Letter from the Directors

Dear Insiders,

We are proud to share this review of the last year with you. This year, we provided holistic support to more families than ever before and brought our health system closer to achieving health for all.

At the community level, all 41 villages in North Kamagambo, our founding location, were declared open defecation free. This important milestone means fewer children will get sick and fewer will die from waterborne diseases. At Lwala Community Hospital, our team took on an ambitious quality improvement effort to improve newborn care and drove a 61% reduction in perinatal deaths, compared to 2018. Across our partner health facilities, we provided mentorship and support, leading to a 26% improvement in health quality and significant increases in patient visits. In our schools, the gender gap in performance decreased, as performance on grade 8 exams improved for boys and girls.

At the health systems level, we expanded our obstetric hemorrhage initiative across Migori County. And, we made strides in including these protocols into the national emergency obstetric curriculum, which would open the door for nationwide adoption. We supported Migori County to codify key community health policies, including payment, training, and dedicated supervision of Community Health Workers (CHW). And, we expanded to our third site, reaching 90,000 people.

At the global level, we intensified our involved with the Community Health Impact Coalition (CHIC). In partnership with USAID, UNICEF and some of our favorite peers in the space, we co-authored the CHW AIM tool and advocated for its global adoption. As part of a coordinated research effort to inform WHO’s CHW guidelines, Lwala is partnering with CHIC to conduct a study on CHW supervision.

We also completed preliminary analysis on the latest data collection of our repetitive cross-sectional household survey. You’ll find highlights from our findings throughout this report. Once again, the data shows us that children in Lwala communities are more likely to survive to age 5 than their peers. This data is just the beginning of our robust program evaluation that will follow changes in health outcomes as we expand throughout Rongo sub-county. Over time, the evidence will increase in nuance and quality.

All of this work is made possible by the resolve of communities, the grit of our health workers, the vision from our Ministry of Health partners, the ambition of our staff, and the support from insiders like you.

Thank you for standing with us!

In solidarity and gratitude,

Ash Rogers
Executive Director

Julius Mbeya
Managing Director
## Table of Contents

### OUR IMPACT

- Systems Change .............................................. 4
- Quality Improvement .......................................... 7
- Community Health Workers ................................... 10
- Maternal Health .................................................. 12
- Obstetric Hemorrhage ......................................... 13
- Child Health ..................................................... 14
- Nutrition .......................................................... 16
- Sexual and Reproductive Health ............................. 17
- HIV and WASH Integrated Care (HAWI) .................... 19
- Lwala Community Hospital .................................... 20
- Education ......................................................... 23
- Economic Empowerment ..................................... 26
- Measurement & Research ................................. 27
- Leadership .......................................................... 28
- Looking Ahead in 2020 ........................................ 29

### OUR MODEL

- Health Systems Strengthening ................................. 30
- Quality Improvement ........................................... 32
- Community Health Workers .................................. 33
- Maternal Health .................................................. 34
- Child Health ....................................................... 35
- Nutrition ............................................................ 36
- Sexual and Reproductive Health ............................. 37
- HIV and WASH Integrated Care (HAWI) .................... 38
- Lwala Community Hospital .................................... 40
- Education ......................................................... 41
- Economic Empowerment ..................................... 43
- Measurement ..................................................... 43

### STAFF SPOTLIGHT

................................................................. 45

### BENEFICIARY STORY

................................................................. 46
Global Engagement

Lwala is an active member of the Community Health Impact Coalition (CHIC), a coalition of 13 leading expert organizations implementing Community Health Worker models around the world. CHIC’s goal is to positively influence Community Health Worker design globally, by identifying and advocating for practices that lead to quality care. 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.

- Alongside CHIC, UNICEF, USAID, and Initiatives Inc, Lwala co-authored the Community Health Worker Assessment and Improved Matrix (CHW AIM), which outlines standards for quality Community Health Worker implementation. The tool So far more than 10 funders have signed-off on the tool. At a UN 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. Lwala again presented on the AIM tool at the CORE Group’s Global Health Practitioner Conference in Nairobi.

- CHIC is pioneering a prototype data harmonization project, pulling data on common metrics from across CHIC members. We are analyzing the data together to inform quality improvement, explore joint multi-country studies, and identify key proxy metrics for health outcomes.

- The coalition launched three new studies on critical design question, left out of the 2018 WHO Guideline on community health. Lwala is leading one of these studies, focused on

---

1 Our model for Health Systems Strengthening is on page 30.
Community Health Worker perceptions of dedicated supervision.

- Lwala’s Executive Director, joined the CHIC governing board and will participate in providing oversight and strategic direction to the collaborative.

We are providing technical assistance to the Nama Wellness Community Centre (NAWEC) in Uganda to implement core components of Lwala’s community-led health model. This program will be named the Nama Community Health Action Program. This is part of our strategy to expand our community-led health models to new populations through peer replication. Lwala is guiding NAWEC in programmatic work plan development and design, curriculum development, and the implementation of robust data collection systems.

Lwala leveraged our expertise on maternal and child healthcare to provide technical assistance to peer institutions including UGEAFI and SACODE from Burundi and Harvest Initiatives and Nundu Deaconess Hospital in the Democratic Republic of the Congo. After an initial learning-exchange visit at Lwala, these organizations will continue to receive Lwala’s support on implementing and sustaining effective antenatal care and skilled delivery surveillance based on Lwala’s community-led health model.

Lwala is collaborating with Dimagi, the Boston Consulting Group, the Bill & Melinda Gates Foundation, and 3 other global health organizations around the world to elucidate the journey that caregivers undergo while getting those in their care fully immunized. We will use our immunization data together with data from the partner organizations to understand this journey. The purpose of this collaboration is to meticulously interrogate our historic Community Health Worker immunization data in order to identify “drop-off points” where caregivers stop immunizing children and compare these drop-off points to similar Community Health Worker organizations around the world. In addition, by mining reliable data, this collaboration aims to establish a proof of concept for the approach of using existing data to inform new research. The analysis is currently ongoing, and a results dissemination session is scheduled for February 2020.

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 Kenya 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 community-led health model, such as the payment of Community Health Workers, incorporation of traditional birth attendants, and dedicated supervision.

As a part of the technical working group for the Division of Reproductive Maternal Health at the national level, Lwala is supporting the inclusion of the non-pneumatic anti-shock garment (NASG) into the national Emergency Obstetric Care Curriculum. This commitment would incorporate NASG into standard health worker training and require the Ministry of Health to include the NASG as an essential commodity distributed to facilities nationwide.

Lwala provided technical advice to the Division of Reproductive & Maternal Health to inform the Ministry of Health's Sexual & Reproductive Health Program to build strategies for youth-friendly sexual and reproductive health services. In response to the reorganization of the sexual and reproductive health team Lwala was invited to a group of partners providing technical assistance for the new strategy. Lwala shared the success of our youth peer providers and youth friendly corners which have created deep linkages between the community and facilities, and opened more access points for youth. We’ll continue to advocate for the inclusion of peer-led health services and youth-specific service points.

Regional Advisement

Through the Lake Basin Inter-County Human Resource for Health technical working group, Lwala is collaborating with a cluster of partner organizations and 6 counties in the Lake Victoria Region, representing 6 million people, to strengthen health workforce management systems to improve health outcomes. Drawing from our community-led health model, Lwala has supported the technical working group to identify evidence-based practices including payment of Community Health Workers, employment of Community Health Assistants as dedicated supervisors, and improved Community Health
Worker training. Moving forward, the task force from each county is creating individualized work plans that take into account the technical working group’s suggestions. Through this mechanism, Lwala is sharing research and best practices and seeking to promote government adoption.

County Collaboration

Building from the CHW AIM tool and our community-led health model, Lwala is providing research and technical assistance to the county as they draft the **County Community Health Services Bill** for Migori County. The law will codify the current administration’s commitment to paying Community Health Workers into law, ensuring that the practice endures even after the administration changes. This law will also create a framework for recruitment, pre- and in-service training, accreditation, payment, and better supervision of Community Health Workers. We are also making a case for a recruitment and accreditation system that does not exclude traditional midwives.

Lwala supported the Ministry of Health to retrain **Community Health Assistants** across the county, pulling lessons from our community-led health model. The Community Health Assistants are government employees who support Community Health Workers through supportive supervision. The new supervision model includes one-on-one coaching, data reviews, field observation, and quality spot-checks. Lwala created a supervision tool for the Ministry of Health and drafted the job description for Community Health Assistants, outlining supervision responsibilities.

We trained master trainers at Lwala and within the Ministry of Health on the Helping Babies Breathe (HBB) curriculum. These master trainers are cascading training to facilities across all 8 sub-counties in Migori, reaching 35 facilities so far. Helping Babies Breathe is a curriculum developed by the American Academy of Pediatrics that teaches health workers how to care for a newborn baby in the crucial first minutes after birth. The HBB curriculum is specifically designed for resource poor settings and has been shown to reduce neonatal mortality by 47%.

In partnership with Ministry of Health, Lwala has deployed the the non-pneumatic anti-shock garment (NASG) across Migori County, reaching 48 facilities to date. And this year, the Ministry of Health included the NASG in Migori County’s annual work plan, representing clear government adoption of the technology. The NASG is an evidence-based technology proven to reduce mortalities related to obstetric hemorrhage by 67%.

Additionally, we are working with Migori County Ministry of Health and other partners to bundle NASG with other lifesaving treatments for obstetric hemorrhage - Ellavi Uterine Balloon Tamponade, uterotonic drugs, uterine massage, blood transfusion - to create an easy-to-incorporate package for health workers to deliver.

In December 2019, **Migori County** experienced massive flooding, destroying homes, farms, and water infrastructure. Nearly 1,800 people were displaced and living in a temporary camp. These conditions put the population at risk of water-born illnesses, like typhoid and cholera. Lwala came together with the Migori County Government, Swap Kenya, World Vision, UNICEF, and Red Cross to respond. Lwala staff traveled by canoe over flooded road to reach these families and provided food aid, health services, water treatment packages and water filters. For more on this story, read about our intervention on page 17.
Sub-County Implementation

In close partnership with the Ministry of Health, we successfully expanded our community-led health model into South Kamagambo, our 3rd sub-location. South Kamagambo joins our innovation hub (North Kamagambo) and our first expansion site (East Kamagambo) to form our direct service delivery area of 90,000 people. By the end of 2020, Lwala’s community-led health model will reach all of Rongo sub-county, a population of 150,000 people. By expanding direct health services to our entire sub-county and driving forward positive health outcomes, we are making a case for the replication and government adoption of Lwala’s community-led health model across all of Migori County and beyond.

The focus of our expansion has been to map our model onto Ministry of Health systems. By engaging the Ministry of Health during every step of the process, we are building systems designed for government-led scale. We attribute our successful expansion to our entry activities that include 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.

Before entering into South Kamagambo, we completely re-aligned our technology systems, driven by our Community Health Worker data collection structure, to mirror the data needs of the Ministry of Health. With this revised structure, reporting to the Ministry of Health will be streamlined, allowing the Ministry of Health to easily capture the full breadth of impact that Lwala’s community-led health model has on frontline healthcare. By aligning our data collection model and methods to that of the Ministry of Health’s reporting structures, we are creating an avenue for data systems replication across the county as we continue expanding our community-led health model.

Lwala worked with the sub-county Ministry of Health to conduct functionality assessments for all 23 community units across Rongo sub-county. These functionality assessments were carried out in order to verify that supervisors and Community Health Workers have the tools and knowledge they need to confidently conduct their activities. We are now working closely with Ministry of Health colleagues to fill Community Health Worker knowledge gaps and address implementation challenges.

**QUALITY IMPROVEMENT** ²

Lwala worked with 9 partner health facilities providing comprehensive assessments, coaching, training, and occasional resources to help facilities reach their goals of providing high-quality, patient-centered care. All 9 of these facilities now have functional and active Health Facility Management Committees. These committees, comprised of health workers and community members, are charged with developing and implementing initiatives to structurally and systematically improve their health facility performance and the quality of service delivery.

**Health Facility Assessments**

The 7 partner facilities who have had at least two assessments, saw a 26% average increase in QI index scores as compared to respective baselines. The improvements in QI Index scores for the facilities as compared to their respective baselines are as follows: **Lwala:** +7%, **Kangeso:** +8%, **Minyenya:** +39%, **Ngere:** +28%, **Ngodhe:** +32%, **Ndege Oriendo:** +31%, and **Kochola:** +34%.

² Our model for Quality Improvement is on page 32.
We completed the baseline Health Facility Assessments (HFA) for 2 new government facilities in our second expansion site, South Kamagambo. We’ve also begun engaging Health Facility Management Committees and facility staff in these locations, providing start-up trainings and commodity supply support. Once the HFA analysis is complete in early 2020, Health Facility Management Committees will use the results to identify areas of improvement which will inform our individualized improvement strategies for each facility.

**Average adherence to clinical standards across 7 facilities rose to 83%.** Before the implementation of our quality improvement initiative, nurses at our partner facilities were meeting less than 80% of clinical standards, which is an important threshold for the minimum standard of care. Staff members from partner facilities improve their clinical skills through direct clinical mentorship as well as through participation in our health worker rotation program.

**Clinical Mentorship**

This year, Lwala’s Nurse Mentor and Quality Improvement Officer provided **251 direct mentorship sessions**, observing the work of 38 staff across our 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 standards against which they are measured were adapted from Kenya Ministry of Health and World Health Organization standards.

In addition to our direct mentorship sessions, we have a health worker rotation program to provide a more immersive, peer-based training experience. During each rotation, a health worker from a partner facility switches places with a health worker at Lwala Community Hospital for a 2-week period to learn about and implement best practices at the facility they are visiting. Then, they bring those lessons back to their own facilities and support continued improvement with their colleagues. In 2019, 8 health workers participated in this program.

**Increased Service Utilization**

As service quality improved, **Lwala’s partner facilities saw significant increases in service visits**, compared to similar facilities. The largest increases in patient visits were amongst maternity services, which flow from two key maternity-focused improvements this year. 8 facilities went from operating limited hours to offering 24-hour maternity services. Additionally, Lwala supported 8 health facilities to newly enroll in Linda Mama, a reimbursement program through the National Health Insurance Fund that covers care for all pregnant mothers.
Facility Spotlights

Increasing Maternity Access at Kangeso

Since the beginning of 2019, Kangeso Dispensary did not have 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 year. Now, the facility is able to provide high quality, 24-hour services. Instead of traveling to nearby facilities to deliver and to seek basic maternity care, mothers are now able to consistently deliver and seek quality services at Kangeso. Kangeso has seen a **103% increase in facility deliveries** since it has started offering 24-hour care, which means there is an increase in health seeking behavior among these mothers.
Improving Health Quality Through Workload Management at Ngere

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 further 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 maternity and postnatal wards. Since the addition of the maternity and postnatal ward space, Ngere has seen a 17% increase in adherence to clinical standards, from 76% in May 2019 to 93% in December 2019. With additional space and less overcrowding in the wards, combined with training and mentorship, health workers at Ngere were able to provide improved and personalized clinical services to each patient.

Improving Maternity Care at Kochola Dispensary

When Lwala first started working with Kochola Dispensary, it lacked the supplies required to perform standard prenatal testing. As a result, pregnant women were being referred to facilities far away from their homes, creating an extra barrier to care. Lwala presented findings from clinical mentorship visits, facility assessments and patient satisfaction surveys to the Kochola’s Health Facility Management Committee regarding this issue.

Through Lwala’s quality improvement process, Kochola’s Health Facility Management Committee examined this challenge and resolved to fix it. In the short-term, the facility requested and received an immediate stock of prenatal testing kits from Lwala. Then, with guidance from Lwala, the Health Facility Management Committee enrolled in a government reimbursement program, Linda Mama, creating a new source of discretionary income. Now, Kochola is receiving enough additional income to maintain a consistent stock of prenatal testing kits, with funds left over to address other needs.

This effort led to a 23% increase the number of women completing four or more prenatal care visits, 12% improvement in adherence to prenatal care protocols, and a 35% improvement in overall quality assessment score.

COMMUNITY HEALTH WORKERS

20,017 households are enrolled in our community-led health model and regularly visited by a Community Health Worker. Our Community Health Workers identify and track pregnancies, encourage facility deliveries, ensure on-time immunizations, test and treat common childhood illnesses, provide contraceptives, connect clients to health centers, and provide health information.

In partnership with the Vanderbilt Institute of Global Health, Lwala submitted a study for publication which reports that Lwala Community Health Workers are more than 5 times as likely to be knowledgeable of the danger signs in pregnancy and early infancy than status quo community health volunteers.

2019 Household Survey

Households in Lwala communities are twice as likely to have been visited by a community health worker than their peers in comparison sites.

---

3 Our model for Community Health Workers is on page 33.
At the end of 2019, Lwala began enrolling households in South Kamagambo, our second expansion site. We have already enrolled 5,520 households and we expect to reach full enrollment by the first quarter of 2020.

As part of this expansion, Lwala trained a cohort of 63 former community health volunteers and 22 traditional birth attendants to form our newest Community Health Worker cadre in South Kamagambo, our second replication site. In all, we currently support 289 Community Health Workers of which 58 are transformed 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.

Our Community Health Workers conducted 76,401 household visits reaching 76% of active priority households each month.
We supported the Ministry of Health to retrain **Community Health Assistants** across the county, pulling lessons from our community-led health model. The Community Health Assistants are government employees who support Community Health Workers through supportive supervision. The new supervision model includes one-on-one coaching, data reviews, field observation, and quality spot-checks. Lwala created a supervision tool for the Ministry of Health and drafted the job description for Community Health Assistants, outlining supervision responsibilities.

**MATERNAL HEALTH**

We have maintained a **98% skilled delivery rate** in our innovation hub (North Kamagambo). In our expansion site (East Kamagambo), we reached a **97% skilled delivery rate**, up from a rate of 94% at the beginning of the year. In 2019, **82%** of women attended 4+ antenatal care visits before delivery in North Kamagambo. In East Kamagambo, **58%** of women attended 4+ antenatal care visits before delivery, up from **39%** in early 2019. The improvements to our antenatal care rate performance speak to the positive feedback loop we have created between our Community Health Workers, the community, and our partner facilities. To ensure any birth complications are avoided, Community Health Workers actively encourage all mothers in our communities to seek antenatal care throughout their pregnancies.

In **2019**, **263 women and children** used our community transportation and referral system. This referral system leverages local transportation options such as motorbikes to enable community members to receive prompt medical attention. The community transportation and referral system is an innovation that emerged to fill the gaps in short-distance clinical transportation needs.

In **2019**, we held **24 maternal health-focused male forums** in our communities to sensitize and include men in conversations on maternal and sexual and reproductive health. Each male forum was attended by 50-60 men in our communities. Through these forums, men in the community are encouraged to support their wives during their antenatal care visits, advocate for skilled delivery, and enforce immunization completion for the children in their households.

We trained 30 Community Health Workers and Community Health Committee members on community Verbal Autopsy procedures. Verbal Autopsies allow us to better identify the causes of maternal and child deaths that occur in the community by considering social and demographic factors.

---

5 Our model for Maternal Health is on page 34.
Obstetric Hemorrhage

Obstetric Hemorrhage - uncontrolled bleeding - is the leading cause of maternal death in Kenya. Lwala partners with University of California San Francisco and the Ministry of Health to deploy the low-cost technology of the non-pneumatic anti-shock garment (NASG). When applied to a woman in shock, the device provides 72 additional hours to get the mother to advance care. Use of the NASG leads to a 67% reduction in mortalities related to obstetric hemorrhages.\(^6\)

This year, we partnered with Massachusetts General Hospital, Harvard Medical School, Kisumu Medical Education Trust, and the Ministry of Health to implement the WHO’s Obstetric Hemorrhage Bundle. The bundle approach uses misoprostol, the uterine balloon tamponade, the non-pneumatic anti-shock garment (NASG), and more (refer to graphic to the right) to save mothers experiencing obstetric hemorrhages. As we continue rolling out the NASG to facilities across Migori County, we are incorporating the NASG as a part of the larger Obstetric Hemorrhage Bundle approach. The bundle will prepare every facility in Migori County to safely treat obstetric hemorrhage, effectively reducing maternal deaths.

To date, we have trained **265 clinical workers** on the Obstetric Hemorrhage bundle. Of these clinical workers, we trained **38 as trainer-of-trainers (TOTs)** who are experts responsible for conducting ongoing trainings across the county.

Across the 48 facilities trained on the Obstetric Hemorrhage Bundle, the NASG was used in **252 cases of obstetric hemorrhage**.

We introduced a data collection application to all 48 facilities trained on the bundle approach. The application enables real-time reporting. In partnership with the University of California San Francisco, we are conducting a longitudinal analysis on NASG case usage and the associated outcomes for women.

---

CHILD HEALTH

61% decrease in clinical perinatal death rate at Lwala Community Hospital. This year our perinatal deaths decreased from 17.4 per 1,000 live births in 2018 to 6.7 per 1,000 in 2019. This is a major achievement for us and points to the combined efforts of improved neonatal care at Lwala Community Hospital and an increased antenatal care rate driven by our Community Health Workers in the community. By encouraging more mothers to attend at least four antenatal care visits, our Community Health Workers ensure that any potential complications and danger signs can be detected early and prepared for in advance of delivery.

In 2019, we saw 27,553 well-child visits across our partner facilities. Of the 27,553 visits, there 11,945 visits at Lwala Community Hospital and 15,608 well-child visits at our partner facilities. During these visits health workers screen for developmental milestones, track growth, and ensure on-time immunizations.

2019 Household Survey – Health-Seeking Behavior

The proportion of households in Lwala communities with a febrile child who sought medical care rose from 62% in January 2017 to 78% in May 2018. This compares to just 67% of households seeking care in comparison sites.

The proportion of households in Lwala communities with a child with acute respiratory illness who sought medical care increased from 52% in January 2017 to 65% in May 2018. This compares to just 53% seeking care in comparison sites.

We attribute this change in health seeking behaviors in Lwala communities to an increase in focus in active case finding by Community Health Workers. Meaning we held more emphasis on our CHWs going door to door to check on families and screen for sick children, rather than just following-up after illness.

2019 Household Survey

Child Survival

In January 2017, the first iteration of our repetitive cross-section household survey found an under-5 mortality rate of 29.5 deaths per 1,000 live births in Lwala communities in the last five years, compared to 105 deaths per 1,000 live births prior to Lwala’s intervention. These results were published in 2018 in the journal PLOS One. In 2018, we completed a second round of surveying to include 4 comparison sites. We found a similar under-5 mortality in Lwala communities (29.4 deaths per 1,000 live births) and can now compare that rate to four control sites, with an average of 36.5 deaths per 1,000 live births. This adds to the evidence that children in Lwala communities are more likely to survive childhood.

Our model for Child Health is on page 35.
98% of children are fully immunized in our innovation hub (North Kamagambo). In our expansion site (East Kamagambo), we reached an 81% immunization rate in 2019, up from 66% earlier in the year. Both of these immunization rates outperform the county average of 57%.

We treated 970 cases of malaria for children under 5 between our health facility and Community Health Workers this year compared to 1,302 cases in the same time period last year. We attribute this decrease in malaria cases to the community case management of malaria by Community Health Workers coupled with the county government’s Indoor Residual Spraying initiative. These proactive initiatives have reduced the burden of disease when it comes to malaria.

**Helping Babies Breathe**

Lwala trained 12 master trainers from 9 facilities on the Helping Babies Breathe. These master trainers trained additional health workers reaching a total of 55 health workers at 35 facilities, covering all 8 sub-counties in Migori County. Helping Babies Breathe is a curriculum developed by the American Academy of Pediatrics which targets birth asphyxia, one of the major causes of newborn deaths in our region. The curriculum focuses on neonatal resuscitation techniques specific to resource-limited settings. Helping Babies Breathe techniques have been shown to reduce neonatal mortality by up to 47% and fresh stillbirths by 24%.

---

Elimination of Mother to Child Transmission of HIV

99% of HIV-exposed children that were enrolled in our program during pregnancy tested HIV negative at 18 months. This compares to 92% in Migori County as a whole. We enrolled 100 HIV-exposed infants into Lwala’s 2019 HIV-exposed infant cohort. Out of the 86 infants who completed the program, 85 tested negative and 1 tested positive. This is our largest cohort yet and we had 0 deaths.

[Graph showing Elimination of Mother to Child Transmission of HIV Rate from 2011 to 2019, with percentages ranging from 87% to 99%]

Nutrition

Lwala enrolled 1,998 households in our gardening for nutrition program. Through this program, families receive counseling, nutrition training, gardening training, and seed inputs. 97 of these households were represented by young mothers who are also enrolled in Broadened Horizons. We also enrolled people living with HIV and families with children under 5 who were referred by Community Health Workers.

We screened 12,021 children for malnutrition this year, as part of our initiative to screen every child under five. We identified 157 malnutrition cases in the community that we referred to the facility for treatment. At our facility these patients access high-quality in-patient care, therapeutic food, and family counseling. Following treatment at the facility, households join the gardening for nutrition program to get on a long-term path to nutrition security.

We formed 21 mother care groups including 543 mothers. Mother care groups are mother-to-mother support groups in the community that are trained on the principles of childhood nutrition, which include modules on exclusive breastfeeding, immediate breastfeeding, and nutritional diets for lactating mothers. Out of the 21 mothercare groups, we have 2 teen mother care groups with 89 adolescent mothers. We formed the teen mothercare groups in response to suggestions by teen mothers in the community who explained they were hesitant to join the mother care groups because of stigma around teenage pregnancies.

---

9 UNAIDS. Fast-track to an HIV-free generation. (2016)
We provided **16,488 couple years of protection** this year through both long and short acting contraceptive options. Couple years of protection is a measure of the number of years that a couple is protected from pregnancy from a particular contraceptive method.

---

**2019 Household Survey**

**More women in Lwala communities are using contraceptives.** The percent of women of reproductive age using contraceptives in Lwala communities increased from 60% in January 2017 to 67% in May 2018. This compares to just 57% across our 4 comparison sites.

The percent of married women of reproductive age using contraceptives in Lwala communities increased from 61% in January 2017 to 63% in May 2018. This compares to a rate of 53% in comparison sites, 44% across Migori County, and 58% in Kenya overall.

We saw a **150% increase in women choosing permanent contraception**. Through our partnership with Marie Stopes, we offer permanent contraceptive methods such as vasectomies and tubal ligations at Lwala Community Hospital. In 2019, 33 women selected to have tubal ligations up from 13 the year before.

Community Health Workers distributed **24,171 condoms and 278 birth control pills** during household visits and outreaches in the community. Our 204 Community Health Workers in North and East Kamagambo referred 1,134 clients for long-acting contraceptive methods at health facilities.

Our sexual and reproductive health (SRH) advisory committees held **62 advocacy events** across North and East Kamagambo on topics including child rights and protection, sexual and gender-based violence, and contraception access. This year, the SRH advisory committees identified teenage pregnancy, HIV/AIDS, and sexual transmitted infections as focus areas for the County Multi-sectoral Adolescent and Youth Sexual and Reproductive Health Action Plan which we implement together. We have 60 committee members across our 2 committees in North and East Kamagambo. We recruited an additional 30 committee members to form our third SRH advisory committees in South Kamagambo.

The Migori County Ministry of Health selected our sexual and reproductive health coordinator as a **county-level trainer-of-trainers** to be a champion for new changes in government sexual and reproductive health protocols.

---

10 Our model for Sexual and Reproductive Health is on page 37.
reproductive health protocols, emerging practices, and awareness campaigns in Migori County.

We trained 25 Sayana Press trainer-of-trainers across all of Migori County who will serve as experts and mentors on proper usage of Sayana Press as the contraceptive method expands across all of Kenya. These TOTs already conducted Sayana Press trainings reaching clinicians from every facility in Migori County. Sayana Press is an injectable contraceptive method designed for self-administration that prevents pregnancy for up to 3 months. In the near future, we hope to see Community Health Workers equipped with the skills and commodities required to administer Sayana Press at the household level.

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.

Youth-Friendly Services

We saw a **20% increase in young women choosing a long-term contraceptive.** In 2019, 2395 women under 24 chose a long-term method, up from 1998 in 2018.

Lwala provided **18,745 adolescent reproductive health visits** from Youth-Friendly Corners (YFC) and outreaches. We provided **13,680 (YFC) visits** across our 5 YFCs at health facilities across North and East Kamagambo. Out of the 13,680 YFC visits, we had 6,728 male clients and 6,952 female clients. We saw a drop in YFC visits in the last quarter of the year, associated with the holiday period. YFCs provide a full range of reproductive health services in an environment that is safe, discrete, and entertaining.

We recruited and trained **26 new Youth Peer Providers (YPPs)** in South Kamagambo in November. We have a total of 78 YPPs. Youth Peer Providers are essential sexual and reproductive health advocates, reaching adolescents and youths that are traditionally missed by formal distribution networks. Youth Peer Providers also work as one half our demand creation team, driving teens towards clinics for education, counselling, and services.

In 2019, our 52 Youth Peer Providers from East and North Kamagambo distributed **66,190 condoms through the dial-a-condom program**, which allows teens to order condoms from their peers on demand.

Lwala immunized **95 girls against the Human Papilloma Virus (HPV)** across 3 schools in the community. In October, President Uhuru Kenyatta announced the commencement of a nationwide campaign for a mass vaccination of girls against HPV, a sexually transmitted infection which causes cervical cancer. This campaign is a response to the World Health Organization’s findings that the East African region has the highest rates of cervical cancer in the world.
All 41 villages in our North Kamagambo were certified Open Defecation Free by national quality assurance team from the Ministry of Health. This certification means that every household has access to a toilet. This is an important achievement because improved sanitation has been shown to reduce diarrhea morbidity by 38%\textsuperscript{12}. By ensuring all villages are Open Defecation Free, the risk of contracting water-borne illnesses significantly reduces.

Our communities formed 10 water, sanitation, and hygiene (WASH) committees comprised of 300 members across 10 different geographic areas within our innovation hub (North Kamagambo). The WASH committees work closely with our Community Health Workers to mobilize community members to implement innovative solutions to WASH challenges.

These WASH committees built 447 latrines and 325 handwashing stations during 45 Action Days. On Action Days, local WASH committees mobilize their neighbors to build latrines and handwashing stations. Action Days are important in bringing the community together to work on their shared objective of improving community hygiene standards. Vulnerable community members, such as widows and the elderly, receive assistance from their neighbors to build hygiene infrastructure on Action Days so that no one is left behind. We also supported WASH committees to protect 2 water springs and constructed 2 wells.

Lwala distributed 491 water filters & 17,388 water treatment packets in the community. Water filters make it easy for community members to drink safe water even if they don’t yet have access to a clean water source.

We hosted our 8th Annual HIV/WASH 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. This year, we tested 359 people for HIV and distributed 1,244 condoms.

\textsuperscript{11} Our model for HAWI is on page 38.

\textsuperscript{12} United Nations Millenium Project (2016)
Emergency Flood Response Support

In December 2019, Migori County experienced massive flooding, destroying homes, farms, and water infrastructure. Nearly 1,800 people were displaced and living in a temporary camp. These conditions put the population at risk of water-born illnesses, like typhoid and cholera. With quick support from the Risk Pool Fund, Lwala was able to respond to this crisis that risked dismantling the health gains we’ve been making in Migori. Lwala came together with the Migori County Government, Swap Kenya, World Vision, UNICEF, and Red Cross to respond.

In order to reach the displaced families with supplies, Lwala staff took canoes across the flooded roads. We distributed maize, beans, and enriched porridge flour to families since all of the gardens and farms were washed away. We also provided health services, water treatment packages and water filters.

Lwala Community Hospital

In 2019, we saw 60,890 patient visits at Lwala Community Hospital, a slight increase from 2018. 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. Well child visits, which are regular check-ups for health children, accounted for 11,945 of the total patient visits in 2019.

93% of individuals in the hospital’s catchment area have been treated at Lwala Community Hospital

---

13 Our model for Lwala Community Hospital is on page 40.
7% improvement on the Health Facility Assessment as compared to the baseline - Lwala Community Hospital’s assessment score remains the highest at 65% as compared to our partner facilities. This reinforces our strategy to use Lwala Community Hospital as a center of excellence to guide our partner facilities, and we will use the weaknesses identified to improve performance. When surveyed, 99% of the patient population said they would recommend Lwala to a friend.

We enrolled 220 clients into the National Health Insurance Fund (NHIF) and 1,066 clients into the LindaMama maternal health insurance program. The LindaMama program provides free antenatal and basic delivery services for expectant mothers at all facilities. In 2019, we received $8,031 from LindaMama reimbursements and $18,514 from NHIF reimbursements.

We installed a new oxygen piping system in Lwala Community Hospital this quarter. This allows for inpatient treatment for oxygen deficiency. Our inability to provide on-premise oxygen was a key driver of patient referrals to other facilities. This new system will allow us to improve patient care and in turn, reduce referral costs.

We purchased a new ambulance for the facility in order to be prepared to transfer clients to facilities in emergencies. This ambulance supports our patients to receive care at nearby referral hospitals, which provides advanced services for cases that require surgical care.

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

Improved Care for Mothers & Babies

We saw a 61% decrease in clinical perinatal death rate. This year our perinatal deaths decreased from 17.4 per 1,000 live births in 2018 to 6.7 per 1,000 in 2019.
We attribute the reduction in the perinatal death rate at the hospital to a concerted focus on quality improvement in infant care.

**100% on Lifenet International Assessment** - Lifenet International provided a series of training to Lwala Community Hospital’s clinical team on nursing practices that emphasize patient rights, newborn resuscitation, and neonatal care. After completing the final module, Lwala received a perfect score of 100% on Lifenet International’s most recent assessment which measures quality service delivery through 27 indicators that include commodity availability, documentation, health provider knowledge, and proper healthcare provision.

Lwala drove a 100% increase on the Baby-Friendly Hospital Initiative (BFHI) Assessment, as assessed by the Ministry of Health. Developed by the World Health Organization and UNICEF, the Baby-Friendly Hospital Initiative details a comprehensive 10-step guide for the successful implementation of practices that protect, promote, and support breastfeeding. In our most recent assessment, we scored 62% on the Baby-Friendly Hospital Initiative, which is the best in the county. Migori County’s deputy nutritionist recognized Lwala for having the best implementation of the Baby-Friendly Hospital Initiative as 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.

**Supporting Mothers to Plan for Delivery**

In 2019, Lwala held quarterly Open Maternity Days during which 410 expectant mothers and their family members 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 to educate mothers on respectful maternity care, patients’ rights, and the benefits of deliveries attended by skilled professionals. Open Maternity Day offers women a space to share their fears about their upcoming deliveries and provide suggestions on how Lwala can best support the deliveries. At Lwala Community Hospital, we support expectant mothers during their entire maternity journey, from conception and beyond.

55% of all delivering mothers toured our maternity wing prior to delivery.

**Non-Communicable Diseases**

In 2019, Lwala Community Hospital held 3 Non-Communicable Disease (NCD) outreaches to offer health education on NCD management and the risks associated with untreated NCDs. 853 community members attended the outreaches in the community, 384 new NCD cases were diagnosed, and 273 women were screened for cervical cancer.

We hold NCD clinic days every Thursday during which we have a medical officer on standby ready to attend to all our NCD patients. By designating a specific day in the week for our NCD clinic days, we ensure that all of our clients are scheduled with adequate time and resources to support their questions and concerns. We initiated these NCD clinic days after noticing that clients who came to the clinic for NCDs required additional time and attention to properly care for their needs. In 2019, 927 patients were seen during NCD clinic days at Lwala Community Hospital as compared to 2018 during which 657 patients were seen.

We supported the formation of 5 NCD support groups. These groups will meet regularly to discuss adherence to treatment, challenges, and coping mechanisms.
EDUCATION

Lwala supported 13 government primary schools and their communities to implement solutions designed to expand access to education, combat gender inequities, and improve learning outcomes.

In 2019, 54% of students who sat for the national exam, received a passing score of 250+, up from 49% in 2018. As exam performance improves, we are also seeing a narrowing of the gender gap in achievement.

At the end of every year, we re-assess the gender breakdown of enrollment rates in the schools we support. We have achieved a ratio of 50M to 50F for students enrolled in grades 6-8.

Quality Education Through Participation

Lwala supported school Boards of Management (BOMs), comprised of school officials and community members, to develop school improvement plans and launch their own solutions across 13 government primary schools.

Once the Boards of Management select projects to pursue, they develop a plan to raise funds for materials and construction costs. Lwala built capacity of the Boards of Management to identify and pursue local fundraising sources. In all, 10 schools completed infrastructure and Lwala provided co-funding for 9 of them.

The Tuk Jowi and Tonye primary school BOMs successfully applied for and received funds from UNICEF. Tuk Jowi primary school used the funds to renovate the entire school building,

---

14 Our model for Education is on page 41.
including building new latrines for the girls. Tonye used the funds to purchase a 10,000-liter water tank and goal posts for the school yard, and to build girls’ latrines.

The BOMs at Minyenya and Kuna identified the need to construct additional space for their students. This year, we supported Minyenya in renovating an entire existing building to make it more spacious and conducive to teaching and learning for the pupils. Additionally, we supported Kuna in the construction of an additional classroom for the primary school students.

We also supported Kadianga, Kameji and Uriri primary schools in building addition latrines for boys and girls. The BOMs at these schools decided these were the priority projects because additional latrines would mean that students would spend less time waiting to use the few existing latrines and more focused time in the classroom.

Tonye, Ofwanga, Kanyadgiro, and Andingo primary schools all decided to prioritize the construction of an Early Childhood Development block in their schools. To raise funds for these classrooms, each BOM organized community fundraisers or “harambees”15 in which community members came together, raised the needed funds, identified the natural resources to be used, and even volunteered labor and skills to the construction of these classrooms. Kanyadgiro and Tonye leveraged their alumni network to raise $670 USD for their infrastructure projects.

There was a 65% increase in parent attendance in school meetings across our 13 partner schools. In 2019, 1320 parents attended school meetings held by each school’s BOM. This is a significant increase from 2018, when only 456 parents attended meetings. An increase in parent attendance means that families are becoming more engaged and invested in their children’s education.

Teachers across our schools submitted innovations to solve their schools’ most pressing challenges. Out of the 22 ideas submitted to the innovation challenge, 5 teacher-designed innovations were chosen for implementation and replication across 7 schools.

One of the chosen ideas is dubbed “Changing How it Looks.” This idea was submitted by a teacher in Kanyadgiro primary school who realized that the environment at her school was not welcoming to pregnant girls. This idea is aimed at retaining pregnant girls in school by providing a tailored training to students on behaviors that reduce stigmatization and bullying of pregnant girls.

### Reducing Barriers to Learning

We distributed **780 uniforms and 1,012 pad kits** to girls for the 2019 school year. By providing these items to vulnerable girls, we are striving to break down as many barriers to female education as possible.

We mentored **388 at-risk girls through our in-school mentorship program**, which aims to prevent school dropouts and teenage pregnancy. This year we changed our in-school mentorship program to start in 6th grade and last for 3 years rather than starting in 8th grade and lasting 1 year as it had previously. This provides girls with continuous support over a longer period of time and we believe it will lead to further improvements in outcomes.

We have provided **576 students with access to eReaders** as part our literacy intervention. eReaders give students access to thousands of books, thus reducing the cost of school enrollment by eliminating the need for textbooks and encouraging extracurricular reading. An evaluation of Lwala’s e-reader tablet program was published in the British Journal of Educational Technology, finding greater improvements in oral reading fluency and reading comprehension among eReader users compared to students in classrooms without eReaders16.

We piloted our “Teaching at the Right Level” (TaRL) program in 5 schools for grades 4 and 5. TaRL is an evidence-based approach developed by J-PAL and Pratham to address the learning crisis in primary schools across Africa by equipping teachers with a teaching methodology that focuses on strengthening

---

15 Harambee in Kiswahili translates to “all pull together” and is the official motto of Kenya. Harambees are community led fundraisers where everyone comes together for a common cause.

students’ basic foundational reading and math skills. We conducted baseline literacy assessments for 520 students in these classes. Following the initial assessment, we trained 83 teachers on the TaRL curriculum. The endline literacy assessment results show that 56% of students advanced to a higher literacy level, 38% maintained their level, and only 6% dropped a level. As a new cohort of students enters into classes 4 and 5 at these schools, the teachers trained on TaRL will continue working closely with students until they reach class 8.

Since 2012, 76 students from our communities have received scholarships based on their exceptional scores on the national exam. **In 2019, 4 students were selected to receive scholarships** from the Kenya Education Fund and Education for All Children based on their scores.

**Broadened Horizons**

**148 out-of-school girls were re-enrolled into school** through our Broadened Horizons. Through this program, we support girls who have dropped out to re-enroll in school by providing mentorship, scholastic support, school materials, and a small cash transfer to subsidize costs. This year, the program prioritized recruiting and supporting girls’ re-entry into the school system. In 2019, 2 Broadened Horizons mentees matriculated into college.

Since primary school, Sarah always excelled at math, but when she was a junior in high school, she became pregnant and was forced to drop out of school to care for her baby. She began losing hope, until one day a classmate told her about Lwala’s Broadened Horizon’s mentorship program, which supports teenage mothers to learn life skills and re-enroll back in school. From her mentor, Sarah learned about negotiation skills, assertiveness, and how to prevent sexually transmitted infections and HIV. Her mom took care of the baby while she attended classes. Just over a year after dropping out, Sarah graduated from high school, and she received the highest score of any girl at her school on the math section of the national exam. This year, Sarah is matriculating to college to study computer science. Sarah’s community came together to raise the funds for Sarah to enroll into classes, helping make Sarah’s dream a reality.

**School Health**

We hosted **3 Better Breaks sessions** in 2019. Our better break sessions give kids a fun, engaging, safe, and educational activity to engage with during their school vacations. Across the three sessions, there was a cumulative attendance of 9,766 students, with 5,118 female students and 4,648 male students attending all three sessions. We tested 406 students for STIs, we tested 443 for HIV, we distributed 125 condoms, and we referred 51 girls to the clinic for long acting contraceptives. In 2019, there were 0 cases of HIV and 0 cases of sexually transmitted infections diagnosed during Better Breaks.

In 2019, **2,883 students from classes 4 to 8 participated in our school health clubs**, of which 1,170 were girls and 1,713 were boys. Our after-school health clubs provide a space to students in grades 6 to 8 to learn about sexual and reproductive health, life skills, and negotiation tactics.

The students at in our health clubs across the 13 schools agreed that boys should also be given school uniforms if they are unable to purchase the uniforms on their own. In order to raise funds for the purchase of new uniforms for 13 boys, the students in the school health program sold produce they grew in their school gardens.
**ECONOMIC EMPOWERMENT**

**2019 Household Survey**

54% of households in Lwala Communities were part of table banking group, compared to just 38% of their peers in comparison sites.

Village Enterprise as **impacted 21,900 lives** since the beginning of our partnership in 2017. Village Enterprise’s poverty graduation model combines business mentorship with a start-up grant to empower individuals to lift themselves out of poverty.

Village Enterprise trained **1,521 entrepreneurs in 2019 and 3,650 entrepreneurs** since the beginning of our partnership. In 2019, **96% of entrepreneurs were women.**

In 2019, Village Enterprise participants formed **508 new businesses** and **48 new savings groups.** Enrollees **increased average household savings 275% from $12 USD to $45 USD and increased average per capita consumption from $244 to $356.**

Lwala partnered with World Bicycle Relief and Village Enterprise to distribute **145 bicycles to business owners in our communities.** This will reduce transportation costs and increase savings for business owners. We recently received additional spare parts for bicycles that need repair, ensuring that business owners will be able to sustain their bicycles for a longer period of time.

The Lwala Savings and Credit Cooperative held **$151,403.96 USD in assets and $60,249.51 USD in savings** this fiscal year. This is a pro-poor cooperative launched by Lwala and now run independently by and for 187 community members.

---

**Lwala Savings and Credit Cooperative**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Assets</th>
<th>Total Saved</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>$12,133.80</td>
<td>$5,986.18</td>
</tr>
<tr>
<td>2014</td>
<td>$29,965.20</td>
<td>$35,183.36</td>
</tr>
<tr>
<td>2015</td>
<td>$32,487.21</td>
<td>$42,803.61</td>
</tr>
<tr>
<td>2016</td>
<td>$48,247.21</td>
<td>$50,000.00</td>
</tr>
<tr>
<td>2017</td>
<td>$50,000.00</td>
<td>$42,803.61</td>
</tr>
<tr>
<td>2018</td>
<td>$42,803.61</td>
<td>$50,000.00</td>
</tr>
<tr>
<td>2019</td>
<td>$151,403.96</td>
<td>$60,249.51</td>
</tr>
</tbody>
</table>

---

17 Our model for Economic Empowerment is on page 43.
Research Findings

As a part of our wider program evaluation, we completed the latest round of our quasi-experimental, repetitive, cross-sectional household survey in which 21 enumerators surveyed 4,766 households. The survey focuses on maternal and child health, but also collects a wide range of socio-economic data across 273 variables to help us understand more about the drivers of health outcomes. In 2019, we completed the analysis for this most recent round of data collection, with support from Vanderbilt Institute of Global Health. The preliminary data can be found throughout this Insider Report and shows improvement on a range of indicators as compared to our baseline survey.

We have one pending publication which investigates Community Health Worker knowledge of maternal and infant health. Results from this study show that Lwala-trained Community Health Workers are more than 5 times as likely to be knowledgeable of danger signs in pregnancy and neonatal periods.

Vanderbilt University graduate students defended two theses using data from this same cross-sectional household survey. We use the findings from these analyses to inform programmatic strategy.

One thesis centered on a multi-dimensional poverty analysis across Lwala communities and four other sites. It found that while relative deprivation levels (poverty) was comparable across sites, the incidence of child mortality in Lwala communities was significantly less than incidence of child mortality found in a comparison sites.

A second thesis focused on intimate partner violence. The findings suggest that over 60% of women in Lwala’s communities reported having been physically or sexually abused by an intimate partner. This data sparked discussions about how we could more strategically target our interventions to address these forms of violence.

New Research Launched

We received Internal Review Board (IRB) approved for a study investigating Community Health Worker supervision and knowledge of danger signs in pregnancy, childbirth, and the post-partum period. This study, conducted in collaboration with the Community Health Impact Coalition, will track the change in knowledge of Lwala’s Community Health Worker cadre over one year. This study will examine Community Health Worker knowledge, supervision, and empathy. It will track former Community Health Volunteers and former traditional birth attendants, both of which are part of Lwala CHW cadres. From our initial demographic review, we have found that the average health worker age is 44. Health workers have spent an average of 27 years living in the communities in which they work, with former Community Health Volunteers (CHVs) spending 23 years and Traditional Birth Attendants (TBAs) spending 35 years. On average, health workers have spent 9 years caring for pregnant women, with former CHVs spending 7 years and TBAs spending 15 years. Next year, we will report on findings from the remaining assessments and tools which include our Community Health Worker danger signs tool, Perceived Supervision Scale tool, Interpersonal Relatability Index (Empathy) tool, and our literacy assessment.

We have a study pending IRB approval which would look at the impact of the non-pneumatic anti-shock garment (NASG) intervention on obstetric hemorrhage management in Migori County. We’ll conduct the study in partnership with University of California San Francisco’s Safe Motherhood Program. The study will track health outcomes for women experiencing obstetric hemorrhage and evaluate the efficacy of the trainer-of-trainers model coupled with the NASG technology.

Mobile Data Systems

Lwala integrated Ministry of Health forms 513, 514, and 515 into our household level mobile data system. This robust integration harmonized and streamlined Lwala’s data with the Ministry of Health’s reports, increasing efficiency in reporting to the Ministry of Health. This way, our data collection model

---

MEASUREMENT AND RESEARCH

Research Findings

As a part of our wider program evaluation, we completed the latest round of our quasi-experimental, repetitive, cross-sectional household survey in which 21 enumerators surveyed 4,766 households. The survey focuses on maternal and child health, but also collects a wide range of socio-economic data across 273 variables to help us understand more about the drivers of health outcomes. In 2019, we completed the analysis for this most recent round of data collection, with support from Vanderbilt Institute of Global Health. The preliminary data can be found throughout this Insider Report and shows improvement on a range of indicators as compared to our baseline survey.

We have one pending publication which investigates Community Health Worker knowledge of maternal and infant health. Results from this study show that Lwala-trained Community Health Workers are more than 5 times as likely to be knowledgeable of danger signs in pregnancy and neonatal periods.

Vanderbilt University graduate students defended two theses using data from this same cross-sectional household survey. We use the findings from these analyses to inform programmatic strategy.

One thesis centered on a multi-dimensional poverty analysis across Lwala communities and four other sites. It found that while relative deprivation levels (poverty) was comparable across sites, the incidence of child mortality in Lwala communities was significantly less than incidence of child mortality found in a comparison sites.

A second thesis focused on intimate partner violence. The findings suggest that over 60% of women in Lwala’s communities reported having been physically or sexually abused by an intimate partner. This data sparked discussions about how we could more strategically target our interventions to address these forms of violence.

New Research Launched

We received Internal Review Board (IRB) approved for a study investigating Community Health Worker supervision and knowledge of danger signs in pregnancy, childbirth, and the post-partum period. This study, conducted in collaboration with the Community Health Impact Coalition, will track the change in knowledge of Lwala’s Community Health Worker cadre over one year. This study will examine Community Health Worker knowledge, supervision, and empathy. It will track former Community Health Volunteers and former traditional birth attendants, both of which are part of Lwala CHW cadres. From our initial demographic review, we have found that the average health worker age is 44. Health workers have spent an average of 27 years living in the communities in which they work, with former Community Health Volunteers (CHVs) spending 23 years and Traditional Birth Attendants (TBAs) spending 35 years. On average, health workers have spent 9 years caring for pregnant women, with former CHVs spending 7 years and TBAs spending 15 years. Next year, we will report on findings from the remaining assessments and tools which include our Community Health Worker danger signs tool, Perceived Supervision Scale tool, Interpersonal Relatability Index (Empathy) tool, and our literacy assessment.

We have a study pending IRB approval which would look at the impact of the non-pneumatic anti-shock garment (NASG) intervention on obstetric hemorrhage management in Migori County. We’ll conduct the study in partnership with University of California San Francisco’s Safe Motherhood Program. The study will track health outcomes for women experiencing obstetric hemorrhage and evaluate the efficacy of the trainer-of-trainers model coupled with the NASG technology.

Mobile Data Systems

Lwala integrated Ministry of Health forms 513, 514, and 515 into our household level mobile data system. This robust integration harmonized and streamlined Lwala’s data with the Ministry of Health’s reports, increasing efficiency in reporting to the Ministry of Health. This way, our data collection model
and methods can be easily replicated across the county as we continue expanding our community-led health model.

We adopted a new interactive data visualization tool, Power BI. Power BI is a powerful analytics tool that allows for easy and instant data manipulation and transformation. In addition, the Power BI mobile application allows users to easily and remotely track and monitor data in real-time.

**Community Health Impact Coalition**

We completed the **Community Health Worker Assessment and Improvement Matrix tool** to assess the functionality of Lwala’s community-led health model. This tool was created by the Community Health Impact Coalition and co-authored by Lwala. This assessment is comprised of a scoring matrix that defines 10 categories with essential criteria of a functional Community Health Worker program. 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.

CHIC is pioneering a prototype data harmonization project, pulling data on common metrics from across CHIC members. We are analyzing the data together to inform quality improvement, explore joint multi-country studies, and identify key proxy metrics for health outcomes.

**LEADERSHIP**

- In 2019, our inaugural Kenya Board Meeting took place. This board will strengthen oversight of the Kenya leadership, ensuring compliance with relevant regulatory institutions while advancing Lwala’s mission.
- Lwala’s co-founder, Milton Ochieng was awarded the **2019 Alumni Public Service Award** by the Vanderbilt University Alumni Association Board of Directors.
- 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.
- Our Managing Director, Julius Mbeya, was named a [Rainer Arnhold Fellow 2019](#). As a fellow, he is joining leaders from organizations all around the world to discuss scalable solutions to a diverse set of global challenges.
- 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.
- Doreen Baraza Awino, our Community Health Systems Director, was featured on a Maternal Health-focused episode of [Good Morning Kenya](#) where she discussed Lwala’s role in the roll-out and supervision of the non-pneumatic anti-shock garment as an intervention to combat maternal deaths caused by obstetric hemorrhage.
- 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](#).
- Our Community Health Systems Director, Doreen Baraza Awino, presented at the **2019 Women Leaders in Global Health Conference** in Kigali, Rwanda. Lwala won the “Best Poster Presentation” award.
- Our Executive Director 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. Earlier in the year, she was named an Aspen Ideas Health Scholar and attended the Aspen Ideas Health Festival.

- Lwala attended the Segal Family Foundation Annual Meeting, at which, our Executive Director spoke on a panel and a live podcast entitled What Donors Want.
- Our Managing Director spoke at The Gathering, an event that brought together change-makers around the world to exchange best practices and lessons learned across all industries and fields.
- We attended the CORE Group's 2019 Regional Global Health Practitioner Conference in Nairobi, Kenya. This conference brought together community health professionals around the region to share knowledge, evidence, and best practices in public health interventions. Our Managing Director spoke on a panel with fellow Community Health Impact Coalition members, Muso and Living Goods, on the methods to optimize Community Health Programs using our co-authored Community Health Worker Assessment and Improved Matrix (CHW AIM).

LOOKING AHEAD IN 2020...

- We will expand our community-led health model to Central Kamagambo, bringing our direct reach to 150,000 people. Central Kamagambo is the fourth and final sub-location in Rongo sub-county. As we’ve expanded, we’ve focused on mapping our model to Ministry of Health systems, so that it is primed for government adoption. And, Ministry of Health has been a key partner in all of our activities, co-implementing with our team. This expansion throughout Rongo sub-county is aligned with a stepped-wedge program evaluation designed to help Lwala and our Ministry of Health colleagues better understand the impact of our model.

- We will work at the county-level to achieve government adoption of our community-led health model throughout a population of one million. We will advocate for an aggressive community-driven agenda including the payment, supervision, and equipping of Community Health Workers. We will work to codify these commitments to Community Health Worker professionalization by supporting the county with research and technical assistance as they pass the Community Health Services Bill. We will make a case for a recruitment and accreditation system that does not exclude traditional midwives.

- We will bring the obstetric hemorrhage bundle approach to an additional 53 facilities across Migori County, enabling healthcare providers to implement life-saving interventions to manage obstetric hemorrhages. The bundle approach includes the use of the non-pneumatic anti-shock garment, which is a low-budget technology that provides a hemorrhaging woman up to 72 hours to be transferred to a tertiary facility where she can receive advanced care. This is particularly important for clinics around Migori County that are in rural locations and that will require additional time to reach referral facilities. We are striving to ensure every hemorrhaging woman is saved through these interventions.

- In our innovation hub, we are piloting an integrated Early Childhood Development (ECD) initiative that will be incorporated into our community-led health model. Lwala will expand our model to incorporate a holistic child-centered approach to early learning through play and cognitive stimulation. By integrating ECD into our community-led model, we will be holistically tackling life outcomes for children in our communities through social, environmental, and developmental angles.

- With all 41 villages in our innovation hub having been declared Open Defecation Free by the Ministry of Health, our WASH committees are shifting their focus towards sustaining and improving existing WASH structures. We are expanding our WASH program to the other sub-locations within our sub-county to ensure all individuals have access to clean water and proper sanitation infrastructures, ultimately leading to total sanitation coverage across the sub-county.
**Our Model**

**HEALTH SYSTEMS STRENGTHENING**

Lwala’s model has generated ample evidence of success including a child mortality rate of 29.4 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\(^9\)\(^{20}\)\(^{21}\). 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 will 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.

---

\(^{19}\) Household Survey Data (2019).


\(^{21}\) 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 organize community committees to launch their own initiatives in areas including: water, sanitation, & hygiene, HIV/AIDS, reproductive health, and nutrition. We also train community members to participate on health facility management committees and equip them to drive improvements in the health system.

- **Community Health Workers** – Lwala has a cohort of 289 Community Health Workers, including 58 former traditional midwives. In collaboration with Ministry of Health, we recruit, train, pay, supervise, and digitally empower transformed traditional midwives and government community health workers to extend high-quality care to every home. Our Community Health Workers identify and track pregnancies, encourage facility deliveries, ensure on-time immunizations, test and treat common childhood illnesses, provide contraceptives, connect clients to health centers, and provide health information.

- **Health Centers** – We provide onsite quality improvement support and training to 9 government health facilities. This support is built around the World Health Organization’s six building blocks of health systems: service delivery, health workforce, information systems, supply chain, finance, and governance. We also provide onsite clinical trainings, targeting lifesaving care for mothers and infants during delivery. Our approach emanates from our center of excellence – Lwala Community Hospital.

- **Data** – Real-time data, collected by our mobile application, enables our team and government policymakers to make patient-centered, evidence-based decisions. Additionally, in partnership with the Vanderbilt Institute of Global Health, we are in the midst of a rigorous program evaluation which will track outcomes overtime, alongside comparison sites.
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 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 150,000 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 healthcare access, Community Health Worker initiatives must be tied to quality facility-based care. Government health centers provide the majority of the health services in Kenya despite experiencing frequent shortages in staff, training, medicines, electricity, running water, and other essential resources. These systemic challenges reduce quality of care provided to patients, feed distrust in the health system and ultimately influence the overall health of families and communities. Lwala unites community members and health workers to lead health facility management committees. Together, they implement a cycle of continuous improvement. Along the way, Lwala provides comprehensive assessments, coaching, training, and occasional resources to help facilities reach their goals of providing high-quality, patient-centered care. Our objective is to improve the systems and structures within the public health system to create a seamless continuum of healthcare.

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 they 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. The evaluation is conducted on mobile tablets which enables rapid analysis and programmatic responses. Some of the components of our Quality Improvement Initiative 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 of 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.

**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 to provide 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 malnutrition screenings and contraceptive provision. 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. Luwala Community Health Workers identify pregnant women as they proactively visit homes in their village. Then, they link mothers to the formal health system by identifying symptoms of high-risk pregnancies, ensuring adequate maternal nutrition and encouraging safe delivery at a facility. They also follow-up on postpartum care, provide breastfeeding support, and counsel new mothers on a range of contraceptive options.*

**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 Health Worker 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** – Almost 99% of mortalities from obstetric hemorrhage occur in developing nations. We have partnered with Massachusetts General Hospital, Harvard Medical School, Kisumu Medical Education Trust, and the Ministry of Health to implement the WHO’s Obstetric Hemorrhage Bundle. The bundle approach uses misoprostol, the uterine balloon tamponade, the non-pneumatic anti-shock garment (NASG), and more to save mothers experiencing obstetric hemorrhages. As we continue rolling out the NASG to facilities across Migori County, we are incorporating the NASG as a part of the larger Obstetric Hemorrhage Bundle approach. The bundle will prepare every facility in Migori County to safely treat obstetric hemorrhage, effectively reducing maternal deaths.

The NASG has been shown to reduce mortality by 67% 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 9 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 healthcare 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.
Adequate nutrition during the first 1,000 days between conception and a child’s 2nd birthday is one of the best investments in a child’s health, education, and wellness. Lwala provides preventative support to all pregnant and breastfeeding women, young children, and people living with HIV and other chronic illnesses. We screen individuals for vulnerability and provide a holistic package of support to get families on a long-term path to nutrition security.

**Prevention** – Community Health Workers provide nutrition counseling to all households and screen pregnant women, children, and people living with HIV for nutrition vulnerability. For expectant and new mothers, Community Health Workers emphasize the importance of exclusive breastfeeding for the first 6 months of a child’s life and provide lactation support. Individuals are also provided routine vitamin supplementation and deworming treatment.

**Food Security** – If a household qualifies as high-risk of malnutrition our Community Health Workers enroll the family into our gardening for nutrition program. Through this, program households receive counseling, fortified flour, nutrition training, gardening training, and seed inputs. This program supports families to identify, grow and prepare nutrient-dense foods. Gardening facilitators visit individual homes to provide gardening coaching and collaborate with Community Health Workers to ensure the household gets on a path of food security.

**Clinical Care** - If a child is diagnosed with severe acute malnutrition, they are referred to the hospital for clinical care. These patients receive high-quality inpatient care, therapeutic food, and counseling for the family. Once the child is discharged, the family is enrolled into the gardening for nutrition program and a long-term care plan is developed with the Community Health Worker.

**Mother Care Groups** – In mother-to-mother support groups, we provide expectant and new mothers with an integrated health package including family planning and maternal nutrition. We emphasize the importance of establishing a proper nutritional foundation for babies during the critical “golden window” of the first 1,000 days of life. To encourage teen mothers to join our mother care groups, we create groups specifically designed for teen mothers where they do not have to fear facing stigma from older mothers.
SEXUAL AND REPRODUCTIVE HEALTH

Lwala understands that while women and girls may have a desire to access reproductive health services, relatives and community leaders are often the gatekeepers to these services. Thus, we increase confidential access to services, while challenging social norms and increasing buy-in for reproductive rights. We start by training and empowering community committees, male forums, Community Health Workers, and youth advocates. Each of these groups plans and launches their own reproductive health initiatives to educate their neighbors, distribute and promote contraceptives, and confront cases of abuse.

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. Our Youth Peer Providers distribute over 5,000 male condoms per month. At 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 healthcare 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 7 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** – Lwala’s comprehensive HIV programming empowers people with HIV to lead healthy, productive lives, while eliminating new infections. All HIV positive individuals and their allies are encouraged to join a program called HAWI (“Good Luck” in Dholuo). HAWI groups are trained in critical health topics and community organizing. Participants provide psychosocial support to each other and launch health initiatives in their communities. Each participant in HAWI is also regularly visited by a Community Health Worker. 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, handwashing 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 hosts 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 clinical staff provide training and mentorship to government health workers to increase the capacity of all health workers in the area.

Quality Assurance

- **Clinical Standards Strengthening** – Lwala partners with Lifenet, PharmAcess, the Ministry of Health, USAID, and our own Quality Improvement Initiative to have routine assessments completed at the facility. These assessments critically examine the quality of care at our hospital and often are accompanied by additional technical trainings for our clinical staff. 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.

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 and 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.

Non-Communicable Disease Care

In order to combat the rise of non-communicable diseases (NCD) in our communities, Lwala Community Hospital is implementing a three pronged approach: community outreaches, clinical outreaches, and NCD clinic days. During the outreaches in the community and at the hospital, we offer health education on NCD management and the risks associated with untreated NCDs. In addition, we hold NCD clinic days every Thursday during which we have a medical officer on standby ready to attend to all our NCD
patients. By designating a specific day in the week for our NCD clinic days, we ensure that all of our clients are scheduled with adequate time and resources to support their questions and concerns. We initiated these NCD clinic days after noticing that clients who came to the clinic for NCDs required additional time and attention to properly care for their needs.

**Open Maternity Days**

Held quarterly, Open Maternity Days invite expectant mothers and their families to engage with Lwala’s nurses and staff to understand what to expect on the day of delivery. 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. During Open Maternity Day, we also take the opportunity to educate mothers on Respectful Maternity Care, patients’ rights, and the benefits of deliveries attended by skilled professionals. At Lwala Community Hospital, we support expectant mothers during their entire maternity journey, from conception and beyond.

**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. To incentivize parents to keep girls in school, we provide small 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 reusable 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 region. 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.

**Teaching at the Right Level (TaRL) program** – TaRL is an evidence-based approach developed by J-PAL and Pratham to address the learning crisis in primary schools across Africa by equipping teachers with a teaching methodology that focuses on strengthening the basic foundational skills in reading and math in primary schools. Teachers at 5 of our schools are trained on the TaRL teaching curriculum, which focuses on supporting children who are left behind and ensuring that they can best address the individual needs for each child. By doing this, the focus of learning shifts from schooling for all to learning for all.

### 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 the entrepreneurs 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**

Over five years, we are measuring Lwala’s multi-sectoral impact through a quasi-experimental stepped-wedge design, collecting repetitive cross-sectional survey data. Overtime, we’ll be able to look at relative changes in Lwala sites compared to control sites to better understand the impact of our interventions. 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. We have completed 2 rounds of data collection and the most recent data from 2019 is analyzed and summarized throughout this report.

**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 29.4 deaths per 1,000 live births\(^\text{23}\). This reduction outperformed rates for our region (82 per 1,000) and for Kenya as a whole (52 per 1,000)\(^\text{24}\). 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\(^\text{25}\). 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\(^\text{26}\).

**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.

---

\(^{23}\) This is preliminary data from the second iteration of our population-based, repetitive, cross-sectional household survey conducted in 2018.

\(^{24}\) Kenya Demographic Health Survey (2014)


Originally from a Lwala community, Kennedy Obonyo first joined the organization in 2014 as an intern for the economic program during his last year at Kisii University. As an intern, Kennedy spent time with our nutrition groups and HIV support groups, providing education on savings and credit cooperatives to the members of these community groups.

Later that year, upon completion of his internship and after his receiving his Bachelor of Commerce, Kennedy joined the Lwala team as finance assistant. As finance assistant, Kennedy’s tasks included reconciliation, managing petty cash, and bookkeeping. After only one year at Lwala, Kennedy’s passion and hard work resulted in his promotion to finance officer.

As Kennedy climbed the ranks from intern to finance officer, he acquired more responsibilities. Today, Kennedy is tasked with financial reporting to our donors in addition to the tasks he previously held. Kennedy notes that since 2014, the finance department has shown tremendous growth, particularly in the strengthening of Lwala’s financial systems and processes with a greater emphasis on compliance. Kennedy is proud to be part of an organization that is constantly looking to grow. He notes that with the introduction of M-Pesa, a mobile money transfer service, to Lwala’s finance operations, security measures within the department has improved.

As the financial liaison between Lwala’s programs and our donor reports, Kennedy’s deep understanding of Lwala’s programming is crucial to his role. He attributes this to having been an intern and experiencing the programs first-hand, but he also believes that maintaining strong communication between Lwala’s different teams is critical.

For Kennedy, Lwala enhances and improves lives by building the capacity of rural communities. Kennedy’s own capacity continues to be strengthened at Lwala as he takes on additional responsibilities and interacts with and learns from team members who come from diverse backgrounds. As an effort to continue growing, Kennedy is pursuing a Certified Public Accountant Course, which will add on to the Kennedy’s list of achievements.
Beneficiary Story

ELIZABETH ANYANGO

At 14 years old, Elizabeth Anyango* dropped out of school after becoming pregnant. At the time, she did not know that she would be out of school for 2 years until finally re-entering with the support of Lwala’s Broadened Horizons program.

After giving birth, tensions grew between Elizabeth and her parents. Elizabeth decided to move in with her grandmother to avoid arguments at home. After a few weeks, Elizabeth assumed the role of preparing meals and housekeeping while her step-brothers were all attending school. Elizabeth was frustrated and sad that her peers continued in school while she stayed at home all day. After some time, Elizabeth and her parents reconciled. At this point, Elizabeth had already missed more than one year of class. Even though Elizabeth’s parents were now encouraging and supporting her, there were insufficient funds to support her school fees. Elizabeth could still not return to school.

One day, Elizabeth ran into her friend, Marie, on her way to the market. They began chatting, and Marie told Elizabeth about Lwala’s Broadened Horizons program. The program seemed perfect for Elizabeth’s circumstances. Coincidentally, one of the Community Health Workers in Elizabeth’s village called her father to tell him about a program at Lwala that supports out of school girls. As luck would have it, Lwala was hosting an informational session for all girls interested in the program the following week. Following the informational session, Elizabeth knew this was her opportunity to re-enter and remain in school, so she joined the program.

Since the beginning of the year, Elizabeth has received school uniforms, revision books, and a small cash transfer to her family to help offset education costs. Elizabeth has also received mentoring on a wide range of topics including self-esteem, peer pressure, friendship, and communication skills. The boost in her confidence and self-esteem has helped Elizabeth improve her grades. Before receiving guidance through mentorship, Elizabeth had difficulty in communicating both on a personal level and in the classroom. Now, she raises her hand several times during class and participates fully in class discussions without fear or discomfort.

In 2021, Elizabeth will be taking the GSCE (General Certificate of Secondary Education) which will enable her to continue her studies after high school. While Elizabeth hopes to be a nurse one day, she also wants to find a way to mentor girls who might be experiencing the same things she went through. She wants to give them the guidance she received and wants to know that all girls are capable of achieving their dreams.

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