Executive Summary
Key Impact Indicators Q1 2020

Households Enrolled

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>End of 2019</th>
<th>End of 2018</th>
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<tbody>
<tr>
<td>North, East, and South Kamagambo</td>
<td>21,119</td>
<td>20,017</td>
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Skilled Delivery Rate

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<th>Q1 Results</th>
<th>Annual Target</th>
<th>Q1 Results</th>
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<tbody>
<tr>
<td></td>
<td>100%</td>
<td>98%</td>
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Immunization Rate

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<th>North Kamagambo</th>
<th>Annual Target</th>
<th>Q1 Results</th>
<th>Annual Target</th>
<th>Q1 Results</th>
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<tr>
<td></td>
<td>97%</td>
<td>95%</td>
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</table>

Couple Years of Protection

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<th>North, East, and South Kamagambo</th>
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<tr>
<td></td>
<td>5,377</td>
<td>18,000</td>
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Antenatal Care Rate

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<th>North Kamagambo</th>
<th>Annual Target</th>
<th>Q1 Results</th>
<th>Annual Target</th>
<th>Q1 Results</th>
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<tr>
<td></td>
<td>83%</td>
<td>85%</td>
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Expanding Our Model

- **Launched a new Early Childhood Development (ECD) program.** As part of our community-led health model, we are leveraging community committees and Community Health Workers to integrate child-centric interventions in health, nutrition, sanitation, and responsive and skillful parenting.

- **Supporting the Kenyan government** as it drafts a new Community Health Strategy for 2020-2025, and pursues Universal Health Coverage.

- **Published in the African Journal of Reproductive Health.** The study, co-authored with Vanderbilt Institute for Global Health, 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.

COVID-19 Response

**2500** total Community Health Workers (CHWs) will be trained across Migori County, including **350** deployed specifically for COVID-19. **80** government Community Health Assistants have been trained to supervise those COVID-19 CHWs.

- Co-authored **position paper with Community Health Impact Coalition (CHIC)** outlining priorities for global investment

- Presented memo to **Kenyan Senate** on role of CHWs in national COVID-19 response

- Developed CHW protocol including additional supervision, training, and monitoring and evaluation tools

- Technical assistance for Migori County, including PPE procurement and optimizing health communications
Dear Insiders,

We hope that you are safe, and taking care of yourself and your loved ones.

Since our first clinic opened in 2007, our community-led health model has increased the capacity of communities to advance their own comprehensive well-being. Lwala’s communities have experienced an epidemic before, and transcended a health crisis through community-wide action. Now, our teams of frontline health workers, and especially Community Health Workers, are poised to play a pivotal role in fighting the COVID-19 pandemic.

As we rapidly plan and mobilize, we are thinking of community members like baby David, who was hospitalized for severe acute malnutrition twice before his 1st birthday. We are also thinking about David’s 11-year-old sister—his primary caretaker—juggling her studies, household chores, and adherence to her brother’s strict medication and nutrition plan.

In addition to COVID-19 protection, they need continuity of existing care.

Our comprehensive response to COVID-19 includes protocols for safely providing essential health services like nutrition support, medication delivery, contraception, and maternal and child care. Plus, as we enter the rainy season, we must continue household-level testing and treatment for malaria.

To ensure continuity of care, we are prioritizing the safety of all frontline health workers, especially Community Health Workers; they are the crucial link between health systems and hard-to-reach communities.

Across Migori County, Lwala is supporting the Ministry of Health to procure personal protective equipment (PPE) for health care providers, and train 2500 Community Health Workers. We continue to advocate locally, nationally and globally for Community Health Workers to be recognized, equipped and paid for their work.

You have been a champion and generous supporter for Lwala Community Alliance through challenging times, and have cheered us on during hopeful times. Thank you for standing with us!

Be safe,

Ash Rogers              Julius Mbeya
Executive Director  Managing Director
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Sexual and Reproductive Health
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Lwala Community Hospital
Education
Economic Empowerment
Measurement & Research
Leadership

OUR MODEL

Health Systems Strengthening
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Sexual and Reproductive Health
HIV and WASH Integrated Care (HAWI)
Lwala Community Hospital
Education
Economic Empowerment
Measurement

STAFF SPOTLIGHT

BENEFICIARY STORY
COVID – 19 Response

With 10,000 cases in Africa projected by the end of May, and cases nearly doubling overnight in Kenya, COVID-19 is posing a threat to Kenya’s health system, delivery of essential health services, and the well being of our communities.

Lwala is advocating for essential actions at global, national, county and community levels to save lives now. We are proactively shaping our response based on current best practices from the World Health Organization, Kenya Ministry of Health (MOH), and a consortium of peers through the Community Health Impact Coalition (CHIC).

Global Advocacy

We are advocating for Community Health Workers to be officially recognized and supported. In partnership with CHIC we have:

• Co-authored this position paper, which calls for key investments and best practices at the global level. This paper was recently accepted for publication in BMJ Global Health, expanding our reach in the global health community.
• Contributed to this resource wiki which has been accessed thousands of times by the wider global health community

National Response

• As part of a national COVID-19 response taskforce, Lwala is supporting the MOH to draft guidelines for the continuation of essential primary healthcare services by Community Health Workers and the development of Community Health Worker training curriculum on COVID-19.
• Backed by a coalition of community health organizations, Lwala’s Managing Director presented to the Kenyan Senate to call for: designation of CHWs as essential workers, counting CHWs in national personal protective equipment (PPE) projections, paying CHWs stipends for their work, psychosocial support and training for CHWs, and adopting technology and mHealth solutions that increase speed, accuracy, and reach of care delivery, while minimizing risk to CHWs. This presentation included a memo which drafts a pandemic response law for Kenya, and a position paper that clearly articulates the role of CHWs in response to COVID-19 pandemic.

County Response

• Lwala is on the COVID-19 Emergency Response Committee to coordinate plans for COVID-19 response across Migori County. As part of this committee, we are coordinating between the Ministry of Health and other partners operating in the county to launch plans at the health system, facility and community level.
• We are supporting the quantification of PPE needs across the county, and have provided an initial allocation of supplies to support the most at-risk health workers
• Lwala has seconded staff to support communication from the health minister’s office to the public, and aggregate feedback from the public.
• As part of the county’s resource mobilization committee, we are supporting government to identify, allocate and ensure accountability for resources coming into Migori for COVID-19 response.
Community Health Worker Protocol

Lwala has developed a Community Health Worker protocol to strengthen community-based care specific to COVID-19. The protocol includes additional supervision, training, and monitoring and evaluation tools. We are sharing this protocol widely and using it to support national and county-level planning and sharing it as a resource to other frontline health organizations.

Immediate Response in Migori County

Our response is focused on the following goals: protecting health workers, interrupting the spread of the virus, maintaining essential health services, and shielding the most vulnerable from socioeconomic shocks.

We are protecting health workers by:

- procuring personal protective equipment (PPE) for Lwala Community Hospital, our 8 partner facilities, Rongo Sub-county Referral Hospital and 600 Community Health Workers
- contributing PPE for additional frontline health workers across Migori County
- developing measures to reduce crowding, designate isolation areas, increase infection control at Lwala Community Hospital and our 8 government partner facilities.
- hiring and deploying mental health counselors to provide on-demand services to our frontline health workers, including facility staff and Community Health Workers.

We are interrupting the spread of the virus by:

- training 350 COVID-19 Response Community Health Workers who will be tasked with contact tracing, case management, supporting screening at facilities, and conducting community-based rapid testing once this becomes available.
- training 80 Community Health Supervisors across Migori County who will support the work of CHWs, ensure quality and correctness of procedures and data collected
- working closely with the Ministry of Health to develop a county protocol and toolkit for Community Health Workers as they support the frontline response to COVID-19.
- procuring bulk quantities of medicines, oxygen, respirators, and other commodities to boost our health system’s surge capacity, including procurements for our hospital and partner facilities, and to close gaps across Migori County.
- supporting the operationalization of testing, treatment, isolation, referral and contact tracing protocol across Migori County
- engaging with the Ministry of Health to quantify training needs and invest to rapidly train existing community health teams to prevent, detect, and respond.
- communicating health messaging directly to the public through our radio program, bulk SMS, WhatsApp, and social media. The radio program (broadcast in the local language) can be heard across 4 counties. The new SMS education campaign communicates COVID-19 related messages, with the first 5 messages representing nearly 60,000 SMS, and reaching a group of 11,700 unique recipients. These texts include education messages from SRH, nutrition, SGBV, parental engagement, etc.
- providing prompt and effective referrals, with special focus on Lwala Community Hospital and our government partner facilities
- building on Lwala’s existing WASH programming. We are increasing access to improved latrines, chlorine for water treatment, liquid soap supplied by women’s cooperatives, and hand hygiene training and information.
We are maintaining essential health services by:

- Training 2,500 Community Health Workers across Migori County on a modified protocol, to provide essential primary health services at the household level
- Providing open-air well-patient outreaches that follow social distancing guidelines and provide essential services including: prenatal care visits, contraceptive access, and childhood immunizations
- Procuring extra supplies of essential medicines and contraceptive commodities in anticipation of disrupted supply chains. Procurement will include support for Lwala Community Hospital, partner facilities, and gaps across Migori County.

We are shielding the most vulnerable from economic shocks by:

- Delivering supplies for vulnerable households, including emergency food, sanitation supplies and other resources
- Developing a cash transfer program for the most vulnerable. We are currently exploring partnerships to deliver this program in collaboration with an economic development organization.
Growth Strategy

In 2020, Lwala will expand our direct service, reaching a population of 150,000 people. We currently provide direct services to a population of 90,000 people in 3 sub-locations -- North, East, and South Kamagambo. We expanded to our third sub-location, South Kamagambo, in late 2019. We will begin community entry activities in the remaining sub-location, Central Kamagambo, in the upcoming year.

Expanding our direct services includes activating and engaging community committees, training and paying Community Health Workers (CHWs), bolstering quality and capacity at health centers through Quality Improvement initiatives, and monitoring and evaluating our impact using robust and sophisticated data systems. 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.

Global Engagement

Lwala is an active member of the Community Health Impact Coalition (CHIC), a coalition of 14 leading expert organizations implementing Community Health Worker models around the world.

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1 Our model for Health Systems Strengthening is on page 30.
2 Our model for Quality Improvement is on page 34
3 Our model for Community Health Workers is on page 35
4 Our model for Maternal Health is on page
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.

- Co-authored a [position paper](#) with Community Health Impact Coalition (CHIC) outlining priorities for global investment. The paper was just accepted for publication in BMJ Global Health.

- This quarter, CHIC launched a [video campaign](#) urging community health focused conference organizers to include Community Health Workers as panelists, speakers, and attendees at future events. The purpose of this campaign is to include the voices of Community Health Workers in local, national, and international policy conversations around community health.

Lwala is leading a study with CHIC focused on Community Health Worker perceptions of dedicated supervision. This critical design question was left out of the 2018 WHO guideline. Using the [Community Health Worker Assessment and Improved Matrix (CHW AIM)](#), Lwala is providing technical assistance to peer institutions in Uganda, Burundi and the Democratic Republic of the Congo to develop Community Health Worker programs in their respective contexts. This is part of our strategy to expand our community-led health models to new populations through peer replication.

Lwala is interrogating our immunization data in collaboration with Dimagi, the Boston Consulting Group, the Bill & Melinda Gates Foundation, and 3 other global health organizations. Through this project, we will identify “drop-off points” where caregivers stop immunizing children, and compare them to points at similar Community Health Worker organizations around the world. The goal is to clarify and improve the immunization process, globally.

**National Influence**

At the national level, Lwala is supporting the Kenyan government as it drafts a new [Community Health Strategy 2020-2025](#), and pursues Universal Health Coverage. Lwala continues to inform 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 advocating for the inclusion of several components of Lwala’s community-led health model, such as paying Community Health Workers (CHWs) for their services, incorporating traditional birth attendants, and providing ongoing, dedicated CHW supervision.

**County Collaboration**

Lwala is providing research and technical assistance to the county as they finalize the draft of the [County Community Health Services Bill for Migori County](#). This will codify a framework for recruitment, pre- and in-service training, accreditation, payment, and supervision of
Community Health Workers. We are also making a case for a recruitment and accreditation system that does not exclude traditional midwives.

Lwala is launching an Early Childhood Development program to address the holistic needs of children in the first years of life. We are engaging the county to incorporate government leadership and support from the outset, and create a clear pathway for future scale.

Lwala's Sexual and Reproductive Health Coordinator was selected as the secretary for the Migori County’s task force for sexual and gender-based violence (SGBV). This task force uses a multi-sectoral approach to guide county-wide SGBV policy enforcement, and aligns SGBV prevention efforts across different partners operating in the county. Lwala will use this platform to leverage our model and improve health outcomes countycwide.

Lwala is scaling our Obstetric Hemorrhage Bundle, and the Helping Babies Breathe training across Migori County. To date, Lwala has deployed the non-pneumatic anti-shock garment (NASG) to 48 facilities, and trained 55 healthcare workers across 35 facilities on Helping Babies Breathe.

**Sub-County Implementation**

We are successfully providing direct service delivery in 3 out of the 4 sub-locations in our sub-county – North, East, and South Kamagambo. 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.
COVID-19 RESPONSE

Through our quality improvement initiative, we have been working closely with the Ministry of Health to strengthen Health Facility Management Committees (HFMCs) at our partner facilities and ensure a durable continuum of care. HFMCs know their facilities best; by strengthening their capacity, they can effectively adapt, plan, and execute high-quality care, which is especially important during times of crises and uncertainty.

- Lwala disseminates important COVID-19 information from the Ministry of Health to all patients visiting our partner facilities via the HFMCs.
- We are supporting 10 facilities on preparedness for COVID-19 including early detection, adherence to protocol, infection control, creating isolation areas, referral linkages, and continuing routine care for all patients. We are using the procedures taking place at Lwala Community Hospital as the standard across all 8 partner facilities and the sub-county referral hospital. Our Quality Improvement team is ensuring that all COVID-19 screening and follow-up procedures are taking place as directed by the Ministry of Health.
- Tablets have been provided to all partner facilities, allowing them to use our COVID-19 CommCare screening tools at their gates. This means that we receive real-time information from all facilities, and can rapidly respond to any concerns, data, trends, and suspected cases.
- We are ensuring that all 10 facilities are equipped with PPE, thermal guns for symptom screening, and COVID-19 educational posters adopted from WHO resources and translated into Dholuo – the local language. We’ve also ensured that all of these facilities have proper hand-washing stations.
- We have ensured all 9 Quality Improvement facilities have fully stocked pharmacies so patients can access essential drug commodities during this time.

Health Facility Assessment Scores

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2 Our model for Quality Improvement is on page 34
This quarter, our Health Facility Assessments showed an average 32% improvement in QI index scores compared to 2018 baseline performance. We also conducted baseline assessments this quarter at our 2 newest partner facilities, Kitere and Ongo, located in South Kamagambo. Health Facility Assessments are aggregate scores that analyze the 6 WHO health system building blocks: service delivery, workforce, patient data, medicines and supplies, financial management, and leadership.

Overall, we are seeing improvements across leadership, workforce and information systems. Improvements in leadership were driven by a combined effort with Sub-County Ministry of Health officials to reorganize and increased representation of the Health Facility Management Committees (HFMC). Workforce improvements were reflected in increased staff satisfaction score, driven by clinical mentorship, clinical rotations and case observations. We believe that as health workers feel more competent in their roles, their job satisfaction also increases. Finally, information systems improvements have improved significantly as we’ve implemented regular data quality assessment and harmonized reporting tools. Facility-specific trends include:

• **Ngere’s** improvement this quarter has been driven by increased involvement of the Health Facility Management Committee. After additional training and support from Lwala and MOH, the HFMC increased the frequency of meetings and created and a very strong and data-driven facility improvement plan. Now, this highly engaged HFMC is raising funds to build a new maternity wing.

• **Ndege** saw significant improvements driven by investments in its health workforce. In late 2019, the HFA revealed a significant increase in patient load, likely driven by the Community Health Worker program. The staffing was no longer adequate to meet demand and the HFMC successfully appealed for additional staff from sub-county. They also recruited a volunteer with a diploma in community health to provide additional support. Ndege also saw associated improvement in their case observation scores, driven by additional clinical coaching and continuous education session sparked by Lwala.

• **Kangeso, Ngodhe, and Ngere** were all impacted by Ministry of Health stock-outs of drugs in January. After receiving drugs in February, Lwala helped establish a steering committee across these facilities to monitor and coordinate on drug procurement. Additionally, Lwala has procured a 3-month buffer for all partner facilities in anticipation of potential stock-outs resulting from COVID-19.

• In addition to the stock issues, **Ngodhe** was subject to Ministry of Health reshuffling several nurses, which contributed to its reduced HFA score. Now that a new team is in place, they’ve developed a strong facility improvement plan and we are optimistic about their performance next round.

• **Kochola’s** reduction is attributed to poor inventory tracking. This quarter, Lwala’s pharmacy in-charge will do a refresher training and mentorship at Kochola to turn this system around.
There was an overall rate of **86% patient satisfaction** across 7 partner facilities, a 9% improvement compared to last quarter. There was an average **8% improvement in patient likelihood to refer others** to partner facilities based on the services they received. Patient satisfaction surveys are an important source of insight that inform quality improvement projects with partner facilities.

### Adherence to Clinical Standards

**Clinical staff adhered to 87% of clinical standards during patient care**, surpassing an important minimum standard of care threshold of 80%. This is a 3% improvement from when our clinical mentorship began. Clinical mentorship includes one-to-one, in-service mentorship sessions and our staff rotation program.

- **Clinical Mentorship** - Lwala’s Nurse Mentor and Quality Improvement Officer provided 93 direct mentorship sessions for 66 clinical staff across our 9 partner facilities during this quarter.

- **Staff Rotation** - This quarter, 4 additional health workers participated in our staff rotation program, bringing the total to 16 clinicians directly impacted by this program to-date.

### Expansion to New Facilities

Lwala expanded quality improvement support to two new partner facilities in late 2019, Ongo and Kitere, located in South Kamagambo. In line with our health systems strengthening approach this expansion was carried out in partnership with the Ministry of Health (MOH).

### New Partner Activation

Expansion to new partner facilities includes activating **Health Facility Management Committees** (HFMC) and working together to identify facility strengths, weaknesses and quality improvement objectives. Lwala also conducted a baseline health facility assessment to measure performance against standards that will inform improvement projects with each facility.

### Quality Improvement Anecdotes

#### Strengthening Infection Prevention Control Committees

In late January 2020, the Health Facility Management Committees (HFMCs) at Ongo and Kitere reached out to Lwala for support in strengthening their Infection Prevention Control (IPC) Committees. The baseline Health Facility Assessment scores at Ongo and Kitere showed poor performance on Infection Prevention Control (IPC). As a result, Lwala’s IPC lead started to
mentor and train IPC committee members at Kitere and Ongo. By March 2020, the IPC committees at these two facilities were able to implement national guidelines for infection prevention in response to COVID-19. The HFMCs at Ongo and Kitere continue to support infection prevention measures, and, as needed, request additional PPE from Lwala. By strengthening their IPC committees, the HFMCs are ensuring that patients are protected from COVID-19 now, while also planning long-term infection prevention measures.

Health Facility Management Committee (HFMC) Resource Mobilization During COVID-19

In response to COVID-19, all Youth-Friendly Corners at our partner facilities were converted to isolated holding bays for suspected COVID-19 cases. However, at Ongo, they do not yet have a designated Youth-Friendly Corner. Following training from Lwala, Ongo’s HFMC took the initiative to raise funds from community members to repurpose and remodel an existing space in the facility as a temporary holding bay for suspected COVID-19 cases. Once this space is no longer needed as an isolation area, the HFMC will determine how best to use the space for its facility’s needs.

COMMUNITY HEALTH WORKERS

Our new study, co-authored with our colleagues at the Vanderbilt Institute for Global Health, has been published in the African Journal of Reproductive Health. The study found 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;
• Frequent refresher training, and increased supervision are effective in increasing lay health worker knowledge;

3 Our model for Community Health Workers is on page 35
• Increased supervision and compensation resulting from being incorporated into the Lwala CHW program may lead Community Health Workers to have a greater sense of engagement in their learning and knowledge, reflected in better knowledge scores.

• **21,119 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.

• This quarter, our Community Health Workers reached an average of 73% of priority households with a monthly visit. This is a 25% increase compared to this time last year. In the graph below, the decrease in March is due, in part, to an initial COVID-19 message from the government which encouraged many Community Health Workers to stay home. After noticing the issue, Lwala and the Ministry of Health quickly clarified safety protocols for Community Health Workers to continue to provide essential services. Mass communication (radio, SMS, social media) to community members has also clarified the process for accessing essential health services.

• We facilitated the formation of Community Health Committees (CHC) in all the 10 Community Units (CU) in East Kamagambo have been formed. Community Health Committees are the core link between the community and the healthcare facilities. As community members, the CHC committee members are trained to identify and effectively communicate any barriers from the community-level to facility-level and also provide accountability for the CHWs.
Lwala is committed to continue engaging mothers through every step of their pregnancy. As health systems respond to this virus, there is a high risk that access to other essential services decline. For example, during the Ebola epidemic overall health access fell by half and skilled delivery decreased by 80%. Liberia fell far behind on child immunizations and is still struggling to catch up.

- Through low-contact household visits, Lwala’s Community Health Workers continue to provide support to mothers by identifying symptoms of high-risk pregnancies, ensuring adequate maternal nutrition, promoting prenatal care visits, supporting safe delivery at a facility, providing post-natal follow-up, breastfeeding support, and contraceptive information and access.
- Prenatal care visits are being made widely available and safe through community-level well-patient outreaches, delivered by nurses and clinical officers.
- The implementation of our Obstetric Hemorrhage Bundle initiative is ongoing at all 48 facilities across Migori County, but all in-person training and mentorship sessions from Lwala staff have been suspended. We continue to track and provide support to this program through mobile tools.

So far this year, we have reached a 100% skilled delivery rate in our innovation hub (North Kamagambo) and a 98% skilled delivery rate in our first expansion site (East Kamagambo).
So far this year, 83% of pregnant women in North Kamagambo and 62% of pregnant women in East Kamagambo attended 4+ antenatal care visits before delivery. This is a 23% improvement in East Kamagambo and consistent performance in North Kamagambo.

**Obstetric Hemorrhage Bundle**

- To date, we have trained 48 facilities and 524 clinical workers across Migori County on the Obstetric Hemorrhage Bundle. Of these clinical workers, we trained 38 as trainer-of-trainers who are experts responsible for conducting ongoing training across the county.

- Since the start of this program, the NASG has been used in 336 cases of obstetric hemorrhage across 48 facilities trained on Obstetric Hemorrhage Bundle. This quarter, the NASG was used in 62 cases of obstetric hemorrhage, compared to 44 uses this time last year. We use a customized CommCare application to collect real-time data from all 48 facilities.
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CHILD HEALTH

COVID-19 RESPONSE

We remain committed to reducing child mortality. Using our COVID-19 CHW Protocol, Lwala’s CHWs continue to provide home-based screening and treatment for the deadliest conditions, including malaria, pneumonia, malnutrition, and diarrhea. In addition, children will receive on-time immunizations and antiretroviral medication as needed through well-child visits conducted at community well-patient outreaches.

- Essential antiretroviral medication is being provided at the community well-patient outreaches and directly to the households enrolled in our Elimination of Mother to Child Transmission of HIV (EMTCT) Program so as to eliminate the need to visit the health facilities
- Follow-ups with clinical staff are being done through phone calls, when possible
- Helping Babies Breathe (HBB) implementation is ongoing at all 35 facilities, but all in-person trainings and mentorship sessions from Lwala staff have been suspended. Data monitoring and support is ongoing for all facilities through mobile platforms.

- So far this year, **97% of children are fully immunized in North Kamagambo, and 82% in East Kamagambo.** This is a 16% improvement in East Kamagambo compared to this time last year.

- We saw **3,036 well-child visits** at Lwala Community Hospital in this quarter, which is in line with our well-child visits in quarter 1 of 2019. Despite the challenges posed by COVID-19, we continue to provide child visits, as it is critical that there is continuity of essential healthcare services.

- We **treated 208 cases of malaria** between our health facility and Community Health Workers, compared to 300 cases in quarter one of 2019. This reduction is due to community case management of malaria by Community Health Workers and Indoor Residual Spraying spearheaded by the county government and partners which took place this quarter.

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5 Our model for Child Health is on page 37
Helping Babies Breathe

- To date, Lwala has trained **55 healthcare workers from 35 facilities** across Migori County on Helping Babies Breathe. Of these 55 health workers trained, 12 were selected to be master trainers who will spearhead & cascade training at additional facilities.

- This quarter, we distributed data monitoring tools to all 35 facilities to track the number of babies successfully resuscitated using the skills gained from the Helping Babies Breathe curriculum. So far this year, of the 2,646 deliveries across these 35 hospitals, 81 newborns were not breathing at birth and **74 of these newborns were successfully resuscitated**.

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 in November 2020. This compares to 92% in Migori County as a whole. We currently have 84 HIV-exposed infants enrolled into Lwala’s 2020 HIV-exposed infant cohort.

**EARLY CHILDHOOD DEVELOPMENT**

**COVID-19 RESPONSE**

All baseline data collection has been temporarily paused. In the meantime, we are continuing to develop the Early Childhood Development curriculum remotely in preparation of program implementation.

- This quarter, Lwala launched a new Early Childhood Development (ECD) program. This program integrates child-centered parenting skills, like play and cognitive stimulation, into our community-led health model. We are addressing holistic outcomes for children in our communities through social, environmental, and developmental approaches.

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6 Our model for Early Childhood Development is on page 39
• Lwala received buy-in for this new program from county and sub-county governments. Our ECD program is implementing a multi-sectoral approach by collaborating simultaneously with the Department of Children’s Services, the Ministry of Health, and the Ministry of Education.

• This quarter, we mapped all households in North Kamagambo with children under 4 years of age. After mapping, we identified 1,658 children, 1,503 mothers, and 1,371 fathers who will benefit from our ECD program.

• We conducted baseline focus group discussions with 78 Community Health Workers, revealing baseline health worker knowledge of ECD principles. This will be used to inform training curriculum development. Some key findings include:

  o 68% of respondents reported that Lwala is the key source of education on key components of Early Childhood Development, including good health and nutrition, responsive caregiving, and opportunities for early learning and safety and security. Few respondents indicated that ECD learning comes from sources within the community itself, including caregivers or neighbors. This indicates an opportunity for capacity building and expanding intergenerational knowledge of child development practices.

  o Responses surrounding parental engagement with children indicate that parents do not frequently play with children to encourage positive development. This suggests that emphasizing play-based learning in the ECD curriculum and training materials would fill an existing gap in community-based parenting practices.

NUTRITION

COVID-19 RESPONSE

The pandemic will most greatly impact the households that are already the most vulnerable, exposing them to further food insecurity. This means that additional social support and food aid is critical. We are developing an economic support package for the most vulnerable families.

• While all nutrition training and group meetings have been temporarily suspended, we continue to provide home garden follow-ups remotely so that families are able to identify, grow and prepare nutrient-dense food and remain on a path towards long-term food security.

• We will continue to provide seed input support to households with home gardens in order to ensure the household stays on a path of food security.

• We will provide nutrition supplements and other food items to reach the most vulnerable households. We have developed criteria to determine eligibility for this initiative.

• Any malnutrition referrals are being treated at the clinic. Ongoing follow-ups for recovered malnutrition cases are occurring at the household level, during which our nutritionist continues to provide therapeutic food and supplements.

• As part of our initiative to screen every child under five in North Kamagambo, we’ve screened 5,011 children for malnutrition this quarter, which is up from 4,620 screenings from the previous quarter. We identified 10 malnutrition cases in the community were referred to the facility for treatment.

7 Our model for Nutrition is on page 38
• **Lwala enrolled 886 total mothers across 26 mother care groups, including 627 mothers added this year.** These groups are mother-to-mother community support groups that train mothers on the principles of childhood nutrition. Training modules include: exclusive breastfeeding, immediate breastfeeding, and nutritional diets for lactating mothers. Out of the 26 total mothercare groups, 2 are specifically for teen mothers and have 89 total mothers enrolled.

**SEXUAL AND REPRODUCTIVE HEALTH**

**COVID-19 RESPONSE**

We continue to provide sexual and reproductive health services through our Community Health Workers, Youth Peer Providers, and during well-patient outreaches in the community. It is important to continue our work with communities to promote healthy timing and spacing of births.

- All Youth-Friendly Corners have been repurposed as isolation holding bays for suspected COVID-19 cases. These spaces are physically separate from the rest of the patient population, which reduces risk of contact spread of the infection.
- With our Youth-Friendly Corners temporarily repurposed, we are leveraging our Youth Peer Providers and Community Health Workers to provide sexual and reproductive health education and contraceptives directly to individuals.
- We have increased the number of radio shows from once per week to twice per week. We are using this platform to spread awareness and provide education on how to stay safe during COVID.
- We are using WhatsApp groups and SMS reminders to share education and information on sexual and reproductive health topics, contraceptive use, teen pregnancy prevention, and sexual and gender-based violence prevention.

• **We provided 5,377 Couple Years Protection** so far this year, compared to the 4,210 provided in the same time period last year. Couple Years of Protection is a measure of the number of years that a couple is protected from pregnancy by a particular contraceptive method.

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8 Our model for Sexual and Reproductive Health is on page 39
• **Community Health Workers distributed 4,613 condoms and 74 pills** during household visits and community outreaches. Community Health Workers referred 283 clients for long-acting methods. We have stayed on-track for Community Health Worker contraceptive distribution when comparing January and February of 2019 but saw a decrease in March due to COVID-19.

• **14 advocacy events were** held by our SRH Advisory Committees on child rights and protection and contraception access. We reached 1,019 community members during these events, a 33% increase from this time last year.

**Youth-Friendly Services**

• **13,911 condoms were distributed by our 78 Youth Peer Providers** through the dial-a-condom program, which allows teens to order condoms directly from their peers, on-demand. This time last year, our Youth Peer Providers had distributed 13,354 condoms.

• Lwala provided **4,687 adolescent reproductive health visits** this quarter. This quarter’s attendance to the Youth-Friendly Corners (YFCs) was 3,048 visits which is on-par with quarter one of 2019, when we saw 3,166 visits to our YFCs. While we expect to see a drop in YFC visits in April since all YFCs were converted into COVID-19 isolation centers, our Youth Peer Providers are continuing to support teens in the community by reaching them directly in with contraceptives and support. This way we ensure continued reproductive health care provision to adolescents.

![Youth Friendly Corner Visits by Gender](image-url)

Female engagement as a proportion of total visits to Youth-Friendly Corners (YFCs) has significantly increased over time.

- Historically, adolescent boys in our communities would visit our YFCs twice as often as adolescent girls. After noticing this trend, our facilities developed successful strategies to encourage more female visits. These have included making
room for a wider range of activities including: homework areas, board games, TV, pool tables, netball, and volleyball. Additionally, during household visits conducted by Community Health Workers, we continue to introduce YFCs and explain to parents that it is essential for girls to access reproductive health services. Parents in the community start to connect this to a reduction in teenage pregnancy and school dropout rates. Over time, we have seen a cultural shift in the community from parents, allowing girls to access youth-friendly services.

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

**COVID-19 RESPONSE**

Through the HAWI program, we have focused on hand-washing education and sanitation and hygiene infrastructure. We are able to leverage that existing community knowledge to support our COVID-19 response, and strengthen hand-washing practices

- This quarter, we built 59 new hand-washing stations at the household level
- Our HAWI support groups are making soap and distributing 2080 litres of liquid soap to the community reaching 3,520 households
- Targeted messaging on hand-washing and hygiene is being communicated to 11,647 individuals through WhatsApp groups, SMS reminders, and posters hanging at the facilities and strategic locations in the community
- Water point rehabilitation is ongoing for 2 water sources at the community which includes a well and a water spring.

- **Lwala enrolled 3,788 people in HAWI**, since inception. Everyone enrolled in HAWI receives community-based HIV and WASH support.

- All 41 villages in North Kamagambo have maintained their **Open Defecation Free status** as certified by the Ministry of Health last year.

- **2 water points were protected**, after recently becoming Open Defecation Free. The improvements were made through active community member participation and cost sharing. This protection increases access to safe drinking water.

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9 Our model for HAWI is on page 41
• We distributed **6,181 water treatment tools** throughout our communities. It is essential for community members to have access to clean water in order to maintain proper hand-washing and hygiene practices. This is particularly important in preventing the spread of infections like COVID-19.

• Our WASH committees organized **66 action days** during which community members built **57 new latrines and improved the durability of 11 existing latrines**. We leveraged 24 artisans from the community to install devices that close-off pit latrines from the open air. Since 2016, community members have built 1,562 latrines.

**Lwala Community Hospital**

**COVID-19 RESPONSE**

Lwala Community Hospital continues to serve our communities while protecting our health workers. As a center of excellence, we are committed to providing a seamless continuity of care for our communities and standing as an example to other facilities in combating COVID-19.

• At the entrance gate of the facility grounds, we have established a screening tent as well as mandatory hand washing for all visitors entering and leaving the facility.

• Select CHWs screen patients at the gate of Lwala Community Hospital in order to determine whether it is safe for a patient to enter the clinical environment for non-COVID treatment.

• We have repurposed our Youth Friendly Corner to act as an isolated holding bay for suspected cases. As patients with suspected positive cases wait in the youth-friendly corner, we coordinate with the sub-county Ministry of Health for referral, where the patient will undergo further testing and treatment at designated quarantine facilities in the sub county.

• The waiting area has been rearranged so as to ensure all patients waiting for care are at least 6 feet apart from each other, and we have started ward rounds early to proactively reduce waiting time and overcrowding in waiting areas.

• We are investing in our staff to ensure they have all necessary protective equipment and conduct daily spot checks to ensure consistent usage. We have also intensified handwashing and infection prevention control measures at the facility for both health care workers and patients.

• We are providing well-patient services in the community to divert healthy patients away from the facility. In this way, we can maintain routine care including antenatal care, immunizations, antiretroviral medication, sexual and reproductive health services, and non-communicable disease treatment, while reducing crowding at the hospital.

• In quarter 1, we screened 4,837 individuals for COVID-19 as they accessed the facility. There was one suspected case isolated, sample was collected and they tested negative. The isolation room is being revamped to provide 4 more beds that can take care of patients should there be a surge in community cases.

• This quarter we saw **14,558 patient visits at Lwala Community Hospital**, which is an 8% increase in patient visits compared to this time last year. Including patients reached through clinical outreaches in the community, Lwala Community Hospital has seen 15,587 patients visits so far this year.

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10 Our model for Lwala Community Hospital is on page 42
We saw an 11% increase in outreach patient visits as compared to last quarter. This is crucial as we manage COVID-19. We expect to reach even more patients through our well patient outreaches in April.
• We saw **3,036 well-child visits** this quarter, which is in line with our well-child visits in quarter 1 of 2019. Despite the challenges posed by COVID-19, we continue to provide child visits, as it is critical that there is continuity of essential healthcare services.

• We enrolled 23 new clients into the National Health Insurance Fund (NHIF) and 282 new clients into the LindaMama maternal health insurance program. The LindaMama program provides free antenatal and basic delivery services for expectant mothers at all facilities.

• Lwala Community Hospital scored **98% on the Patient Satisfaction Survey** conducted this quarter, which is a 12% increase from the most recent iteration of the survey conducted in September 2019. Of the patients randomly surveyed, 97% said the doctor explained preventative measures, which is a 27% increase from the most recent survey conducted in 2019. This improvement is attributed to the following:
  
  o In 2019, our clinical staff introduced quarterly **Open Maternity Days** as a way to allow pregnant mothers and their families to engage directly with clinicians in advance of delivery. With this open forum, mothers are directly sharing their fears and suggestions for improvement with clinicians, and ultimately improving the level of care and attention each mother is given during their pregnancy.
  
  o We have increased awareness of Non-Communicable Disease (NCD) services offered at the clinic in response to the specific care that NCD clients require. Every Thursday, we bring in an NCD specialist to provide specialized attention to our NCD clients. This quarter, Lwala Community Hospital served 362 clients during these **(NCD) clinic days**. This is a 293% increase in clients served from this time last year. We also conduct community outreach on NCDs and have formed 5 NCD support groups for patients on a care plan. These support groups encourage all patients to adhere to their treatments. Now, our NCD clients are
able to receive highly specialized care that meets their specific needs, resulting in an improvement in patients’ satisfaction with services offered.

- We also added two clinical staff members as focal persons for Lwala’s Quality Improvement Team. These clinicians provide clinical mentorship and on-the-job training to their peers.

- Lwala identified that the Infection Prevention Control Committee would be especially important during COVID-19, so we implemented daily spot checks of Personal Protective Equipment (PPE) usage by department. This resulted in healthy competition between departments, and over the course of two weeks, we saw marked improvements in consistent PPE usage.

- Remodeling is underway to construct an improved reception area, which will improve patient flow and make the reception area more welcoming to first-time patients.

Clinical Assessments

- During the most recent Baby-Friendly Hospital Initiative Assessment conducted in January, Lwala scored 77%. This is a 15% improvement from the last assessment. The Baby-Friendly Hospital Initiative details a comprehensive 10-step guide for the successful implementation of practices that protect, promote, and support breastfeeding.

- Lifenet International provided training in February to new clinical staff members on nursing practices that emphasize patient rights, newborn resuscitation, and neonatal care. All new nurses scored 100% on the final skills and knowledge assessment.

- 2 Vanderbilt Medical Students completed a month-long clinical rotation at Lwala Community Hospital. As a part of their rotation, they gave a presentation to the Lwala clinical team on early detection of HPV infections.
COVID-19 RESPONSE

In response to COVID-19, all Kenyan schools have been closed until further notice. At Lwala, we believe that it is crucial to develop innovative ways to keep children engaged and learning remotely during this time.

- We are leveraging teachers at all 13 of our partner schools to send out SMS messages to parents reminding them to allow children to listen to the radio or watch edutainment channels to keep them engaged.
- Our Broadened Horizons mentors are reaching out over the phone to our out-of-school girls to provide support on life skills, sexual and reproductive health. They’re also generally ensuring the girls are keeping up with their studies.
- Through coordination of the Tuk Jowi’s School Community Committee, construction of the Tuk Jowi classroom is ongoing as it follows national guidelines for social distancing and does not encourage large gatherings
- Through leadership and guidance from teachers, we provided 199 students with eReaders to use at home which gives them access to thousands of books to support their learning from home.

Quality Education Through Participation

- Construction is underway for an additional classroom at Tuk Jowi Primary School. Tuk Jowi’s School Community Committee identified crowded classrooms as a significant barrier to learning. As a result of Lwala training, Tuk Jowi’s School Community Committee successfully raised funds for resources needed to realize this project.

- Engagement with the school boards of management has enabled them to attract additional government funding for infrastructure in the schools. In the quarter, Constituency Development Funds were allocated to Kanyadgiro ($25k), Kameji ($63k) and Uriri ($23k). The funds were used to complete an administrative block in Kanyadgiro, renovate an entire classroom block at Kameji, and complete an Early Childhood Development block and a primary school section block at Uriri.

Reducing Barriers to Learning

- **400 at-risk girls mentored** through our in-school mentorship program, including 70 girls who joined the program this quarter. This program aims to prevent school dropouts and teen pregnancy.

- **741 students with access to eReaders** as part of our literacy intervention, which gives students access to thousands of books, thus reducing the cost of school enrollment by eliminating the need for textbooks and encouraging extracurricular reading.

- **737 uniforms and 1,027 pad kits distributed** to girls in January for the 2020 school year. Lack of access to uniforms and feminine hygiene products are barriers to learning for girls.

11 Our model for Education is on page 43
Broadened Horizons

• **165 girls enrolled into our Broadened Horizons** program, including 12 new girls recruited this quarter. All 12 of the newly-enrolled girls have already re-enrolled into school after previously dropping out. Out of the 165 total girls currently enrolled in Broadened Horizons, 88 of these young mothers are also enrolled in our nutrition program, where they receive additional nutrition education and support.

School Health

• **3,574 students reached through Health Clubs**, our after-school program focused on sexual and reproductive health, life skills, and negotiation tactics. This is a 24% increase in students reached as compared to this last year.

**ECONOMIC EMPOWERMENT**

<table>
<thead>
<tr>
<th>COVID-19 RESPONSE</th>
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<tbody>
<tr>
<td>• All business mentorship sessions conducted by Village Enterprise will proceed over the phone</td>
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<tr>
<td>• Loan repayment to Lwala’s savings and loans cooperative will proceed over the phone. Repayment through M-Pesa, a Kenyan mobile phone-based money transfer service, is being encouraged.</td>
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<tr>
<td>• We are developing an economic support package for the most vulnerable families</td>
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Village Enterprise Partnership

• **458 new businesses formed** during Village Enterprise’s most recent business cycle. During this cycle, 95% of business owners enrolled into the program were women.

• During this business cycle, **2,748 lives have been impacted** through Village Enterprises’ poverty graduation model and 18,852 lives have been impacted since the beginning of our partnership in 2017.

• 170 businesses enrolled during previous business cycles received a second small business grant, indicating that their businesses were thriving. With a second grant, these businesses are able to diversify and grow their operations.

Lwala Community Bank

• This quarter, Lwala village’s savings and loans cooperative recruited 5 new members, bringing total membership to 198 members. This cooperative operates independently and provides pro-poor financing to staff and community members.

• 20 community members have been able to access loans from the savings and loans cooperative. Through our remote follow-ups, we are supporting them to proceed with loan repayment in a timely manner.

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12 Our model for Economic Empowerment is on page 45
MEASUREMENT AND RESEARCH

COVID-19 RESPONSE

To protect health workers and interrupt the spread of the virus, we are coupling COVID-19 data monitoring from Community Health Workers with symptom screening and risk assessments conducted at facility gates. To do this, we have programmed a toolkit on our customized CommCare application that guides CHWs and clinicians through COVID-19 education and prevention, screening, risk assessment, referrals, and case management. We can rapidly implement these tools in the community because we are leveraging our existing data monitoring and management applications, and CHW training and supervision structures.

- Lwala has deployed a system to send a weekly check-in SMS to all 11,647 clients registered with active phone lines in our database. This system shares COVID-19 updates and education in the local language, sends reminders, and asks a simple question (“Does anyone in your home feel poorly today?”) to generate quick data on COVID-19 spread.

Early Childhood Development Baseline Activities

We developed 2 baseline data collection tools for our Early Childhood Development Program (ECD):

- **Community Health Worker focus group discussions (FGDs) tool.** A total of 78 Community Health Workers participated in these FGDs, revealing baseline health worker experiences with parental rewarding, positive discipline, play-based learning. Results from these FGDs are being used to develop the ECD training curriculum.

- **Quantitative baseline assessment tool.** We collaborated with a student group at Vanderbilt’s Institute for Global Health to develop this tool, which will measure developmental and growth indicators for children in the community 0-4 years old. We will track these indicators over time to understand the impact of our ECD program on comprehensive child wellbeing.

Data Systems Improvements

- We are in the process of uploading data from our education program onto Salesforce in order to track individual student performance over time. This will allow us to compare student performance across our different education initiatives. We also use Salesforce to manage health and demographic information for over 50,000 individuals.

- We added an assets register onto Salesforce, allowing our Operations team to efficiently and dynamically track assets across the entire organization over time.

- Lwala is collaborating with Datakind, an organization dedicated to supporting organizations using data science to improve outcomes. Datakind is supporting us to systematize an improved data quality audit system within Salesforce.

- This quarter, we updated our Kenya Electronic Medical Records system to the most recent version released, which includes modules on drug prescription, lab requests, and an entirely new pre-exposure prophylaxis (PrEP) module.

13 Our model for Measurement and Research is on page 46.
Ongoing Internal Review Board (IRB) Studies

• 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 1 year. This study will examine Community Health Worker knowledge, supervision, and empathy. It will track which of our CHWs were previously Community Health Volunteers or traditional birth attendants to observe and assess any discrepancies.

• An evaluation of Lwala’s obstetric hemorrhage bundle initiative, in partnership with Kenya Ministry of Health and 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.

New Published Study

• In partnership with the Vanderbilt Institute of Global Health, a study was published in the African Journal of Reproductive Health 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.

Community Health Impact Coalition (CHIC)

• CHIC is pioneering a prototype data harmonization project, pulling data on common metrics 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

• Lwala co-authored a position paper with the Community Health Impact Coalition to call for key investments at the global level. This paper was just accepted for publication in BMJ Global Health.

• Lwala’s Managing Director, Julius Mbeya, presented to the Kenyan Senate’s Ad Hoc Committee on the COVID-19 Situation. The presentation, developed with several peer organizations, advocates for formally recognizing Community Health Workers in Kenya’s response to COVID-19. This recognition would include CHWs in PPE requirement counts, and pay CHWs for their work.

• During the 2020 Virtual Skoll World Forum, Lwala’s Managing Director spoke on a panel alongside fellow Community Health Impact Coalition Organizations entitled “Supporting CHWs on the Frontlines of COVID-19 Response.”

• Lwala’s Executive Director spoke on the New English International Donors’ webinar on Women’s Empowerment: Maternal and Reproductive Health in March.

• As a part of Harpeth Hall’s January Winterim Term, 7 students and 2 faculty members, including Lwala’s Board Chair Jessie Adams, spent 10 days at Lwala engaging with the community members and immersing themselves in our different programs.
• In February, Lwala attended the 7th Sankalp Africa Summit in Nairobi to engage with peer innovators from all over the continent working in the social impact space.

• Elizabeth Akinyi, Lwala’s HAWI coordinator, received the inaugural Community Hero Award for Distinguished Service from Blood:Water Mission.

• Lwala’s Sexual and Reproductive Health Coordinator attended the 9th Africa Conference on Sexual Health and Rights in Nairobi. The conference focused on advancing the sexual and reproductive health and rights of women and girls in informal settlements.

• In 2020, Lwala made several new hires to support our operations as we continue expanding our community-led health model. These hires include an Early Childhood Development Coordinator, Development Director, Communications & Development Officer, and Executive Assistant.

• Co-founders Milton and Fred Ochieng were interviewed for the Illuminate Podcast.

• Lwala was selected as a semi-finalist for the Lipman Family Prize through the University of Pennsylvania.
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. 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.

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.
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.

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 over time, alongside comparison sites.

COMMUNITY HEALTH WORKERS
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 FACILITIES
We provide onsite quality improvement support and training to 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.
To provide direct services, Lwala implements our community-led health model. The model rests on 4 key pillars:

**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. The CHW AIM tool is an example of this effort.

Lwala is committed to supporting Kenya’s ambitions to achieve universal health coverage. As such, all of our work is done in partnership with the Ministry of Health at national, county, and local levels. In partnership with government, we are testing innovations designed for nationwide scale. 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.

**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.

**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. Mentorship sessions include real-time skills development while observing direct patient care. Case observations help our quality improvement team identify service areas that need strengthening. 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 provides a 2-week immersive, peer-based training experience across our partner facilities, after which staff transfer the skills they’ve gained to other peers at 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**

Core to our model is the recruitment, training, supervision and payment of traditional birth attendants as Community Health Workers (CHWs). Traditional birth attendants 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 mother and baby. We transform these women from the largest competitors to skilled deliveries to the greatest champions of maternal and child health. These transformed CHWs find and provide care to every pregnant mother, child under-5, and person living with HIV.
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.

Community Health Workers – CHWs link mothers to the formal health system by identifying early symptoms of high-risk pregnancies, ensuring adequate maternal nutrition, and accompanying mothers for a safe, facility-based delivery. Next, each child is enrolled in our CHW program at birth, allowing us to manage immunization timelines and track growth. CHWs provide home-based screening for the deadliest childhood conditions, including malaria, pneumonia, respiratory infection, malnutrition, and diarrhea. When a child does get sick, CHWs provide care and treatment in the home and refer complicated cases to the local clinic—making certain that no child slips through the cracks. We employ Community Health Worker-driven data by equipping our network of Community Health Workers with tablets and our customized mobile application. The Community Health Workers leverage this technology to monitor their caseload, collect data, and receive real-time decision support. Our approach ensures that illnesses are identified early, and no vulnerable community member slips through the cracks.

Community Transportation & Referral System - Community Health Workers work with a handful of motorcycle taxi drivers in each community unit who are trained as expert referrers. These drivers are given shifts to be on-call for emergency cases. Since community members already use motorcycle taxis for transportation, this system leverages an existing community structure to support healthcare access.

MATERNAL HEALTH

We are engaging mothers at every step of their healthcare journey. Lwala community health workers identify pregnant women as they proactively visit homes in their village. Then, they link mothers to the formal health system, identifying symptoms of high-risk pregnancies, ensuring adequate maternal nutrition, promoting prenatal care visits, and supporting safe delivery at a facility. They also follow up on postpartum care, provide breastfeeding support, and educate new mothers on a range of contraceptive options. Additionally, Lwala is improving maternal care at the health systems level. We are supporting government health facilities to improve the quality of prenatal and postnatal care. And, we are working with community committees to improve access to emergency transportation for pregnant women.

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. A key component of the Obstetric Hemorrhage Bundle is the non-pneumatic anti-shock garment (NASG), which has been shown to reduce mortalities related to obstetric hemorrhages by 67%. 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. The bundle will prepare every facility in Migori County to safely treat obstetric hemorrhage, effectively reducing maternal deaths.

**CHILD HEALTH**

Lwala is changing this injustice through our community-led health model. Digitally empowered Community Health Workers enroll all children at birth, track child growth, and ensure on-time immunizations. They provide home-based screening and treatment for the deadliest childhood conditions, including malaria, pneumonia, malnutrition, and diarrhea. Community Health Workers also connect children to local health clinics. Lwala works with community members, health workers, and government to ensure these local clinics have the resources, training, and systems to provide quality care from conception to adulthood – making certain that no child slips through the cracks.

**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.

**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** – Birth asphyxia - when babies are born not breathing - is one of the major causes of newborn death in regions with limited resources. Helping Babies Breathe, a curriculum developed by the American Academy of Pediatrics, was designed specifically for this context and teaches lifesaving neonatal resuscitation techniques in the first minutes after birth. Helping Babies Breathe techniques have been shown to reduce neonatal mortality by up to 47% and fresh stillbirths by 24%.

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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, qualified 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.

EARLY CHILDHOOD DEVELOPMENT

In 2020, Lwala expanded our model with a new Early Childhood Development (ECD) program. This program uses play and cognitive stimulation to incorporate a child-centered approach to early learning. By integrating this program into our community-led model, we are addressing holistic outcomes for children in our communities through social, environmental, and developmental approaches.

The ECD program structure leverages the World Health Organization’s Nurturing Care for Early Child Development Framework. 82 Community Health Workers in our innovation hub are establishing parenting groups for caregivers with children between 0 – 4 years old, and play groups for children to participate in play-based learning. Caregivers are supported to use locally available materials to develop toys and picture books. During parenting group sessions, CHWs provide training and support to the parents on maternal & child health, nutrition, sanitation, responsive and skillful parenting.

In addition to community-based programming, CHWs will provide ECD-focused education to caregivers with children under 4 during every household visit. They will be closely monitoring growth milestones and other key indicators through Lwala Mobile, a customized CommCare application that provides our CHWs and programs coordinators with real-time data.

SEXUAL AND REPRODUCTIVE HEALTH

When women and couples have the tools to choose when they get pregnant, the result is better health outcomes for mother and child. 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**

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 5 key components: 1) Community Health Worker monitoring, 2) support groups, 3) WASH committees, 4) community-led total sanitation (CLTS), and 5) 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.
**WASH Committees** – Lwala activates community WASH committees who lead their villages in constructing latrines, building handwashing stations, and securing safe water. If a household is unable to build their own latrine, their neighbors step in to get the job done. As this happens, villages declare open defecation-free status, signifying community-wide sanitation. WASH committees work to move up the sanitation ladder, upgrading latrine infrastructure and securing safe water sources.

**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, PharmAccess, 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**

Lwala supports School Community Committees, composed of school officials and community members, to develop school improvement plans and launch their own solutions. We currently work across 13 government primary schools. While we provide technical support, training, and evaluation, School Community Committees 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. 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 are crucial to identifying challenges within the schools and implementing successful solutions to address them. In schools, headmasters, teachers, students, parents, and local leaders constitute major stakeholders with various interests and priorities that may converge or conflict. School Community Committees are composed of representatives from each of those groups and ensure that each of their constituent interests are met and every relevant viewpoint is represented. In addition, schools often have difficulty lobbying the government for increased funds to improve school infrastructure. Without these funds, schools are unable to build bathrooms, athletic fields, new classrooms, or water tanks for their students to enjoy school and feel safe. Lwala increases the number of participating teachers, parents, and community members at School Community Committees meetings, while simultaneously improving their capacity to advocate and hold the Ministry of Education accountable. We also train these committees on effective advocacy techniques, and specifically engage them on key issues.

**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 to bring 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 7 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 intergenerational 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 loans 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 to date. Over time, we’ll look at relative changes in Lwala sites compared to control sites to better understand the impact of our interventions. As the study progresses our evidence will increase in nuance and rigor.

Findings will be disseminated during routine meetings with all key stakeholders and will be utilized for policy and program planning as well as for quality improvement. This ongoing research and evaluation effort will provide both the hyper-local data needed to inform program implementation and generalizable conclusions about the effect of multifaceted, wraparound program strategies on health outcomes in low-income settings beyond this project.

Research Partnership with Vanderbilt Institute for Global Health

Faculty at Vanderbilt Institute for Global Health support Lwala’s Monitoring & Evaluation activities, and partner with us to publish academic studies. We also leverage the expertise of Vanderbilt biostatisticians to set up survey designs and analyze data.

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 50,000 individuals. Through a customized CommCare application, Community Health Workers access and input information about their clients in real-time and the data is automatically updated in our database. All of our data is then uploaded to Power BI, a powerful analytics tool that allows for easy and instant data manipulation, transformation, and visualization.
Staff Spotlight

ALFRED ODHIAMBO

After Alfred Odhiambo completed secondary school, a local group of community elders from Lwala village successfully organized a local fundraiser to raise the funds needed to pay for Alfred’s college fees. Once he received his diploma in Education from Migori College, Alfred wanted to give back to Lwala village, the community that came together to support him to achieve his goals.

Alfred joined Lwala’s Education team in November of 2015 and has noted significant changes in the community over time. Prior to Lwala’s inception, he noted that the community did not prioritize girls’ education. Girls, especially pregnant teens, were not given access to information, were discouraged from re-enrolling into school, and were generally left to remain at home while their brothers went to school. This frustrated Alfred because girls and girls deserve equal opportunities for success. He explains, “Education is the foundation for everything. Children who receive quality education are put on a path towards growth and endless opportunities.”

With our Broadened Horizons program, Lwala works to break down barriers inhibiting girls from accessing education by supporting girls who have dropped out of school to re-enroll. Through mentorship, scholastic support, school materials, and a small cash transfer to subsidize costs, Lwala creates the avenues needed to put girls on track to receive the education they seek. Now, the gap in school enrollment rates by gender is reducing as families understand that girls should have the same access to education as boys.

Alfred points to the School Community Committees as the driving force behind the success of Lwala’s Education program over the years. Comprising school officials and community members, these committees are the key link between the Ministry of Education, the schools in the community, and the community members. These committees ensure national policies are adhered to at their schools, they develop school improvement plans after identifying challenges and solutions, and they make sure the community is involved during every step of the process. In 2019, there was a 65% increase in parent attendance in school meetings across our 13 partner schools. This increase in parent attendance points to an increase in family engagement as parents are becoming more invested in their children’s education.

Alfred is grateful that Lwala also provides him with the avenues to keep growing his own personal and professional interests and skills. In addition to the countless conferences he is encouraged to attend on behalf of Lwala, Alfred is also currently pursuing a Bachelor’s degree in Education at Rongo University.
Beneficiary Story

MEREDITH AKETCH

When I became pregnant again, I contacted my Community Health Worker, Mercy*, and scheduled my first antenatal care visit at the Lwala Community Hospital. I am HIV-positive, so I was enrolled in Lwala’s Elimination of Mother-to-Child Transmission of HIV (EMTCT) program. This program supported me during my pregnancy with monthly meetings on HIV drug adherence, infant feeding, and nutrition. I knew these trainings were important, but I did not realize I would need so much support.

On February 17th 2019, I gave birth to twins – Sarah and Adam. When Sarah was born, she was significantly underweight, and at increased risk of complications due to being HIV exposed. Both of my twins started to take HIV medication as recommended by the clinicians in the EMTCT program.

I was so worried when I first returned home from the clinic. Many neighbors came to visit and check-in on Sarah. They knew she was underweight, and we were all worried whether she would make it. At first, it was hard for me to exclusively breastfeed Sarah as advised by the clinicians and nutritionist. Sarah was so small, and I was afraid she was not eating enough. But the continued support I received from Mercy whenever she would check-in on me kept me going. I trust Mercy to help me make decisions that are best for my family’s well being.

I knew that I needed to keep learning about how to keep my children and myself healthy. I attended Lwala’s nutrition trainings and the classes conducted by the Ministry of Health. I continued breastfeeding both twins, and making sure they took their HIV medication. Sarah also needed to take supplements. After 3 months, Sarah gained weight and was no longer malnourished. Later that year, both of my twins tested HIV negative!

Now, I am a mentor for other mothers in the community who are experiencing similar challenges. I encourage families with children enrolled in the EMTCT program, and other mothers with infants experiencing malnutrition to follow the medication and nutrition plans developed by Lwala health workers. I love accompanying Community Health Workers on visits with mothers who need one-on-one support. It is a difficult to have these challenges, but I am proud to work together and support my neighbors.

*Names have been changed, and photos omitted, to protect the privacy of the individuals depicted.