilateral funders. Lwala again presented on the AIM tool at the CORE Group’s Global Health Practitioner Conference in Nairobi.

- CHIC is pioneering a prototype dashboard of 9 key community health indicators as a collaborative effort to improve community health outcomes that lead to quality care delivery. After an initial round of indicator mapping, Lwala’s community-led model and Kenya-specific context is instrumental in ongoing discussions on how to strengthen data collection around these indicators. Once piloted, this collective data dashboard will serve as a tool to analyze trends and collect community health data across implementers all over the world.

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4Our model for Health Systems Strengthening is on page 25.
Lwala is leveraging our expertise on maternal and child healthcare to provide technical assistance to peer institutions such as UGEAFI and SACODE from Burundi and Harvest Initiatives and Nundu Deaconess Hospital in the Democratic Republic of the Congo. These groups came to Kenya for a learning visit this quarter and Lwala will support these organizations in implementing and sustaining effective antenatal care and skilled delivery surveillance based on Lwala’s community-led health model.

Lwala is supporting Komo Learning Centers in Uganda by providing technical assistance to village health teams to replicate our community-led health model. This collaboration presents another opportunity for Lwala to use its expertise in community-led healthcare to support other organizations, while we continue to grow and learn from others.

National Influence

In the pursuit of Universal Health Coverage, Lwala is a key player collaborating on the new Community Health Strategy 2020-2025 in partnership with the National Ministry of Health. Lwala is informing the development of the strategy by actively participating in technical working groups on community health, maternal child health, and sexual and reproductive health. We are pushing for the inclusion of several components of Lwala’s successful community-led health model such as the payment of Community Health Workers and their inclusion into the formal health system.

As a part of the National Reproductive Maternal Neonatal and Child Health team’s technical working group, Lwala is pushing for the inclusion of the non-pneumatic anti-shock garment (NASG) into the national Emergency Obstetric Care Curriculum to be implemented in every facility Kenya. The NASG is a low-tech tool perfectly suited to treat obstetric hemorrhage in rural communities. This commitment would require the Ministry of Health to include the NASG as an essential commodity distributed to every facility. This would ensure that every woman can access this life-saving technology, regardless of the region in which she delivers.

Lwala is engaging in discussions with the national government around how to best develop a comprehensive primary health strategy in Kenya. Currently, the national Primary Health Care Strategy is undergoing significant changes driven by the internal restructuring and merging of several different public health departments at the Ministry of Health. Lwala is driving conversations around implementation of quality community health services by Community Health Workers as a key component of primary health care. Community participation in primary health care provision is essential for achieving Universal Health Coverage.

Lwala facilitated a session on innovative product development during Innovations in Healthcare’s Venture4Change bootcamp. As an innovative implementer, Lwala showcased its community-led Water, Sanitation, and Hygiene (WASH) program to students from Kenyatta University interested in the implementation, launch, and scale of WASH innovations.

Regional Advisement

Lwala is a part of the technical working group for the the Inter-County Coordination mechanism for Human Resources for Health. Lwala has been collaborating with 6 counties in the Lake Victoria Region, representing 6 million people, to formalize the roles of Community Health Workers into the healthcare system. Lwala is pushing for the members of this group to recognize Community Health Workers as formal healthcare providers through payment and supervision.

Lwala trained 6 high-volume facilities in the Lake Victoria region on the NASG for obstetric hemorrhage management. These facilities will join the 17 facilities in Migori County that Lwala trained to use the garment to treat obstetric hemorrhage and prevent maternal death.
County Collaboration

- Lwala is partnering with Kisumu Medical Education Trust (KMET) and the Ministry of Health to roll-out an Obstetric Hemorrhage Bundle. Created by the World Health Organization, the bundle includes a number of interventions to treat obstetric hemorrhage including misoprostol, uterine balloon tamponade, the non-pneumatic anti-shock garment, and more.

- The Migori County government recently reorganized the public health department, most notably by creating a new Chief Officer of Health position. With this new position created, there will be greater government attention paid to Community Health Workers. Lwala will play a key role by using our evidence-based expertise to support the new Chief Officer of Health with technical assistance and tools to implement best practices for community-led health models.

- Lwala is a key player providing research and technical assistance to the county as they draft the County Community Health Services Bill for Migori County. As an expert implementer of a community-led health model, Lwala has been advocating for innovative financing strategies, quality community health services, additional capacity trainings for Community Health Workers, and robust data collection systems as integral components of effective community health systems. The law's legal framework is complete, and the draft is at the county parliament level for approval.

Sub-County Implementation

- We are successfully providing direct services in 2 out of the 4 sub-locations – North Kamagambo (our innovation hub) and East Kamagambo (our first expansion site). We have made significant impact on health outcomes since we expanded to our first expansion site in mid-2018. We attribute this success to our thorough community entry strategy that includes household mapping, recruitment of traditional midwives, discussions with key community stakeholders, community-driven recruitment of Community Health Workers, and our close partnership with the Ministry of Health who co-implements every step of this process. Our expansion efforts are done this way to intentionally reinforce our belief in community-driven change.

- We are preparing to expand into our second expansion site, South Kamagambo, by conducting key community entry activities including Community Health Worker capacity trainings and functionality assessments. Before entering into South Kamagambo, where we will bring our direct reach to 90,000 people, we have undertaken significant technology systems updates that will directly align our Community Health Worker data collection structure to that of the Ministry of Health. With this revised structure, the Ministry of Health will easily be able to capture the full breadth of impact that Lwala’s community-led health model has on frontline healthcare.

QUALITY IMPROVEMENT2

- Our partner facilities achieved a 14% average increase in QI Index scores on the Health Facility Assessment compared to their respective baselines. This is a 7% increase from the previous assessment. Kochola Dispensary achieved a 20% increase from the previous assessment, which is the largest increase yet! Ngere and Ndege Oriedo’s index scores increased by 12% and

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2Our model for Quality Improvement is on page 27.
11% respectively. The actions taken by the Health Facility Management Committees in these 2 facilities to achieve these increases are described below.

- **Average adherence to clinical standards across all 7 facilities is now at 87%, an improvement of 17% from the baseline assessment.** Staff members from partner facilities improve in their clinical skills through direct Clinical Mentorship as well as through participation in our Clinical Staff Rotation program.
  
  - This quarter, Lwala’s Nurse Mentor and Quality Improvement Officer provided **123 direct mentorship sessions** while observing the work of 35 staff across 7 partner facilities. Mentorship sessions included monitoring adherence to clinical standards and real-time skills development. Case observations help our quality improvement team identify service areas that need strengthening at each facility. The graph below shows clinicians’ adherence to clinical standards at each of our 7 partner facilities. The standards against which they are measured were adapted from Kenya national standards and standards from global bodies such as the WHO.

  8 staff members have participated in our Clinical Staff Rotation program. In addition to our direct mentorship sessions, this staff rotation program is another method by which the gaps in clinical standard adherence are addressed. During each rotation, a clinician from a partner facility switches places with a Lwala staff member for a 2-week period to learn about and implement best practices at the facility they are visiting. They then bring those lessons back to their own facilities and support continued improvement with their colleagues.

- **Since last quarter, data accuracy has improved by an average of 7% across our 7 partner facilities.** Lwala is collaborating with county data assurance teams to eliminate duplication of efforts and enable a more complete understanding of data accuracy. This will allow us to better target weak areas and build upon these improvements even more.
  
  - We completed an in-depth analysis on our Data Quality Audit (DQA) results from Q2. We altered our analysis approach to focus on facility-specific data accuracy as the core indicator. By comparing aggregated facility data to both government data and disaggregated facility data, we were able to find the variance between data reports and
ultimately calculate data accuracy. In Q1, DQA scores were calculated by looking at data accuracy across a standard list of indicators. However, we found that this disadvantages lower volume facilities that do not report on indicators for which they do not provide services.

- **Health Facility Management Committees at all 7 partner facilities led trainings for their staff on the Linda Mama government reimbursement program. As a result, all 7 partner facilities are now enrolled in the Linda Mama program and have obtained their Linda Mama facility codes. This process was required to receive reimbursements for services facilities had already been providing. With all staff now trained on the process of enrollment, registration, and reimbursement for the Linda Mama program, the facilities will receive reimbursements they weren’t receiving previously. This positions the Health Facility Management Committees to use the reimbursements as discretionary income to be spent on additional salaries for new staff members and more clinical supplies.**

- **There was a 7% increase in overall patient satisfaction scores from our 7 partner facilities.** There was a 15% average increase across the 7 facilities for patient likelihood to refer others to the facility. Suggestions and comments taken from patients during the patient satisfaction surveys help inform priority areas for facility work improvement plans.

![Patient Likelihood to Refer](image)

- At Ndege Oriedo Dispensary, the most recent patient satisfaction survey showed a **16% increase in patient likelihood to refer** others to the facility. The Health Facility Management Committee at Ndege Oriedo held dialogue days in the community to create a forum for community members to share the reasons why they would not refer the facility to others. Community members noted that the staff at the facility were not particularly welcoming. In Kenya, staff are frequently rotated around government facilities as directed by the Ministry of Health. This quarter, Ndege received 2 new staff members. The Health Facility Management Committee used this as an opportunity to respond to the comments raised by the community during the dialogue days by thoroughly orienting new staff on offering respectful and quality care. In the staff satisfaction survey from quarter 2, patients noted that new staff at the facility were particularly engaging, which encourages patients to return for future visits.
• **We completed work improvement plans** across our 7 partner facilities with a focus on infrastructure development and workload management. Successes from these work improvement plans include:

  o Since the beginning of 2019, Kangeso Dispensary has not had a consistent supply of electricity. The Health Facility Management Committee proactively approached the local administrative office, local parliament, and even the office of the governor to raise their concerns, but no action was taken. Instead of waiting idly, the Health Facility Management Committee put pressure on the power company until the facility was finally connected to the power grid this quarter. Now, the facility is able to provide high quality, 24-hour services.

  o At Ngere Dispensary, the workload has recently increased. Community Health Workers have been providing high-quality community-based services and referring patients to Ngere for advanced care, creating increased health seeking behavior. However, Ngere’s physical infrastructure could not sustain the patient caseload. In response, the Health Facility Management Committee at Ngere decided to repurpose one of the staff quarters as an extension of the maternal and postnatal wards. The staff quarters had 4 bedrooms, a kitchen, and a large living area but was occupied only by one person. The occupant retained one of the bedrooms, and the facility was able to create more space for patients. There are plans to use some of the additional space to house a youth-friendly corner.

**COMMUNITY HEALTH WORKERS**

• **24,860 clients are enrolled** in our Community Health Worker program, 1,114 of whom were enrolled this quarter. They are regularly monitored by a Community Health Worker through our patient-centered health database. The customized database stores data delivered by Community Health Workers in real time to inform evidence-based decision-making and responsive health surveillance.

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3Our model for Community Health Workers is on page 29.
• We currently have **204 Community Health Workers** of which **36 are former traditional midwives** who have been formally integrated into our Community Health Worker program. By integrating former traditional midwives into our Community Health Worker cohort, we are able to gain community trust to better advocate for formal health services.

• As we prepare to expand into our second expansion site, South Kamagambo, we recruited **31 traditional midwives** as Community Health Workers. These traditional midwives will join **68 additional Community Health Workers** recruited and selected by the communities they will serve in South Kamagambo. Recruiting, training, paying, and supervising traditional midwives as Community Health Workers is a critical element of Lwala’s community-led health model.

• This quarter, we held review sessions with Community Health Workers and the health facilities where they most frequently refer clients. During these review sessions, we cross-checked facility level reports with Ministry of Health data to evaluate accuracy. Previously, this data accuracy activity was done at the community unit level, which is significantly larger than the sub-unit level. However, this quarter it was completed at the sub-unit level in order to get the most detailed and accurate facility-level data possible. By holding these review sessions at the sub-unit level, we are able to thoroughly compare the Lwala’s Community Health Worker data with facility reports to ensure accuracy and consistency.

• Lwala conducted **functionality assessments for 23 community units** in Rongo Sub-County. During these assessments, Lwala verified that supervisors and Community Health Workers have the tools and knowledge they need to confidently conduct their activities. We continuously look to support our Community Health Workers by filling knowledge gaps and addressing implementation challenges through additional trainings.

  o During the most recent functionality assessment in our expansion site, we spent a substantial amount of time troubleshooting cases in which data from our system was not matching the trends our Community Health Supervisors reported. In particular, the Community Health Supervisors identified the rate of pregnant women attending 4+ antenatal care visits as an issue. We conducted a refresher training for Community Health Workers on the technical timeframes for antenatal care visits in the mobile data collection app. This training had immediate results. After the training, the antenatal care data aligned with the trends observed by our Community Health Supervisors.

• Lwala recruited **5 Community Health Assistants** operating under the Ministry of Health to assist in the supervision of our Community Health Workers. By increasing the number of Community Health Worker supervisors, the ratio of Community Health Workers per supervisor decreased thus increasing the quality of supervision for each Community Health Worker.
MATERNAL HEALTH

- We have maintained a **97% skilled delivery rate** in our innovation hub (North Kamagambo) and **96% skilled delivery rate** for those enrolled in our programs in our expansion site (East Kamagambo). This consistently high rate speaks to the power of consistent Community Health Worker support to pregnant mothers.

- In **2019, 83%** of women attended 4+ antenatal care visits before delivery in our innovation hub. In our expansion site, **63%** of women attended 4+ antenatal care visits before delivery in 2019. At the start of 2019, we our expansion site only had **47%** of women attending 4+ antenatal care visits before delivery. We believe this increase is due to several factors including a data quality assessment carried out during our monthly review sessions with Community Health Workers. In addition, we have now been supporting East Kamagambo for one year, meaning that we are finally seeing results from mothers we have tracked from their first trimester to full term.

- Last quarter, we trained **30** key community members on Verbal Autopsy to allow us to better identify the causes of maternal and child deaths that occur outside a health facility by considering social and demographic factors. This quarter, we held review sessions on how best to identify social determinants of maternal and child death. In the upcoming quarter, we are going to expand the verbal autopsies to take place for all deaths in the community, not just maternal and child deaths.
  - Initially, some local leaders were hesitant about the Verbal Autopsy process because they perceived their roles as just waiting for someone to die. However, after review sessions and conversations with our Community Health Workers, these leaders understand how verbal autopsies are used to understand and prevent future deaths in the community.

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4Our model for Maternal Health is on page 29.
• **We held 6 maternal health-focused male forums this quarter.** During these forums, we emphasize the role males hold in improving health outcomes in their community. By attending their wives’ antenatal care visits, advocating for skilled delivery, and enforcing immunization completion, they support positive health behaviors that will affect their entire family.

• **46 women and children used our community transportation and referral system this quarter.** This year, 230 women and children used our community transportation and referral system to access services at our clinics. To build on this system, we identified a handful of motorcycle taxi drivers in each community unit who we will train as expert referrers. They will be given shifts to be on-call for emergent cases. Since community members already use motorcycle taxis for transportation, this system leverages an existing community structure to support healthcare access.

**OBSTETRIC HEMORRHAGE**

• To date we have trained **216** clinical workers on the non-pneumatic anti-shock garment (NASG) and have used the NASG in **184** cases of obstetric hemorrhage. This quarter, we trained 6 high-volume facilities to use the NASG.

• To provide even more robust care for women experiencing obstetric hemorrhage, we partnered with Massachusettes General Hospital, Harvard Medical School, Kisumu Medical Education Trust, and the Ministry of Health to implement the **WHO’s Obstetric Hemorrhage Bundle**. The bundle includes misoprostol, the uterine balloon tamponade, the NASG, and more, providing clinicians with a variety of tools to address this deadly condition.
  
  o Together with our partners, we launched the bundle in **5** facilities this quarter. By the end of 2019, we will train an additional 25 facilities across Migori County on the Obstetric Hemorrhage Bundle. The bundle will prepare every facility in Migori County to safely treat obstetric hemorrhage, effectively reducing maternal deaths.

![NASG Usage](image)

• This quarter, we introduced our data collection app that will be used to collect detailed NASG data from all 23 facilities we are supervising on NASG. By relaying this data directly to our Monitoring & Evaluation team, we will be able to perform in-depth longitudinal analyses at both the county level and facility level. The app will replace the paper-based systems used by our partner facilities
Currently. As we expand this program exponentially, the data collection app will streamline our NASG case information analysis.

**CHILD HEALTH**

- **97%** of children are fully immunized in our innovation hub (North Kamagambo). In our expansion site (East Kamagambo), **82%** of children are fully immunized. As we perfect our replication model in East Kamagambo, we are outperforming the county average of **57%**.

- **146** children are currently enrolled in our elimination of Mother-to-Child Transmission of HIV (eMTCT) program. Of these, 84 will reach 18 months before November, at which time they will be tested and officially declared HIV-negative. A negative HIV test at 18 months indicates that the virus has not been passed from mother to child. Last November, **98%** of HIV-exposed children graduated from our eMTCT program as officially HIV-negative. We will have an updated graduation rate next quarter.

- This quarter, we received a shipment of neonatal resuscitators and supplemental instructional guides for our Helping Babies Breathe program which we will roll out next quarter. We are working with the Migori County Ministry of Health on finalizing our inaugural cohort of **17** Master Trainer-of-Trainers (TOTs) from 9 facilities who will be trained in November. These Master TOTs will then train healthcare providers at other facilities.

**NUTRITION**

- We screened **4,081** children for malnutrition this quarter as part of our initiative to screen every child under 5. We will continue to screen every single child in order to ensure that no child slips through the cracks.

- Once children are screened, we refer malnutrition cases to the facility for treatment. This quarter, we treated **26 malnutrition cases** at the facility. Following treatment and recovery, the facility nutritionist refers both acute and chronic cases to our gardening for nutrition program to improve long term food security.

- **1,927** people are enrolled in our Gardening for Nutrition program of which **97** are also enrolled in our education program. This cross-program linkage ensures that even the most vulnerable community members have access to holistic care.

- This quarter, we formed **5** new mother care groups bringing us to a total of **22** mother care groups. In these mother care groups, we support expectant and new mothers with an integrated health package including family planning, maternal nutrition, drug adherence, and diet. We

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5Our model for Child Health is on page 30.

6Our model for Tramuto Foundation/ Health eVillages Nutrition Initiative is on page 31.
emphasize the importance of establishing a proper nutritional foundation for babies during the critical “golden window” of the first 1,000 days of life.

- Last quarter, we noticed that very few teen mothers were enrolled in our mother care program. After discussing with teen mothers in the community, we realized that teen mothers were deterred from joining the groups because of stigma around teenage pregnancies. As a response, we created teen mother-specific care groups as a safe space for teen mothers to receive nutrition education without fear of judgment from older mothers. This quarter we recruited an additional **8 teen mothers into our teen mother care cohorts**, bringing the number of teen mothers receiving monthly nutrition training to 88.

**SEXUAL AND REPRODUCTIVE HEALTH**

- We provided **11,313 couple years protection** so far this year. With our expansion into South Kamagambo giving us access to new SRH clients at the end of this year, we are on track to hit our target of 16,000 couple years protection this year. Couple years protection is a measure of the number of years that a couple is protected from pregnancy from a particular contraceptive method.

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*Our model for Sexual and Reproductive Health is on page 31.*
• We hosted **10,854 Youth Friendly Corner visits** so far this year including 5,387 male clients and 5,467 female clients. This quarter alone, we provided 3,878 Youth Friendly Corner visits compared to 2,413 visits during Q3 of last year. Currently, Lwala supports 5 Youth Friendly Corners across North and East Kamagambo. As we expand our Community Health Worker program into South Kamagambo, we will support additional Youth Friendly Corners.

• Our **25 Sayana Press Trainer-of-Trainers (TOTs)** conducted Sayana Press orientation sessions reaching clinicians from every facility in Migori County. As the use of the Sayana Press expands through Kenya, our TOTs will serve as experts and mentors on proper demonstration and usage. Sayana Press is an injectable contraceptive method designed for self-administration that prevents pregnancy for up to 3 months.
  
  o Since Sayana Press was unknown to the Ministry of Health and to most clinical officers, we initially faced challenges in promoting Sayana Press to partner facilities. To combat this, we conducted sensitization efforts and increased technical knowledge on the contraceptive method. Now, we have distributed Sayana Press to all facilities in Migori County. In fact, the success of Sayana Press at the facility level has ignited conversations on how best to include the contraceptive method into the services provided at the community level by Community Health Workers.

• We held **6 Male Forums**, reaching 341 people on topics including sexual and gender-based violence, family planning, and HIV/AIDS prevention.

• **Our sexual and reproductive health (SRH) advisory committee held 18 advocacy events** on topics including child rights and protection, sexual and gender-based violence (SGBV), and contraception access.
  
  o This quarter, our SRH advisory committee identified 6 victims of SGBV. After identification, the committee referred the victims to Lwala Community Hospital for care. After the victims received care at the clinic, the SRH advisory committee worked with each survivor on the best way forward. For a few of these cases, this meant that the SRH committee found safe temporary housing options until family members could be contacted and sensitized to the situation. The SRH advisory committee is also following-up with the local police department to ensure the perpetrators are brought to justice.

• Our **52 Youth Peer Providers distributed 48,376 condoms through the dial-a-condom program**, which allows teens to order condoms from their peers on demand. Our Youth Peer Providers have consistently proven to be a key link between adolescents and contraceptives. We are currently recruiting Youth Peer Providers in South Kamagambo in preparation for our expansion.
• Community Health Workers distributed **21,352 condoms and 199 birth control pills** during household visits and community outreaches. Community Health Workers referred **806 clients for long-acting methods** (IUDs and implants) at those points of care. Household distribution of contraceptives makes it easier for those using short-term methods to obtain consistent refills.

• This quarter, Lwala was a featured organization at Migori County’s **World Contraceptive Day** outreach. This outreach was a platform to sensitize community members on contraception, provide free contraceptives to attendees, and to recognize efforts around the county. Lwala spoke on behalf of all county partners on the importance of advocating for family planning and on the need for continued support from the Ministry of Health’s county officials.

• At the official launch of **Rongo Sub-County’s Information Communications Technology center**, the Rongo Sub-County government recognized Lwala for our commitment to serving young people in the community. Lwala set up an exhibition tent to showcase our activities in the community, advocate for different family planning techniques, and generally engage with young people in the community.

**HAWI – HIV AND WATER, SANITATION, & HYGIENE INTEGRATED CARE**

• **The Sub-County Ministry of Health certified all 41 villages in our Innovation Hub as Open Defecation Free!** This is the achievement of the Community-Led Total Sanitation process that empowers community members to take charge of their own community’s WASH practices. Planning is currently underway for celebrations for these villages during which each village will be awarded a plaque proclaiming their accomplishment and commitment to maintaining an Open Defecation Free community.

• In North Kamagambo, there are **10** active WASH committees comprised of 300 community members, with 30 members per committee. All of these members were elected to the WASH committees by the community members represented by the committees. The WASH committees were essential in mobilizing community members to construct latrines and handwashing stations through the Community-Led Total Sanitation process that led to North Kamagambo being certified Open Defecation Free. These committees work closely with our Community Health Workers to hold trainings on WASH practices, particularly emphasizing the importance of sustaining long-term WASH structures and practices.

• **HAWI Tournament** – Lwala hosted the 8th Annual HAWI Soccer Tournament from August 11-16th. The soccer tournament serves as a platform to promote healthy WASH behaviors and disseminate information about HIV/AIDS prevention and treatment. This year, an average of **1,709 people** attended the tournament per day from 10 surrounding villages. Last year, we had an average daily attendance of 1,141 people. The annual HAWI tournament is an important avenue for Lwala to reach surrounding community members of all ages with WASH education, HIV testing, and family planning options. During intermissions and between games, the tournament host gathers all participants in one location and discusses the importance of proper and sustainable WASH practices and what this means for each community. This year, we tested 359 people for HIV and distributed 1,244 condoms.

• **3,385 people received care through our community HIV care program.** Through this program, a Community Health Worker visits the household monthly to support on treatment adherence, psychosocial issues, and avoiding comorbidities.

• **We rehabilitated 3 water points** so far this year through the active participation and cost-sharing of community members. At Lwala, the weather plays a substantial role in our activities in the community. This quarter, large amounts of unpredictable rain halted water point

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8Our model for HAWI is on page 33.
rehabilitation and construction, so we are continuing to maintain the water points already rehabilitated and are looking towards Q4 for additional water point construction.

- Our community built **127 latrines** and **74 hand-washing stations this quarter** and 386 latrines and 300 hand-washing stations this year. Latrines and handwashing stations are built when local WASH champions organize Action Days to mobilize their neighbors to build this infrastructure. Action Days are important in bringing the community together to work on their shared objective of improving community hygiene standards. For older community members, Action Days ensure that they receive assistance with their latrine and handwashing construction. No community member gets left behind during Action Days.

**LWALA COMMUNITY HOSPITAL**

- We have seen **39,929 patient visits at Lwala Community Hospital** so far this year. During this time last year, we saw 35,597 patients. These patient visits include both inpatient and outpatient visits, family planning visits, maternal care visits, HIV care visits, and visits to our child wellness centers.

- We have attended **563 skilled deliveries at Lwala Community Hospital so far this year**, compared to 507 over the same time period in 2018. As we strengthen the service delivery at our

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9Our model for Lwala Community Hospital is on page 34.
partner facilities we hope to see our deliveries plateau as our clients seek services from their nearest facility.

- To date, we have used our mUzima mobile application to enroll 56 HIV-positive clients into HIV care. Currently, data clerks from the University of Maryland are actively entering retroactive data. Once 90% of the retroactive data has been entered, we will work with the University of Maryland to assess the breakdown of clients tested, enrolled, and on sustained therapy. After this assessment, we will compare our breakdown against the World Health Organization’s targets for HIV care, which are 90% tested, 90% enrollment, 90% on sustained therapy. Since this application is a new technology that we are piloting, we are working closely with the University of Maryland to ensure any technical challenges are addressed.

- We enrolled **210 clients** into the National Health Insurance Fund and **1,066 clients** into the LindaMama maternal health insurance program. These insurance programs reimburse Lwala Community Hospital for the services provided. The LindaMama program provides free antenatal and basic delivery services for expectant mothers at all facilities. By enrolling clients into these insurance programs, it allows our clinic to provide free care, and it ensures that patients will have access to healthcare options outside of Lwala.

- In September, Lwala Community Hospital held a **Non-Communicable Disease (NCD) outreach** to offer health education on NCD management and the risks associated with untreated NCDs. **249 community members attended** the outreach, **13 new NCD cases were diagnosed**, and **5 women were screened for cervical cancer**.

- Lwala Community Hospital hosted a Breastfeeding Week Outreach from August 1st – 7th, coinciding with **World Breastfeeding Week**. This year’s theme was “Empowering Parents: Enabling Breastfeeding.” Throughout the week, we hosted educational trainings for mothers, their families, Lwala staff, Afya Halisi staff, and members of the Ministry of Health.
  - Our nutrition and clinical teams held educational sessions highlighting the importance of immediate breastfeeding, exclusive breastfeeding for six months, the disadvantages of formula-based diets, proper breastfeeding positioning and attachment, and storage of breast milk. The outreach encouraged and emphasized the importance of male involvement in supporting and promoting breastfeeding practices.
  - To promote breastfeeding awareness, Lwala staff spoke in Dholuo on Radio Rameny FM-88.3, a local Rongo Sub-County radio station, about key breastfeeding topics.

- Lwala continues to champion the Baby-Friendly Hospital Initiative. During World Breastfeeding Week, Migori County’s deputy nutritionist recognized Lwala for having the best implementation of the **Baby-Friendly Hospital Initiative** when compared to 8 other facilities in Migori County. The deputy nutritionist praised Lwala as a center of excellence for its commitment to enhancing breastfeeding practices at the clinic and in the community.

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10Dholuo is the local language spoken at our innovation hub and expansion sites.
• **90 pints of blood** were donated during a blood drive held at a local school. Well in advance of the blood drive, Community Health Workers increased awareness of the event during their household visits in the community. After the donated blood was screened in Nairobi, Lwala distributed the blood amongst those partner facilities with the capacity to perform blood transfusions.

• Lwala held its second **Open Maternity Day** during which expectant mothers and their families were invited to engage with Lwala’s nurses and staff to understand what to expect on the day of delivery. Open Maternity Day was initiated last quarter as a way to educate mothers on Respectful Maternity Care, patients’ rights, and the benefits of deliveries attended by skilled professionals. Prior to Open Maternity Day, our clinical staff noted that expectant mothers were afraid of delivering in facilities if they had never done so before. Open Maternity Day offers women a space to share their fears about their upcoming deliveries and provide suggestions for how Lwala can best support the deliveries. At Lwala Community Hospital, we support expectant mothers during their entire maternity journey, from conception and beyond.
  
  o During our previous Open Maternity Day, mothers specifically suggested adding warm water for the showers and providing tea after delivery. As a direct result of these suggestions, our clinic started offering tea or coffee to all mothers following delivery.

• This quarter, we conducted a survey on patient expectations when seeking medical services at Lwala Community Hospital. The results from these surveys were disseminated to all of our staff. Among the top expectations patients named were timely service, sense of empathy from staff, affordable cost, and privacy in service delivery. Following this presentation, our clinical staff ran simulations on techniques for resolving conflicts with patients, explicitly expressing empathy, and encouraging patients to report misconduct.

• **2 Vanderbilt Medical Students** completed a month-long clinical rotation at Lwala Community Hospital. As a part of their rotation, they gave a presentation to the Lwala clinical team on non-cardiac chest pain management and treatment. During their stay, they also shadowed Community Health Workers on household visits to understand the community-facility linkage that is a key element of our success.

• Lwala established an **Obstetric Rapid Response Team**. This team is composed of nurses and clinical officers who are committed to being immediately available in emergency cases of obstetric hemorrhage. Each team member has clearly defined responsibilities during cases of obstetric hemorrhage and together, the team members will lead the clinical response using the bundle approach in cases of obstetric hemorrhage emergencies.

**EDUCATION**

• Lwala was published in a [peer-reviewed article](#) by Vanderbilt University in the British Journal of Educational Technology on our implementation of the eReader initiative in 13 schools. The study deployed a quasi-experimental design that triangulated students’ assessment data with qualitative data collected from surveys, focus groups, interviews, and classroom observations to identify how pedagogical, cultural, and institutional factors affect the use of the eReader in rural Kenya. While the study identified several barriers to effective eReader integration including inconsistent access to electricity and unintended device sharing, the study concluded that classrooms with eReaders increased access to educational materials, enhanced student’s engagement, and increased measured academic performance.
  
  o Currently, eReaders are being used by **576 students** across **5 primary schools** as a part of our literacy intervention. By providing students with instant access to thousands of educational materials, we have seen a significant increase in academic performance and engagement.

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11Our model for Education is on page 35.
of books, eReaders encourage extracurricular reading and reduce cost barriers to school attendance.

- Lwala hosted our second Better Breaks session of 2019 during the August school holiday. Over the weeklong Better Breaks session, an average of 737 pupils (403 boys and 334 girls) attended each day, which is an increase from the daily average attendance of 660 pupils during the April Better Breaks session. Over the course of the Better Breaks session, 202 students were tested for STIs, and all 202 students tested negative.

- 158 girls who have dropped out of school are enrolled in our Broadened Horizons mentorship program. The Broadened Horizons mentorship program has prioritized recruiting and supporting girls’ re-entry into the school system after dropping out. This quarter, we held a joint workshop for girls in the Broadened Horizons program and their parents led by a motivational speaker. Among the topics discussed were the individual and community benefits of keeping girls in school and the importance of parents’ continued support for their daughters during this process.
  - Sharon Otieno12 is an example of the power of education. At 14 years old, Sharon got pregnant and was forced to drop out of school. Her parents kicked her out of the house, and she did not know where to turn next. A Lwala Community Health Worker pointed her to the Broadened Horizons mentorship program. Since completing the mentorship program, Sharon has re-entered into school. She uses the life skills she learned during the mentorship program such as decision-making, goal setting, and assertiveness to guide her path forward.

- 388 at-risk girls are enrolled in our in-school mentorship program. Next quarter, 66 of these girls will graduate out of this program after being enrolled for 3 years. Over these 3 years, girls are mentored by community members on life skills, coping strategies, and family planning. The girls in this program are identified as particularly vulnerable to school dropouts for several reasons including being teen mothers or experiencing learning difficulties. By being paired with mentors from their community, these girls have a support system to encourage them to stay in school.

- Our partner schools completed 2 new classroom development projects as a result of school development plans that the school Boards of Management (BOM) created. The Boards of Management at each school hold forums where they invite everyone from the community to attend. During these forums, community members come together to offer assistance to the BOM to achieve the classroom development projects. The assistance from community members comes in the form of physical materials for infrastructure construction, monetary assistance, and even labor for construction.
  - At Uriri Primary School, 3 latrines have been constructed and 3 are currently under construction. The Uriri BOM held a meeting with the community to emphasize the visible need for the construction of these latrines by emphasizing that students will not have to wait in long lines or miss class time whenever they need to use the washroom. After hearing about the BOM’s plan to build the latrines, the community came together and organized a “Harambee,”13 which is a community-wide fundraiser. The community raised all the funds needed to construct the latrines!
  - At Kuna Primary School, classrooms were so overcrowded that students often had to sit outside under a tree instead of at a desk. Kuna’s BOM called the community together to explain this situation and present the barriers the overcrowded classroom presented to quality education. One of the people invited to this community meeting was a member of the County Development Fund, who agreed to partially fund the construction of a new classroom. The remaining funds for the construction were fundraised in the community.

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12 Names have been changed to protect the privacy of the individuals depicted.
13 Harambee is a Kiswahili word for “all pull together.”
With these funds, the Board of Management built a new classroom which has continued to undergo improvements this quarter. With this new space, students will be able to learn without distractions.

- **We reached 2,883 students through Health Clubs**, our after-school program focused on sexual and reproductive health, life skills, and negotiation tactics.

- In January, we distributed **780 uniforms and 1,012 pad kits** to girls. By providing uniforms and pad kits to girls, Lwala reduces barriers to female education and encourages girls to remain in school.
  - This quarter, the students in 2 of our school health clubs highlighted that boys also face barriers to education if they are unable to obtain school uniforms. They advocated for the distribution of uniforms to their male peers. As a result of this discussion, Lwala provided **uniforms to 4 boys** and looks forward to growing this student-led initiative in the upcoming months.

- So far this year, **1,034 parents have attended our Board of Management meetings**. This time last year, we only had 218 parents attending. This increase can be attributed to Lwala’s governance trainings for the BOMs on best practices to involve and engage community members. The BOM engages people from all over the community to join the meetings by emphasizing the stake each community member has in education. Parents, neighbors, and even government officials join together to discuss challenges, successes, and future strategies for the education system in their communities. This quarter, we linked Boards of Management from different schools to each other to strengthen performance and encourage cross-learning among our schools.
  - Last quarter, we trained 5 school Boards of Management on our advocacy module to teach Boards of Management to lobby the government and hold the Ministry of Education accountable. After the advocacy training, the 5 BOMs partnered with the head teachers from the schools they represent to strategically approach county and sub-county governments to lobby for funds for the construction of additional school blocks. Through this process, the Board of Management from Kadianga school successfully received funds from the County Development Fund to reconstruct an entire school block in their school.
  - This quarter, the BOM from Andingo Primary School collaborated with the BOM from Kuna primary school. Andingo was having difficulties encouraging community members to attend the Board of Management meetings. Kuna’s BOM mentored and provided concrete tactics that have increased attendance at Kuna’s meetings. Andingo’s BOM employed some of the tactics including recruiting key community religious leaders and inviting government officials. This resulted in increased attendance at the BOM meetings which in turn led to the creation of a plan to construct an early child development block at Andingo, which will begin in Q4.

### ECONOMIC EMPOWERMENT

- Our partner in poverty graduation, Village Enterprise, impacted **21,900 lives** since the beginning of our partnership in 2017.

- **503 new businesses owners were enrolled** during Village Enterprise’s most recent business cycle. Of these 503 business owners, 489 are women.
  - This quarter, we identified **2 institutions around the county** that can provide loans and additional entrepreneurial courses for businesses that have graduated from Village Enterprise.

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14Our model for Economic Empowerment is on page 37.
Enterprise’s program. This was done to ensure continuous support for business owners after they graduate from Village Enterprise’s program.

- **The Lwala Savings and Credit Cooperative, a pro-poor financial cooperative, held $19,379.25 USD in assets and $12,031.63 USD in revenue** this quarter. This is an independent cooperative, founded by Lwala, which provides access to pro-poor financial products in our community. This quarter we trained the cooperative’s leadership team on group governance in order to provide tools on conflict resolution and discussion facilitation.

  - In recent quarters, the cooperative faced challenges in getting all members to contribute the minimum payment of $13 USD a month, which is required for membership. These members were hesitant to provide this payment because they were not completely familiar with the mechanism running the cooperative. After the cooperative’s leadership team received governance training from Lwala on conflict resolution and community building, the cooperative’s leadership team successfully convinced all members to contribute the minimum.

  - This quarter, 5 new community members joined the Lwala Savings and Credit Cooperative, 10 community members withdrew loans, and 0 community members defaulted on their loans.

**MEASUREMENT AND RESEARCH**

- In preparation for our expansion into South Kamagambo, we integrated Ministry of Health forms 513, 514, and 515 into our own mobile data forms collected at the household level. These forms are used by Community Health Workers to enroll and update information on people and households in our Community Health Worker program. With these system changes, descriptive statistical summary information will be automatically generated from the information entered by Community Health Workers and communicated directly to the Ministry of Health. This robust integration will harmonize and streamline Lwala’s data with the Ministry of Health’s reports, increasing efficiency in reporting.

- This quarter, we revamped our **360 Degree CHW Supervision Dashboard**. The dashboard allows for individualized performance supervision of each Community Health Worker. Detailed and personalized targets can now be set by each Community Health Supervisor who can track the performance of the Community Health Workers they supervise in real-time.

- We submitted for Internal Review Board approval on a study of the effects of the non-pneumatic anti-shock garment (NASG) intervention on Obstetric Hemorrhage management in Migori County. A component of this study will evaluate the efficacy of the Trainer-of-Trainers model on the NASG intervention.

- Lwala drafted **9 key indicators** to form a pilot dashboard of community health metrics across 13 partner organizations in the Community Health Impact Coalition. Lwala has been engaging in ongoing discussions on data collection challenges for these 9 indicators. This dashboard will allow for Community Health Worker programs around the world to compare performance across these indicators and collaborate with each other on improvement strategies.

- We completed the **Community Health Worker Assessment and Improvement Matrix tool** to assess the functionality of Lwala’s Community Health Worker program. This assessment is comprised of a scoring matrix that defines 10 categories with essential criteria of a functional Community Health Worker program. The 10 categories include role and recruitment, training, accreditation, equipment and supplies, supervision, incentives, community involvement, etc.

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15Our model for Measurement and Research is on page 37.
16Lwala co-authored this tool with the Community Health Impact Coalition. The tool can be downloaded here: https://chwimpact.org/
opportunity for advancement, data, and linkages to the national health system. The scores are then translated to a predetermined category of functionality. Lwala scored the highest levels of functionality on the following indicators: data, Community Health Worker role & recruitment, linkages to health systems, and opportunities for advancement for Community Health Workers. Through this exercise we noted the frequency of supervision visits and Community Health Worker competency assessments as areas to improve. Lwala co-authored this tool with peer expert Community Health Worker organizations through the Community Health Impact Coalition.

- **1 Vanderbilt practicum student** worked on-site at Lwala to complete discrete research on our Quality Improvement Initiative. His practicum outputs included expanding documentation on knowledge management on our current Case Observation Guidelines process.

- **2 Monitoring & Evaluation Fellows** have joined our team in Kenya. Over the course of the next year, they will support technology systems development and program monitoring.

**LEADERSHIP**

- Our co-founder, Milton Ochieng’, was awarded the **2019 Alumni Public Service Award** by the Vanderbilt University Alumni Association Board of Directors.

- Our Managing Director, Julius Mbeya, participated in the Rainer Arnhold Fellowship through Mulago Foundation. He joined leaders from organizations all around the world to discuss scalable solutions to a diverse set of global challenges. As a fellow, Julius will work with the team at Mulago and other fellows to sharpen tools for scaling our community-led health model.

- Our inaugural Kenya Board Meeting took place in July. The Kenya board strengthens oversight to the Kenya leadership, ensuring compliance with relevant regulatory institutions while advancing Lwala’s mission.

- Lwala is featured alongside Living Goods, Medic Mobile, and Last Mile Health in a film directed by Skoll about the global community health movement. The **film** was screened at a TED event on the sidelines of the United Nations General Assembly in September.

- At a United Nations General Assembly sideline event, Lwala presented our example of using the AIM tool to support county-level policy. The audience included representatives from USAID, WHO, Ministry of Health, and several high-profile bilateral and multilateral funders.

- Our Executive Director, Ash Rogers, gave the keynote address at an event hosted by the Organization of African First Ladies for Development and Terumo BCT focused on the **Importance of Blood for Africa’s Mothers**.

- Doreen Achieng Baraza Awino, our Community Health Systems Director, was featured on a Maternal Health-focused episode of Good Morning Kenya where she discussed Lwala’s leading role in combatting maternal deaths caused by obstetric hemorrhage. She highlighted Lwala’s role in roll-out and supervision of the non-pneumatic anti-shock garment in Migori County.

- Lwala attended **the Segal Family Foundation Annual Meeting** in September. During an opening plenary session, our Executive Director, Ash Rogers, spoke on a panel and live podcast entitled **What Donors Want**.

- Our Managing Director, Julius Mbeya, was a featured speaker at The Gathering, an event that brings together innovative practitioners, thinkers, and change-makers around the world to learn about best practices and lessons learned across all industries and fields.
• Lwala was selected as a finalist for USAID’s Inclusive Health Access Prize.

• Our Sexual and Reproductive Health coordinator was selected as a 2019 Recognizing Excellence Around Champions of Health (REACH) Award honoree by Reaching the Last Mile.

• Lwala was named Blood Water Mission’s “Partner of the Quarter” for Quarter 1 of 2019.
Our Model
HEALTH SYSTEMS STRENGTHENING

Lwala’s model has generated ample evidence of success including a child mortality rate of 29.5 per 1,000 live births compared to the regional average of 82 per 1,000 live births, a 300% increase in contraceptive uptake, and virtual elimination of mother-to-child transmission of HIV\textsuperscript{17,18,19}. As a result, the Ministry of Health invited us to scale our model throughout Migori County to reach a population of 1 million people. We’ll meet this challenge through a three-pronged approach: direct service delivery, government technical assistance, and peer replication.

Direct Service Delivery

Within Migori County, Lwala’s strategy is to provide direct service delivery in all of Rongo Sub-County and to expand our community-led health model through government engagement and peer replication throughout the rest of Migori County – reaching 1 million people.


\textsuperscript{19} Sourced from Lwala Community Alliance’s routine monitoring data, collected at the household level through a customized data collection platform using CommCare, Open Fn and Salesforce.
To provide direct services, Lwala implements our community-led health model. The model rests on 4 key pillars:

- **Community Committees** – We leverage community committees to lead in the design, implementation, and evaluation of all of our initiatives. At our partner facilities, we revive and train Health Facility Management Committees. These committees are an official structure within the Kenyan health system, but they are under-leveraged and often dormant. With the committees resurrected, the facilities are better able to advocate for their interests. Similarly, we establish sexual and reproductive health committees, which advocate for women’s rights and child protection and handle incidents related to rape, abuse, and teenage pregnancy. We leverage our HIV and WASH Integrated support groups to have dual functions: 1) supporting people living with HIV and 2) acting as our advocates for community-wide sanitation efforts. Community and religious leaders spearhead these committees, symbolizing to their constituents that these are issues of upmost importance in the community.

- **Community Health Workers** – Lwala has a cohort of 204 Community Health Workers, including 36 former traditional midwives. We work with community committees to identify active traditional midwives and include all of them in our Community Health Worker cadre. This is a core tenant of our model because we believe that traditional midwives have the potential to be the greatest advocates for the formal healthcare system once they are professionalized. Instead of seeing traditional midwives as barriers to facility deliveries, Lwala brings them into the formal health system. We train, pay, supervise, and digitally empower them as Community Health Workers, who then track, screen, treat, and refer every pregnant mother, child under 5, and person living with HIV. We work closely with the government to train, pay, and supervise our Community Health Workers.

- **Health Centers** – We support 7 government health facilities through our Quality Improvement Initiative. We employ a quality improvement framework built around the World Health Organization’s six building blocks of health systems: service delivery, health workforce,
information systems, supply chain, finance, and governance. Every 6 months we use our customized **Health Facility Assessment Tool** to evaluate clinical quality. We use the gaps identified from the assessments to create customized improvement plans for each of the facilities. Then, we work with the facility staff to implement the plan and improve on the weaknesses. The evidence and refinement of our quality improvement model emanates from Lwala Community Hospital. We run this hospital in partnership with the Ministry of Health and it stands as our center of excellence and benchmarking facility for government clinicians. After 6 months, we evaluate the facilities again and create new improvement plans based on the new data.

- **Data** – We employ Community Health Worker-driven data by equipping our network of Community Health Workers with tablets and our customized CommCare application, Lwala Mobile. The Community Health Workers leverage this technology to monitor their caseload, collect data, and receive real-time decision support. Our approach ensures that illnesses are identified early, and no vulnerable community member slips through the cracks.

**Government Technical Assistance**

We engage stakeholders at every level, from global audiences to local opinion leaders to mainstream our evidence-based innovations and advocate for a strengthened health system. At the global level we work with forums like the international Community Health Impact Coalition, which is a consortium innovative leaders in global health including Partners In Health, Project Muso, Last Mile Health, and more. With this coalition we contribute to the production of new guidelines and develop best practices to influence community health work on a global scale. We also work with the African Union to broadcast our proven interventions to a global audience.

We work together with the Kenya national government to participate in the national effort to achieve Universal Health Care. We engage with national health working groups where we share our successes and advocate for national replication of proven interventions. To engage at the regional level, we are a member of the Inter-County Coordination for Human Resources for Health working group, which represents 6 counties in the Lake Victoria region. We use this platform to share our successful Community Health Worker model and advocate for the adoption of best practices. In Migori County, we work closely with the government to codify Lwala’s principles into law and leverage government cohorts to oversee our implementation. By working with Migori County, we influence the health outcomes of 1 million people. Our Sub-County collaboration is direct co-implementation of our community-led health model reaching 60,000 people. After expanding into South Kamagambo by the end of 2019, our model will reach 90,000 people.

**Peer Replication**

The third prong of our community-led health model expansion is peer replication. There are a number of community-led organizations in our region that are looking to implement a cohesive model to create impact. Lwala believes in leveraging partnerships with like-minded organizations, so we sign Memorandums of Understanding with peer organizations to share expertise and best practices. We supply peer organizations with our Community Health Worker training curriculum and community health program guide as a “starter kit” to operating a community-led health model in return for cost-sharing and knowledge exchange. We are excited about the various ways in which our partners bring our model to life in their own communities.

**QUALITY IMPROVEMENT**

*Lwala believes that in order to provide quality health access, Community Health Worker initiatives must be tied to quality facility-based care. Our objective is to improve the systems and structures within the public health system to create a seamless continuum of healthcare. Lwala unites community members and healthcare workers to improve health facility performance in the 6 key areas of healthcare delivery: service delivery, health workforce, health information systems, access to essential medicines and supplies, financial management, and leadership and governance. The Quality*
Improvement Initiative incorporates an integrated structure of clinical coaching and mentorship that is measured through bi-annual assessments.

**Health Facility Management Committees** – We start by organizing Health Facility Management Committees at each government facility. These are Ministry of Health entities meant to build accountability in the health system, but are typically dormant in rural areas. In the past, these committees have existed in name only, leaving the facilities without vital oversight structures. We revitalize them, ensure they are led by a representative group of community members, and put them at the center of an iterative quality improvement process.

**Health Facility Assessments** – We utilize a unique *Health Facility Assessment Tool* that we developed with the guidance of a Quality Improvement Consultant. The tool measures facility performance against the 6 World Health Organization building blocks for health systems strengthening. Within the building blocks, we score the facility on 30 specific performance objectives that we pulled from Kenya Ministry of Health and World Health Organization guidelines. The *Health Facility Assessment Tool* also incorporates scores from three tools implemented on an ongoing basis: a patient satisfaction survey, staff satisfaction survey, and case observation guidelines. We digitized the tools on our customized CommCare application, so the evaluation is conducted on mobile tablets which enables rapid analysis and programmatic responses. Some of the components of our Health Facility Assessment include:

- **Clinical Mentorship** – As a part of our Health Facility Assessments, we conduct case observations at our partner facilities. To conduct Case Observations, our trained Nurse Mentor and Quality Improvement Officer observe patient care on 6 service delivery areas: integrated management of childhood illnesses, child immunization, postnatal care, newborn care, labor and delivery, and antenatal care. They score the providers on criteria that we developed using World Health Organization and Ministry of Health guidelines. Then, they aggregate the scores to give healthcare providers structured and transparent feedback on their service delivery. Insights from case observations are also incorporated into facility improvement planning efforts, focusing efforts where the need is greatest.

- **Patient Satisfaction Survey** – Our patient satisfaction survey evaluates patient experience based on 3 key clinical quality measures: patient wait time, patient engagement, and clinical process. Each of these measures has numerous indicators ranging from average time attended to by a clinician to whether confidentiality is respected by clinicians. We analyze these surveys using a sophisticated scoring matrix which generates overall patient satisfaction scores. Suggestions and comments taken from patients during the patient satisfaction surveys help to inform priority areas for facility work improvement plans.

- **Clinical Staff Rotation Program** – This rotation program encourages collaboration and cross-learning across facilities by bringing staff from partner facilities to Lwala Community Hospital and sending Lwala staff to partner facilities for a period of 2 weeks. By doing this, clinical staff learn and implement best practices at the facility they are visiting and bring them back to their own facilities. We believe that this cross-learning is a significant factor driving high rates of adherence to standards across all our partner facilities.

- **Facility Improvement Planning** – Using the information gathered during the Health Facility Assessments, we create tailored work improvement plans for each facility. We generate these plans through a collaborative process with the facility management teams. In order to achieve the goals set out in the facility improvement plans, we work with Health Facility Management Committees to implement a ‘Plan Do Study Act’ (PDSA) cycle.
as illustrated by the graphic. Previous work improvement plans have included limiting pharmacy stockouts by improving pharmacy management systems. Better pharmacy management then enables facility management committees to lobby the government when resources run low.

**COMMUNITY HEALTH WORKERS**

Our community-led health model incorporates former traditional midwives who we recruit, train, supervise, pay, and digitally empower as Community Health Workers. Our Community Health Workers enroll every household in the community and provide specialized, targeted care to every pregnant woman, child under-5, and person living with HIV, and ensure that they receive crucial medical care and facility services through monthly household visits. A core element of our model is the inclusion of former traditional midwives in our Community Health Worker cadre. Traditional midwives are the women in the community who have delivered healthcare to their communities for generations. But, because they have been cut off from formal health systems, the home births they provide are often dangerous for the mother and baby. We transform these women from the largest competitors of skilled deliveries to the greatest champions of maternal and child health.

**Integrated Supervision Structure** – Incorporating government supervision is integral in pursuit of our mutual goal of universal access to health care. We train government Community Health Assistants as supervisors for our Community Health Worker cohort. The Community Health Assistants use our mobile data collection system and a supportive supervision structure for Community Health Worker management. This integrated structure is an important element of our collaboration with the Ministry of Health.

**Home-Based Care** – Our Community Health Workers provide both preventative care and treatment services including contraceptive provision and malnutrition screenings. Offering these services in the household connects every family with formal healthcare and promotes positive health-seeking behavior.

**MATERNAL HEALTH**

We are engaging mothers at every step of their healthcare journey. We provide contraceptive services and education so that every family is a planned family. We distribute pregnancy tests in the field so that a mother can know she is pregnant as soon as she becomes pregnant. We provide excellent clinical services to mothers from conception to delivery to the post-partum period.

**Antenatal Care** – Antenatal care visits ensure healthy deliveries and protect both babies and mothers. Our Community Health Workers make sure that every mother gets antenatal care. They map and enroll every pregnant woman into our community-based care program, ensuring that they attend 4 or more antenatal care visits before they deliver and educating them on pregnancy danger signs, diet, and behaviors. At the facilities, clinicians also provide education to mothers on a healthy prenatal diet, danger signs in pregnancy, and the importance of a birth plan.

**Skilled Delivery** – Our high skilled delivery rate speaks to the positive feedback loop we have created between our Community Health Workers, the community, and our partner facilities. We harness the power of traditional midwives in the community and incorporate them into our Community Health Worker cadre. These community stakeholders in turn drive clients towards the clinics, building goodwill and strong ties with the people we serve.
Tackling Maternal Death – Lwala operates an innovative intervention to stop maternal death by employing the non-pneumatic anti-shock garment (NASG) to treat obstetric hemorrhage. Almost 99% of mortalities from obstetric hemorrhage occur in developing nations20. The NASG has been shown to reduce mortality by 59% in cases of severe shock. This low-technology, reusable tool constricts blood flow to the lower extremities while redirecting blood flow to the vital organs, giving women an additional 72 hours to get treatment. In partnership with University of California, San Francisco, we train facilities, including tertiary facilities, and healthcare providers on the NASG, and distribute the garments. We use a trainer-of-trainers model, in which Lwala trains trainers to then conduct their own trainings, to cascade knowledge and ensure the sustainability of this vital program. This is our first county-wide initiative and we will draw on the program’s success to implement similar crucial interventions in Migori County.

CHILD HEALTH

Every child deserves a fifth birthday. Lwala addresses the drivers of child morbidity and mortality on all fronts. We take a holistic approach to improving the health outcomes and quality of life for children in the communities we serve. This involves teaching parents the warning signs for illnesses, building a strong referral, health surveillance, and front-line treatment network led by our Community Health Workers, and ensuring clinical care supports both the physical and psychosocial determinants of health.

Elimination of Mother-to-Child Transmission of HIV – We test every pregnant woman for HIV at her first antenatal care visit and again during labor. This allows us to enroll every baby born to an HIV-positive mother into the elimination of mother-to-child transmission component of our HIV program. This program provides the mother with specialized support throughout her pregnancy and immediately following birth. During monthly meetings, hospital staff lead educational sessions on drug adherence, infant feeding, and nutrition. In addition, an HIV-positive mentor mother provides counseling and support to encourage women to accept their status and be proactive about HIV care.

Clinical Outreach – To expand the accessibility of pediatric healthcare, we conduct clinical outreach events at common social gathering spaces such as schools and soccer fields. We offer standard healthcare services, such as immunizations and growth monitoring. The outreaches bring facility services into the community, to make high-quality healthcare even more accessible.

Immunization – Community Health Workers are dedicated to ensuring that every child in our community is vaccinated. At each household visit, Community Health Workers check the child’s immunization records against the vaccines that they should have received. If the child is behind on any vaccines, they refer them to a health facility and sometimes even bring the vaccine directly to their household. This process is supported by our robust data system, which allows Community Health Workers to track every child and ensure that no child slips through the cracks.

Malaria Community Case Management – We combat malaria in 2 ways: facility-based testing at our 7 partner facilities and through community case management. Equipped with rapid diagnostic tests and medication, our Community Health Workers can diagnose and treat malaria cases in their clients’ homes. Our data shows that the malaria burden decreases significantly after the Ministry of Health conducts wide-spread indoor residual spraying. Therefore, we advocate for the Ministry of Health to repeat the spraying program every year.

Helping Babies Breathe – In order to reduce neonatal mortality, Lwala is implementing the American Academy of Pediatrics’ Helping Babies Breathe curriculum. Helping Babies Breathe is a curriculum that teaches health care providers how to care for a newborn baby in the crucial first minutes of his or her life. We are currently in the preparation phase of this program which we will eventually roll-out throughout our county.


30 | Insider Report Q3 2019
Our nutrition program targets four key populations who are vulnerable to poor nutritional status: 1) people living with HIV, 2) children under 5, 3) expectant mothers, and 4) breastfeeding mothers. We provide a tailored curriculum and set of interventions to address the specific nutritional needs of each of these populations. Our Community Health Workers monitor and prevent malnutrition at the household-level and refer at-risk clients to Lwala Community Hospital. From there, our nutritionist gives a clinical assessment and creates a long-term care plan.

Exclusive breastfeeding for the first 6 months of a child’s life can have lasting health benefits into adulthood. In line with WHO guidance, our clinicians encourage mothers to initiate breastfeeding within one hour of delivery. Our Community Health Workers then monitor breastfeeding practices for every child until 6 months of age.

We enroll HIV-positive clients and mothers with children under-5 into our community-based nutrition program. Enrolled clients receive tailored nutrition training and seeds for food such as spinach, kale, and carrots to plant in their kitchen gardens. All of these individuals also receive routine care and support from a Community Health Worker on an ongoing basis. Our Community Health Workers are trained to give Middle Upper Arm Circumference (MUAC) readings, which determine whether a person is of normal weight, moderate malnutrition, or severe malnutrition status. If a person reads as moderately or severely malnourished, they are referred to the clinic for confirmation of their nutrition status, and those who are confirmed receive supplements and clinical support.

SEXUAL AND REPRODUCTIVE HEALTH

Our community-led sexual and reproductive health program combines advocacy, diverse outlets for contraception provision, and education to empower youth and adults to take control of their sexual and reproductive health. Through community sensitization, advocacy, and service provision, the community members themselves become champions for sexual and reproductive health services. Our sexual and reproductive health model consists of both community engagement and service provision.
Community Engagement – Our community engagement strategy is to create overlapping forums for conversations around reproductive health and rights. This approach allows us to reach a diverse set of the population in settings that feel most comfortable to them. Several of the engagement forums include:

- **Sexual and Reproductive Health Committees** – Community reproductive health committees are at the heart of our model. These committees are made up of religious leaders, local political leaders (village chiefs), teachers, and a diverse group of men, women, and youth. Our committees promote contraceptive access, male involvement in contraception use, and family health in general. The committees hold regular advocacy events to discuss long-acting contraceptives, child protection and rights, and domestic violence. 50-70 people attend each event.

- **Male Forums** – We conduct male forums on the topics of teenage pregnancy, adolescent and youth reproductive health, HIV/AIDs, maternal care, and more. Men are an essential target group because they are often the gatekeepers to women and children’s health. In male-only forums we directly explore norms of masculinity and create a safe environment for men to challenge each other on harmful assumptions. Men are also given a chance to look at contraceptive commodities and understand their uses and side effects. These forums take place in venues where men already congregate – motorcycle taxi stages, gold mines, local pubs, and football games.

- **Youth Peer Providers** – This program is designed to make adolescents feel more comfortable talking about and accessing sexual and reproductive health services by delegating the services to people their own age. To remove barriers that may discourage youths from accessing contraceptive services, Youth Peer Providers are stationed in the community to ensure privacy and sensitivity. In response, our Youth Peer Providers distribute over 5,000 male condoms per month. At the outreaches, community members can access informational material, STI and HIV testing services, and contraception.

- **Twak Mar Rowere Radio Program** – Every Thursday afternoon we host a radio show focused on issues related to sexual and reproductive health, HIV, STDs, family planning, and gender-based violence. The show, whose name means “A sharing platform for young people,” features a different staff member or stakeholder each week. We have a rotating schedule of Youth Peer Providers, Community Health Workers, community committee members, and health care providers that join the show. Each week, the hosts select a topic to discuss for the first half of the show, then they spend the second half taking listener calls and questions.

Service Provision – The goal of the service provision element of the model is to open as many access points to contraceptives as possible. We provide short-term and long-term methods consistently, and host designated clinic days for permanent methods.

Our various contraception distribution networks include:

- **Health Facilities** – We support facility-based services with a focus on long-term methods, implants and IUCDs, at our partner primary care facilities. At our partner facilities, we provide reproductive health training, conduct on-site clinical mentorship, drive continuous quality improvement, and ensure a reliable supply of contraceptive commodities. Finally, we also partner with Marie Stopes to provide permanent methods during clinic days within government facilities.
• **Community Health Workers** – We provide our Community Health Workers with male and female condoms, two types of birth control pills, and emergency contraception to distribute to community members during their household visits and outreaches. As condoms and pills are short-term contraceptive methods, home-based distribution facilitates consistent contraceptive use by providing refills to clients directly in their homes. Community Health Workers also generate demand for long-acting reversible contraceptives such as implants and IUCDs. The Community Health Workers refer their clients to a health center where they can access long-term contraceptive methods, creating a cycle of positive health-seeking behavior.

• **Youth Friendly Corners** – We operate 5 Youth Friendly Corners to provide services to adolescents and youth. We’ve learned that while integrating family planning services throughout all clinical departments increases uptake for women who have already had a pregnancy, it discourages uptake from a critical age group – youth aged 14 - 24 without children. Young people are more likely to access services if they can do so away from the general patient population. Thus, we equip, staff, and supply youth friendly corners as separate spaces near government facilities. These corners provide games, youth leadership training, and access to reproductive health services in a friendlier environment than a typical health center.

• **Dial-a-Condom** – Our Youth Peer Providers developed what they describe as “Uber for Condoms.” Youth in our communities are given mobile phone numbers for peers who have a consistent supply of condoms. They are able to order condoms on demand without having to travel to a health facility or risk being seen taking a condom from a public dispenser.

• **Sayana Press** – Lwala’s sexual and reproductive health coordinator is a county-level Trainer-of-Trainers on Sayana Press in Migori County. Lwala spearheads the distribution of this injectable contraceptive to trained facilities. Sayana Press is an injectable contraceptive, much like Depo-Provera, which is approved for self-administration. Prior to Lwala’s training and distribution of Sayana Press, this innovative contraceptive method was unknown to the Ministry of Health.

### HAWI – HIV AND WATER, SANITATION, & HYGIENE INTEGRATED CARE

**Community-Led HAWI Model** – Consistent with our belief that holistic interventions best serve at-risk populations, Lwala addresses HIV and WASH together in our HIV and WASH Integrated program (HAWI, which also means “good luck” in Dholuo, the local language). Research shows that HIV-positive individuals are more susceptible to malaria, diarrhea, and other enteric diseases. Therefore, we implement WASH interventions in conjunction with HIV care to reduce the relative risk for malaria and diarrheal diseases among people living with HIV/AIDS.

Our HAWI model empowers community members to proactively address HIV and elevate WASH standards in their own communities. The model is composed of 4 key components: 1) Community Health Worker monitoring, 2) support groups, 3) community-led total sanitation (CLTS), and 4) water infrastructure.

**Community-Led Total Sanitation (CLTS)** – Community-led total sanitation is a process to promote WASH practices in our villages with community members at the helm.

• First, Community Health Workers train community groups on WASH topics. These new WASH champions then teach their own communities about WASH and support their peers to construct latrines, hand washing stations, and drying racks. We typically select the highest performing HAWI clients to spearhead this community-led process because they are proven WASH champions.

• Next, community WASH groups promote proper WASH practices with their peers in their own communities. The leaders follow up with their neighbors and organize Action Days to construct latrines and safe water sources for those who are unable to construct them on their own, such as widows and the elderly.
Finally, once the WASH groups have catalyzed their own communities to build WASH infrastructure, villages can declare themselves Open Defecation Free. This designation denotes that every household is covered by a high-quality latrine and handwashing station, which are used appropriately and without fail. The Ministry of Health then verifies that this designation is accurate and officially certifies the village as Open Defecation Free.

The highest performing community-led total sanitation villages who have achieved Open Defecation Free status then qualify for water infrastructure rehabilitation, which further improves WASH standards in their own community.

**Water Infrastructure Rehabilitation** – Once a village is certified as Open Defecation Free, it qualifies for water infrastructure rehabilitation. It is crucial to perform rehabilitation only in Open Defecation Free villages to ensure that improved water sources will not become contaminated. In addition, this criterion serves as an incentive for villages to accelerate Open Defecation Free processes.

**HAWI Outreach** – We hold WASH trainings in partnership with our trainer-of-trainers. At the trainings, community members learn about food-borne illness, handwashing, mosquito net use, latrine coverage, safe water practices, and more. During the outreaches, the Community Health Workers liaise with WASH-trained community members to provide education and share testimonies about the benefits of WASH and avoiding the repercussions of stigma related to HIV.

**HAWI Tournament** – Lwala holds a HAWI soccer tournament in August every year. Over six days, teams from all over the sub-county enter the tournament, drawing crowds of over a thousand people per day. The crowd size and audience energy create a perfect environment for awareness campaigns and outreach activities. During the tournament, we station clinical officers at tents to provide HIV testing services, contraception, and maternal child health counseling.

**Support Groups** – We facilitate support groups for thousands of people living with HIV. Our support groups provide psychosocial support to clients who have historically been marginalized by the community. Through sensitization and ongoing community awareness raising, disclosure and discussion of HIV management has been accepted and supported by our community. The highest performing HAWI clients become WASH champions, a role that empowers them to lead their own communities through community-led total sanitation.

**LWALA COMMUNITY HOSPITAL**

*Lwala Community Hospital is our center of excellence for providing quality clinical care and support services to the community we serve. Our services are at the cutting-edge of rural healthcare provision including mobile HIV-care enrollment, low-technology garments to address obstetric hemorrhage, and a high-capacity laboratory that can perform blood transfusions. In turn, our clinic staff provide training and mentorship to government health workers to increase the capacity of all health workers in the area.*

**Quality Assurance**

- **Assessment** – Lwala partners with PharmAccess who routinely assesses our hospital using their SafeCare assessment. The assessment grades the facility across dozens of criteria developed from international best practices. Between assessments, our clinical staff write concrete work improvement plans to address the identified weaknesses.

- **Patient Satisfaction** – We survey patients from Lwala Community Hospital bi-annually on their satisfaction with the care they receive at our facility. The results from this survey inform our understanding of hospital procedure, perceived quality of care, and general client happiness.

- **Clinical Mentorship** – Our Nurse Mentor conducts routine case observations in our hospital to spot-check whether our clinical staff’s services are meeting best practices. These observations are
based on criteria dictated by the World Health Organization and the Ministry of Health, and staff are measured across several service delivery areas including labor and delivery, postnatal care, integrated management of childhood illnesses, and immunization, among others. Through these assessments, our Nurse Mentor determines areas for improvement and tailors her trainings to address them.

Innovations in Service Delivery and Technology

*Lwala Community Hospital stays at the forefront of emerging medical practice and technological innovations by engaging in strategic partnerships. Because of our unique and challenging healthcare environment, Lwala is a perfect pilot site for institutions such as IBM, Moi University, and University of California-San Francisco.*

**KenyaEMR** – The Ministry of Health electronic medical records system, KenyaEMR, operates actively in all HIV and TB patient rooms at Lwala Community Hospital, so that patient information is accessible in real-time. Patient records for all HIV and TB testing, care, and treatment services are housed on this system and allow clinicians to better track their patients’ progress.

**mUzima** – We are working with Moi University and the Vanderbilt Institute for Global Health to pilot the integration of a platform called mUzima with KenyaEMR. mUzima is a mobile app that connects with KenyaEMR and allows patient records to be updated remotely. Our staff are trained to use mUzima in the field to register HIV-positive clients into our system. We have identified HIV testing services at outreaches and defaulter tracing home visits as the two primary uses. This creates a harmonious interaction between the medical records at Lwala Community Hospital and the information collected at outreaches and during defaulter tracing.

National Health Insurance Fund

As a level 4 hospital, we are eligible for reimbursements from the National Health Insurance Fund. We provide services for maternal child health and HIV free of charge and the reimbursements from NHIF help to offset that cost. Enrollment in NHIF and the maternity-focused Linda Mama government reimbursement program is crucial to both the financial sustainability of facilities, as well as the achievement of Universal Health Coverage. As such, we are dedicated to enrolling as many clients in these programs as possible, through outreaches as well as our specialized records clerk.

Baby-Friendly Hospital Initiative

The Baby-Friendly Hospital Initiative is a global effort developed by the World Health Organization and UNICEF in 1991 to improve antenatal and postnatal care for women and their newborns by promoting and supporting breastfeeding practices. At Lwala, one of the ways we are implementing this initiative is by holding outreaches in the community to sensitize community members on the importance of exclusive breastfeeding and immediate initiation of breastfeeding during delivery. Our nutrition program works closely with our clinical team to demonstrate proper breastfeeding positioning and techniques to relay to mothers who deliver at our partner facilities.

EDUCATION

*We collaborate with 13 government-run primary schools. While we provide technical support, training, and evaluation, School Boards of Management carry out the design and implementation of initiatives. The education program spans various areas of youth achievement, from health to leadership to academics, while consistently incorporating a gender equity lens.*

Breaking Barriers

**Broadened Horizons** – Increasing girls’ access to education and developmental pathways is critical to the progress of the communities we serve. The goal of the Broadened Horizons program is to mentor girls
who have dropped out of school and to support them to re-enroll. For those that cannot re-enroll, we provide workforce development training.

- **Re-enrollment** – To incentivize parents to keep girls in school, we provide micro-grants to help them pay for school fees. The parents attend weekly training sessions for three months, and we disburse a $30 grant per term. In addition, the girls themselves are given uniforms, books, and pens once they have re-enrolled in school.

**School Supplies for Girls** – Through our New Visions women’s sewing cooperative, we provide re-usable pads and school uniforms to build the self-agency of girls to remain in school. By providing girls with these resources, we reduce two of the largest barriers to girls’ school completion – lack of money for uniforms and insufficient access to feminine hygiene materials.

**In-School Girls Mentoring** – As opposed to the Broadened Horizons program, which caters to girls who have dropped out, the in-school girls mentoring program employs thirteen mentors to reach at-risk girls in school with the goal of preventing dropouts.

**Innovation Challenge** – We developed the innovation challenge to engage teachers to design solutions to their own challenges. Participating teachers submit innovations to combat challenges in the areas of parental engagement, student performance, and teacher attendance, among others. Each year, we select the highest-potential ideas and support teachers to implement them in their own schools.

**Quality Education through Participation**

**School Community Committees** – School Community Committees consist of headmasters, teachers, students, parents, and local leaders who work to improve the quality and safety at their schools. Lwala increases the number of participating teachers, parents, and community members at School Community Committee meetings, while simultaneously improving their capacity to hold the Ministry of Education accountable. We train these committees on effective advocacy techniques, and specifically engage them on key issues including: no-repeat policies, teacher placement, and sexual violence and exploitation of children in schools. The School Community Committees are a critical education governance structure that have been historically under-utilized in our catchment. By leveraging the School Community Committees, we engage a sustainable oversight structure that can advocate for improvements to the education system from within the community.

**School Development Fund** – Once School Community Committees are well organized, we support each school to establish a school development plan. Through our school development fund, we cost-share the implementation of the school development plans by providing in-kind support for materials and labor while the schools fund or fundraise for at least 40% of the cost. These projects typically include constructing new classrooms, water tanks, latrines, handwashing stations, and goal posts. With School Community Committees at the helm, schools have a greater ability to lobby for funds, hold the government accountable, and represent the diverse interests of the various stakeholders in primary education.

**Teacher Effectiveness** – Additionally, we believe in arming teachers with the resources necessary to better serve their pupils. We organize teacher exchanges so that lower-performing teachers can: learn through example from high-performing teachers, visit successful learning environments, and share ideas, successes, and challenges with other educators. Lwala also organizes learning sessions to encourage collaboration and creativity in the classroom. Additionally, we engage our teachers in selecting evidence-based training modules and bring those trainings directly to schools. This exposes teachers to cutting-edge pedagogy while keeping them at the forefront of teaching improvement.

**Health**

**Youth Friendly Corners** – We operate a total of 5 Youth Friendly Corners in the communities we serve. These innovative health centers have a dual purpose: providing healthcare services, such as contraception, to youths in a private environment, and creating a safe space to spend time with peers.
when youths are not in school. Stigma and lack of anonymity are major barriers to adolescents and youth accessing contraceptive services. These Youth Friendly Corners are key in our efforts to reduce HIV infection and pregnancy among youth.

School Health Clubs – Every week, students and teachers at the government-run primary schools hold health club meetings. Over 2,000 girls and boys in grades 6 to 8 attend the clubs during after-school hours. The health club patrons are Lwala-trained teachers who implement a curriculum entitled Life Skills that discusses comprehensive sexual and reproductive health, contraception, gender-based violence, children’s rights, and more. We incorporate a curriculum entitled Young Love to address the high prevalence of inter-generational relationships that often lead to teenage pregnancy and HIV-infection. Since teachers often resist teaching sex education during class, the school health club program enables students to learn about sexual and reproductive health and other health matters after school.

Better Breaks – We hold 3 Better Breaks sessions every year to give kids a fun, safe, and educational activity to enjoy during school vacations. During Better Breaks sessions we administer pregnancy tests, provide contraception, and test kids for HIV. We survey the attendants of our Better Breaks sessions on topics such as contraception access, gender-based violence, and perceptions of safety in the community.

ECONOMIC EMPOWERMENT

Village Enterprise

To provide economic opportunities to our community, we partner with Village Enterprise, an expert in poverty graduation for the “ultra-poor.” Village Enterprise identifies the poorest members of the community through a poverty assessment. The assessment uses the Progress Out of Poverty Index (PPI), which measures household wealth and ranks households into four wealth categories. Those in the lowest category, ultra-poor, qualify to be enrolled into Village Enterprise, making them eligible for micro-grants and business skills training.

Business Groups – Village Enterprise groups all of the enrollees into 3-person business groups to receive training and start a business as a team. Village Enterprise provides each 3-person business group with a start-up grant of $100 USD and they are required to contribute $10 USD of their own money to ensure their commitment. Village Enterprise supports farming, retail, livestock, and skilled service jobs.

Business Savings Groups – Village Enterprise makes groups of ten businesses, or thirty people, to create larger business savings groups. After covering their costs and paying themselves, the participants invest their profits into the business savings group. The participating businesses can then borrow from this common pool of money to grow their businesses and they pay interest on the loan to grow the money pool for the entire group. We track business savings groups from inception to graduation.

Community Bank

Lwala Community Bank is a savings and credit cooperative, which operates independently and provides pro-poor financing to staff and community members. The bank is designed to increase access to fair and reliable microfinance and financial products for rural communities. Each member pays into the bank when they join, and after six months they are eligible to begin taking loans from the common pool of money. The assets held by the bank grow as the borrowers pay back interest on their loans. The loan products are specifically designed for the community’s needs – focusing on agriculture and other small businesses. Lwala also supports mentorship by encouraging successful business owners to mentor newer members and to motivate other entrepreneurs to join the bank.

MEASUREMENT

Our Monitoring & Evaluation (M&E) system enables our team at Lwala, service providers, and government policy makers to make client-centered, evidence-based decisions. This means that we are building data collection systems while pushing analysis and conclusions at all levels of staffing, from
frontline workers to government officials. We are using emerging technologies and platforms such as mUzima and CommCare to inform evidence-based decision-making and create information systems that drive systemic change.

Lwala’s performance M&E starts with an overarching impact framework designed to assess our collaboration with the community to improve overall health, agency, and wellbeing. The impact framework consists of a suite of key performance indicators (KPIs) and associated targets aligned with our ambitious goals. We evaluate our progress on our KPIs and compare our results with external results on comparable indicators to understand our impact. Our KPIs are chosen because they are indicators tracked at an international level, in Kenya, and specifically in Migori County (e.g., rate of skilled deliveries).

**Program Evaluation**

We conduct a robust, periodic 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 factors in approximately 4,500 households and sample size was calculated using a binomial test to compare one proportion to a reference value. We use Cox regression models with clustering at the household level to estimate hazards ratios for survival analysis.

**Research Partnership with Vanderbilt Institute for Global Health**

Lwala’s Monitoring & Evaluation activities are supported by faculty at the Vanderbilt Institute for Global Health who lead key research initiatives and publish academic studies. We also employ the support of Vanderbilt biostatisticians to set up survey designs and analyze data. The Vanderbilt Institute for Global Health published a study in PLOS One that found that prior to Lwala’s intervention, 105 children under 5 died for every 1,000 live births. From 2012 to 2017 that rate dropped to 29.5 deaths per 1,000 live births. This reduction outperformed rates for our region (82 per 1,000) and for Kenya as a whole (52 per 1,000). Another Vanderbilt study in the publishing process shows a 300% increase in contraceptive uptake at Lwala sites, compared to no change across 12 control sites. And, a third study shows Lwala-trained and supported Community Health Workers are 2.5 times more likely to be knowledgeable of danger signs in early pregnancy and infancy than status quo Community Health Workers.

**Technology-Enhanced Iterative Learning**

Lwala manages a data system designed for supervision on tailored client care and a sophisticated beneficiary-centered database. The system is built in a Salesforce platform, which houses health and demographic information for more than 20,000 individuals. Through a customized CommCare application, Community Health Workers access and input information about their maternal, child, and HIV-positive clients in real-time and the data is automatically updated in our database.

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22 Kenya Demographic Health Survey (2014)
Staff Spotlight

JAEL ATIENO OCHIENG

A decade before Lwala’s inception, Jael Atieno Ochieng remembers being part of the community-wide fundraising efforts to send Lwala’s founders, Milton and Fred, to study at Dartmouth College in the United States. At that time, nobody could yet imagine how this community mobilization would lead to the creation of Lwala Community Alliance.

In 2008, Jael earned a certificate in hospitality management and soon thereafter landed a position as the Guesthouse Manager at Lwala. While she enjoyed interacting with the guests and people that passed through the guesthouse, she realized her true passion was in community health. In 2016, while still working as the Guesthouse Manager, Jael began taking classes in community health and development at Jaramogi University on the weekends. She received her diploma this past December and recently transitioned into a role as the program assistant for our HIV and WASH Integrated (HAWI) program.

Since becoming HAWI program assistant, Jael says the most meaningful part of the job has been finding ways to help community members living with HIV strengthen their capacities to take charge of their own health through increased knowledge on HIV. During household visits, Jael sits down with community members and emphasizes the importance of taking Antiretrovirals (ARVs) and the health consequences of defaulting on these ARVs.

“I always wanted to serve my community. Since becoming HAWI Program Assistant, I have visited so many villages that I would not have otherwise visited. I get to know everybody and develop meaningful relationships with everyone I serve.”

Jael’s role as HAWI Program Assistant was also instrumental in declaring North Kamagambo as Open Defecation Free (ODF) this quarter. Community members have told her that they are grateful for the work she does because the community environment is visibly cleaner.

While North Kamagambo has been declared ODF by the Ministry of Health, Jael noted that the work is not done. When doing follow-ups with households, she now encourages people to continue improving the latrine facilities and other WASH structures already in place to ensure sustainability. In the next year, Jael hopes to see all of Migori County declared ODF.
Beneficiary Story

NANCY ANYANGO

On August 4th, 31-year-old Nancy Anyango* came to Lwala Community Hospital for her 5th delivery. Nancy came in with complaints of lower abdominal pains, but with no prior medical issues there were no glaring complications to be expected this time around. Once admitted to the maternity ward, Nancy was monitored closely as her labor progressed.

By 9am the following day, Nancy delivered a healthy baby boy. Directly after delivery, skin-to-skin contact between the mother and baby was immediately established, and standard post-delivery care was administered.

Thirty minutes after delivery, Lwala’s head nurse, Christine, found Nancy shivering in a pool of blood. Christine acted immediately and called for back-up. Within minutes, the Obstetric Hemorrhage Bundle technique was applied, which included applying the non-pneumatic anti-shock garment (NASG) and the uterine balloon tamponade, performing a uterine massage, and administering oxytocin and tranexamic acid. The nurses paid close attention to Nancy, explaining exactly what services they were providing to make her feel comfortable. Soon thereafter, while still in the NASG, Nancy was sent to a nearby clinic for a blood transfusion and further obstetric hemorrhage management.

Thanks to the quick action of the Lwala clinical team and the prompt application of the Obstetric Hemorrhage Bundle components, Nancy is at home today with her healthy baby. Obstetric hemorrhages like the one Nancy experienced remain a leading cause of death for women, particularly in rural Africa. Devices like the NASG allow for women experiencing obstetric hemorrhages to be transported long distances over long periods of time without losing a lot of blood.

Nancy’s story is one of many Lwala and our partner facilities see every month. Lwala is committed to improving maternal and child health outcomes by reducing maternal deaths caused by obstetric hemorrhage. As Lwala continues to roll-out the NASG and support the use of the Obstetric Hemorrhage Bundle to partner facilities, we are confident that we can prevent maternal deaths in Migori County and eventually all of Kenya. Every child deserves a fifth birthday, and every mother deserves to see their child’s fifth birthday.

*Names have been changed to protect the privacy of the individuals depicted.