Executive Summary

About Lwala Community Alliance

Founded by a group of committed Kenyans, Lwala is building the capacity of rural communities to advance their own comprehensive well-being. Lwala believes that local communities have untapped potential to solve the world’s most pressing health challenges. We leverage our communities to lead in the design, implementation, and evaluation of all of our interventions. Then, we partner with communities, government, and universities to build evidence of impact and infuse these insights into the formal health system. This bottom-up change promises holistic solutions that are custom-built for the systems they are meant to reform.

Key Impact Indicators

Households Enrolled in Community Health Worker Program

Cumulative

<table>
<thead>
<tr>
<th></th>
<th>End of 2020</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>23,310</td>
<td>20,017</td>
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Couple Years of Protection

Annual comparison

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<tr>
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<tr>
<td>North, East, and South Kamagambo</td>
<td>20,968</td>
<td>16,488</td>
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Immunization Rate

2020

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<th>East Kamagambo</th>
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<tbody>
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<td>North Kamagambo</td>
<td>98%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Kamagambo</td>
<td>88%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Kamagambo</td>
<td>71%</td>
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COVID-19 Response

Community health workers (CHWs) trained and deployed across Migori County

2,563 CHWs

418 COVID-19 response CHWs

Personal protective equipment (PPE) procured to protect frontline health workers and continue essential health services

340,120 units of PPE distributed

148,946 COVID-19 screenings

HIV Patient Care

2020

98% viral suppression among patients enrolled on HIV care. This is an all-time high for this important indicator of HIV-positive patient health.

Skilled Delivery Rate

2020

<table>
<thead>
<tr>
<th></th>
<th>North Kamagambo</th>
<th>East Kamagambo</th>
<th>South Kamagambo</th>
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<tbody>
<tr>
<td>North Kamagambo</td>
<td>100%</td>
<td></td>
<td></td>
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<tr>
<td>East Kamagambo</td>
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<td>98%</td>
<td></td>
</tr>
<tr>
<td>South Kamagambo</td>
<td></td>
<td></td>
<td>95%</td>
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Expanding Our Model

Lwala supported the national policy process for community health and the professionalization of CHWs.

We convened a coalition of civil society organizations to advocate for and support coordinated implementation of community-centered universal health coverage (UHC).

We provided technical advisement, and supported public participation in the Migori County community health services policy process.

We supported the Ministry of Health to incorporate the non-pneumatic anti-shock garment (NASG) into the national maternal and newborn health strategy, the National Guidelines for Quality Obstetric and Perinatal Care, and the current draft of the Emergency Obstetric Care (EmOC) mentorship guide.
Dear Insiders,

Happy new year! In many ways, 2020 is still with us. Globally, COVID-19 is ever-present and we continue to imagine an equitable “post-COVID” future. A new page in the calendar does not erase challenges from the previous day. Thankfully, that means the lessons stay with us, too.

Reflecting on the year, we are in awe of the herculean effort of our frontline health workers, community members, and global partners. Meeting the challenges of the ongoing pandemic has required equal parts proactive, strategic action and steady, individual resolve. Together, we saw that swiftly revising health care protocols is just as important as continuing to wear a mask—even after all these months.

In March, Lwala set key priorities to guide our pandemic response: protect health workers, maintain essential services, stem the spread of the virus, and shield the vulnerable from economic shocks. To meet these goals, we pivoted work plans and expanded our budget by over 1 million USD. Our communities, facility staff, community health workers, and donors took this leap of faith with us. Because of their stalwart support, Lwala provided guidance on national protocols, plus training, PPE, drugs, routine testing, mental health counseling and digital tools to thousands of frontline workers. And, we allied with the Ministry of Health to launch a cadre of COVID-19 contact tracers and contact monitors across Migori County.

So, in late 2020, when the pandemic surged and government health workers went on strike across Kenya, the local health system was resilient, and we continued to serve our communities. In fact, the years of work we have put into bolstering the health system meant that – despite unprecedented challenges – we saw improvements in maternal, child, reproductive, and HIV health outcomes in 2020.

As we continue this work, we are humbled to share that – with our support – the board voted to change our titles from Executive Director and Managing Director, to Co-CEO. We joined Lwala over five years ago with a mandate from our board to scale the organization while further centering Kenyan leadership in decision making. Since then, we have worked to define a new framework for the organization’s leadership, which we call co-leadership. We have strengthened the Kenya NGO Board, adding African experts to lead us into this next strategic period. We have also added these members to our US board, meaning our US board membership rose from 25% African in 2015 to 60% African today. We have built a stellar leadership team of top Kenyan talent and improved our capacity to fundraise within and from Kenya.

As an organization, we are deeply committed to community-led health. This means undoing colonial mentalities in health care that create distance between health provider and client. Further, it means ensuring our communities hold real decision-making power in the design, implementation, and evaluation of projects. We believe that this official structure of leadership and executive titles will enable us to do more now, and in the "post COVID" world we continue to work towards.

Onward in solidarity,

Ash Rogers            Julius Mbeya
Co-CEO                  Co-CEO
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SYSTEMS CHANGE & COVID-19 RESPONSE

Leveraging our community-led health model to respond to COVID-19 and drive overall health system improvements

Lwala is applying lessons from our community-led health model to advance high-quality health for all – during and beyond the pandemic. We see ourselves as part of a global movement to advance universal health coverage by strengthening community health systems.

When the first patient in Kenya tested positive for COVID-19 in March of 2020, nationwide lockdowns and curfews went into effect, immediately impacting access to care. Lwala’s proactive response focused on protecting health workers, maintaining essential health services, stemming the spread of the virus, and protecting the most vulnerable from the pandemic’s economic shocks.

To drive this response, we leveraged our government partnerships, coalitions of civil society organizations, network of health facilities, existing cadres of CHWs and activated community committees. Our engagement in COVID-19 response has deepened those connections and accelerated our work with government health systems.

National collaboration

In 2020, Lwala convened a group of civil society organizations, called Community Health Units for Universal Health Coverage (CHU4UHC), to advocate national policy development and implementation of community-centered universal health coverage (UHC). We are investing in coalition building because we believe collective action is the best pathway for system-wide progress.

Driving national-level COVID-19 response

On behalf of CHU4UHC, Lwala presented to the Kenyan senate advocating for effective community health response to COVID-19, provision of PPE to CHWs, and paying CHWs for their contributions to pandemic response. Further, as the in-country liaison to the Ministry of Health for the COVID-19 Action Fund for Africa (CAF-Africa), we worked with partners to quantify the PPE needs for CHWs across Kenya and are continuing to support PPE procurement.

By invitation from the Ministry of Health’s community health division, Lwala supported production of the following national guidelines:

1. ‘Guidelines on Continued Provision of Community Health Services in the Context of Corona Virus Pandemic in Kenya’. Amongst other inputs, Lwala contributed CHW workflow protocols for these guidelines and pushed for PPE standards for all CHWs. These guidelines presented a roadmap for counties across Kenya to keep CHWs deployed and providing essential services in the midst of COVID-19 outbreaks.
2. ‘Home Based Isolation and Care Guidelines for Patients with COVID-19’. Before the guidelines were released, many asymptomatic and mild cases of COVID-19 (and sometimes suspected cases) were held in isolation and quarantine centers across the country. This increased the burden on the health system, put patients at further risk, and
heightened stigmatization. Since June 2020, CHWs have supported Ministry of Health officials to keep asymptomatic, mild, and suspected cases in home based care while monitoring them closely.

3. ‘Behaviour Change Communication in the Context of COVID-19 Infection Prevention and Control (IPC)’. These guidelines clarify and reinforce adherence to COVID-19 measures in health facilities. Training on this content was delivered to health workers across Kenya, including in Migori County.

National Community Health Policy
In addition to supporting national COVID-19 response, we are working to increase government investment in community health, with the specific goals of professionalizing community health workers, incorporating traditional birth attendants, and promoting functional community health committees.

With the support of CHU4UHC, Lwala presented to the Kenyan Senate a second time in 2020 to provide input on the national Community Health Strategy 2020-2025. This presentation was matched with sideline work with technocrats on strategy development. We are proud that the finalized strategy includes a few key recommendations:

- clarified structures for CHW supervision,
- centered the role of community health committees (CHCs),
- strengthened language on CHWs remuneration,
- focused on competency-based assessment, rather than literacy and education requirements for CHW certification.

Education barriers tend to exclude traditional birth attendants and bias against women. The exclusion of these groups is not only unjust; it serves to distance the health system from some of the most effective change agents. Lwala believes that CHWs and CHCs should represent the communities they serve and we’re building evidence of the efficacy of lower-literacy CHWs.

Advancing obstetric care across Kenya
Lwala supported the Ministry of Health to incorporate the non-pneumatic anti-shock garment (NASG) into the national maternal and newborn health strategy and the National Guidelines for Quality Obstetric and Perinatal Care. Lwala also supported inclusion of NASG into the current draft of the Emergency Obstetric Care (EmOC) mentorship guide, and is currently piloting the guide by training health workers in counties across Kenya.

Supporting national community health information systems
In 2020, Lwala joined the national Electronic Community Health Information System (eCHIS) technical working group. This group is expected to develop an eCHIS strategy for Kenya. This work will ultimately support universal health coverage and improve health outcomes by creating a reliable flow of data between community, county, and national levels.

Migori County partnership
Building on nearly a decade of strong partnership, Lwala worked side-by-side with our Ministry of Health colleagues as they fought COVID-19. The pandemic response work has given us the opportunity to highlight the importance of strong community-led health systems and
successfully advocate for essential inputs like CHW payment, training, supervision, equipment, and policy.

**Proactively responding to COVID-19 across Migori County**

Migori County called on Lwala as a key partner in COVID-19 response, and asked us to help coordinate the work of other development actors. Lwala supported Migori County to implement the national COVID-19 guidelines described above, and roll-out contact tracing and monitoring across Migori County.

In 2020, we **trained 2,563 existing CHWs and their supervisors across Migori County on an adapted protocol to continue essential services in the context of COVID-19**. Of these, we have trained and deployed **418 COVID-19 response community health workers (CR-CHWs) across Migori County**, and 80 supervisors to provide supportive supervision to these CR-CHWs. 2 CR-CHWs have been deployed to each community health unit across Migori County to support home-based care, contact tracing, and contact monitoring for a population of 1.1 million people.

To drive effective management of the CR-CHW cadre by Ministry of Health, Lwala has trained and coached 16 community focal persons from the Ministry of Health (2 in each sub county). The sub-county community health focal persons are supporting the CHW supervisors and COVID-19 response roll-out across the entire county. Together, Lwala and Ministry of Health are cost-sharing CHW stipends. The Ministry of Health is providing equipment, commodities, supervision, Lwala is providing personal protective equipment (PPE). **In 2020, Lwala provided 340,120 units of PPE to 2,520 frontline workers across Migori County.**

Lwala also provided COVID-19 prevention and health service updates via twice weekly radio shows. The radio program can be heard across Migori County (total population 1.1 million), plus neighboring Homa Bay and Kisii Counties, for a total reach of approximately 3.5 million people.

**Codifying community health services across Migori County**

In 2020, we collaborated with the Migori County Ministry of Health to organize a technical working group on community health services policy. We are working to codify key community-led health principles into county policy. These include: community health committees, and CHW payment and supervision.

In addition to policy advocacy, Lwala is supporting the county Ministry of Health to implement community-led health principles and improve health delivery. In 2020, we worked to strengthen Community Health Committees (CHCs). CHCs form the foundation of the community health system, bringing communities closer to their health providers, ensuring transparency in resource allocation and commodity distribution, and elevating community demands in policy and budgeting processes. CHCs are composed of a representative group of community members, and are tasked with overseeing health services at the community level. In national policy guidelines, they are clearly meant to hold governance authority for community health. However, in practice, they are often inactive and fall short of fulfilling their full potential in the health system.
In 2020, Lwala trained 42 CHCs across Migori County. Of those, 24 were newly formed by the Ministry of Health, and 18 received ongoing training and support. This training includes: leadership in the community health context, governance and community health services, the role of CHCs in effective communication, advocacy, networking, and social mobilization within a community unity, resource mobilization, proposal writing, and financial and health information systems. This work in 2020 was an important step in supporting the functionality of CHCs across Migori County, and leveraging them to promote increased investment in community health.

In 2020, Lwala joined the Early Childhood Development Network for Kenya. This is a national network, and Lwala is the only representative from Migori County. Leveraging our network, and early success with the early childhood development program, Lwala is supporting Migori County to develop a county-wide child protection policy.

**Comprehensive COVID-19 response in Rongo sub-county**

We provided direct service delivery in 3 out of the 4 sub-locations in Rongo Subcounty— North, East, and South Kamagambo – reaching a population of 85,000\(^1\). We will bring our full community-led health model to the rest of Rongo sub-county (population 125,000) in 2021.

While supporting global, national, and county-level action, we further contextualized our COVID-19 response in our direct service area. As with our national and county-level support, at the sub-county level we are focused on protecting health workers, continuing essential health services, stemming the spread of the virus, and shielding the most vulnerable from the socio-economic impacts of the pandemic.

**Protecting health workers**

As the first case of COVID-19 was confirmed in Kenya, Lwala developed detailed essential primary care guidelines for all partner health facility personnel, and equipped them with PPE. We also intensified infection prevention control – including protocols for donning and doffing PPE, setting up holding bays, waste management and occupational health and safety.

In 2020, Lwala conducted 1,505 COVID-19 tests – including 505 facility-based staff, 608 CHWs, and 392 community members. Of those tested, 86 tested positive and all recovered. Polymerase chain reaction (PCR) tests and rapid diagnostic tests (RDTs) were used, and routine testing continues to be part of our strategy to keep CHWs and facility staff safe.

Before conducting any household visits, CHWs used Lwala’s custom-built digital tool on a mobile device to conduct self-wellness checks, PPE supply checks and household phone screens for COVID-19 prior to home visits. Supervisors were alerted via automated text if any CHWs on their team were experiencing symptoms, COVID-19 exposed or had run out of PPE or cleaning supplies. CHWs remained at home until they received supervisor

\(^1\)Population numbers have been revised to reflect the most recent census published by Kenya National Bureau of Statistics (2019)
approval to redeploy. Supervisors were also notified automatically if a household screening call results in a suspected case.

This tool enabled CHWs to roll out WHO and UNICEF Integrated Community Case Management (iCCM) guidelines, and maintain essential services.

We continue to provide all CHWs and frontline health staff with mental health counseling. Team members accessed group therapy and individual sessions in 2020.

**Maintaining essential health services**
To reduce pressure on facilities, minimize client exposure, and continue routine care, we provided open-air well-patient outreaches that followed social distancing guidelines. Essential services available at the outreaches included: antenatal care visits, contraceptives, well-child visits and childhood immunizations.

In addition to the digital tools created for CHWs, Lwala developed a health facility gate screening tool. The facility gate screening tool assessed all visitors to Lwala Community Hospital and our 8 partner facilities for COVID-19 symptoms. In 2020, we used our gate screening tool to conduct nearly 79,000 COVID-19 screenings across entry points at 9 facilities. Plus, we equipped these same 9 partner health facilities with back-up commodities, PPE, and infection control adaptations.

**Stemming the spread of the virus**
Across Migori County, 2563 CHWs were trained on protocols for the continuation of essential health services in the context of COVID-19, including all 294 CHWs in Rongo sub-county. 418 CHWs were deployed as CR-CHWs across Migori County, including 52 in Rongo sub-county.

In 2020, CHWs provided 70,000 household screenings for COVID-19. 98% of CHWs (daily average) reported being fully equipped with personal protective equipment, and 93% of CHWs (daily average) performed a self-health check before home visits.

In addition to radio programming across Migori County, Lwala shared COVID-19 prevention messaging via bulk SMS and Whatsapp platforms to 11,700 unique recipients across Rongo sub-county.

To bolster handwashing practices and access to soap and clean water, Lwala built 2,568 hand-washing stations in Rongo sub-county.

**Shielding the most vulnerable from the socio-economic impacts of the virus**
The pandemic caused restrictions that impacted income stability and food access. In 2020, Lwala distributed economic support packages to 1,238 households, including 696 receiving financial support, 444 receiving food and financial support, and 98 receiving food and in-kind support. Food and in-kind support packages included: beans, rice, maize, sugar, soap, sanitary pads, cooking oil, and salt. Households with a positive case of COVID-19, including health workers who tested positive, and households evaluated as most vulnerable received this support.
To ensure transparency with our communities, the financial support program used clear eligibility requirements. Our process brought together CHWs and village elders to identify – from their close community understanding – potential households. Then, each household was evaluated with an 11-category index. Based on those results, the household was qualified or disqualified. Overall, communities welcomed the intervention on behalf of their most vulnerable neighbors.

Global engagement

Community Health Impact Coalition (CHIC)
Lwala is an active member of the Community Health Impact Coalition (CHIC), a coalition of 22 leading expert organizations implementing CHW models around the world. Together, we have co-authored several tools on optimizing community health systems that have been published and made available to a global audience.

In 2020, we contributed to:

- ongoing support for the COVID-19 Action Fund for Africa (CAF-Africa), a joint fund raising $100 million to support governments to procure personal protective equipment (PPE) for frontline health workers – including CHWs – across Sub-Saharan Africa. In 2020, CAF-Africa supported procurement of more than 57 million units of PPE across 12 countries.
- a resource wiki including COVID-19 protocols. These protocol resources have been accessed by UNICEF & ministries in multiple countries
- a Devex article on strengthening health systems using the AIM tool
- a paper published in BMJ Global Health underscoring the role of community health in response to COVID-19

At the end of 2020, CHIC was asked by UNICEF to draft guidelines to support national governments in developing their national deployment and vaccination plans for COVID-19 vaccines by outlining the role(s), needs and opportunities for community health workers (CHWs) to contribute.

Peer replication in Uganda
In 2020, Lwala provided technical assistance to Nama Wellness Community Centre (NAWEC) as they launched CHW program in Uganda, inclusive of traditional midwives. A pre and post-test using the CHW AIM tool, which outlines guidelines for creating and operating CHW programs, has shown a 3 point increase in this first year of the program. Key improvements were made in CHW recruitment and training. When COVID-19 emerged, NAWEC decided to continue building a strong community health system in their sub-county. Since the beginning of the pandemic, they have trained more than 50 CHWs, built capacity at local health centers, and proactively communicated COVID-19 information with their communities. The new CHW cadre was also able to provide an emergency food supply and mental health package, which would have been impossible before the launch of the CHW program. Building on this success, NAWEC became a member of the Community Health Impact Coalition (CHIC) at the end of 2020.
COMMUNITY HEALTH WORKERS

Lwala community health workers provide essential, lifesaving health services. They proactively visit households, track pregnancies, support facility deliveries, ensure on-time immunizations, test and treat common childhood illnesses, provide contraceptives, connect clients to health centers, provide health information, and dispel misinformation.

The COVID-19 pandemic threatened health systems globally, greatly disrupting access and exacerbating health inequities. In order to fulfill our goals of protecting health workers, maintaining essential services and stemming the spread of COVID-19, Lwala equipped our community health workers with:

- Training on COVID-19 prevention and screening
- Mental health counseling
- Personal protective equipment (PPE)
- Digital self-check tool to assess CHW safety prior to daily household visits
- Digital COVID-19 household screening tool to assess COVID-19 risk and link to further testing and surveillance

We invested in CHW protection, and they continued to care for their neighbors. Frontline health workers – including CHWs – are our heroes of the year.

22,982 households were enrolled in our community-led health model and regularly visited by a CHW. On average, 77% of households were visited by a CHW at least once in a month and CHWs provided a total of 240,000 visits throughout the year.
In 2020, CHWs provided 70,000 household screenings for COVID-19. 98% of CHWs (daily average) reported being fully equipped with personal protective equipment, and 93% of CHWs (daily average) performed a self-health check before home visits.

As a result of continued, safe CHW coverage, we maintained our important metrics of skilled delivery rate, antenatal care visits, immunization rate, couple years of protection, and HIV care adherence.

**FACILITY QUALITY IMPROVEMENT**

Lwala unites community members, facility health workers, and community health workers to drive continuous improvements across a network of 9 health facilities. These facility teams are called health facility management committees and Lwala supports them through a framework built around the World Health Organization’s 6 building blocks of health systems: service delivery, health workforce, information systems, supply chain, finance, and governance.

By early 2020, Lwala had made significant investments in this network of 9 health facilities, including tangible improvements in patient satisfaction, commodity stock availability, 24-hour maternity care, increased adherence to clinical protocols, and hosting community well-patient outreaches that bring clinical services closer to households.

Years of progress across our network of facilities means that our clients have multiple safe choices for facility services. Our experience in 2020 reinforced the importance of multiple, high-quality health care service points across health facilities, community health workers, and outreach events. When faced with the pandemic and an end-of-year government health worker strike, we saw how this strong network makes the health system more durable. When Lwala Community Hospital needed to divert clients due to COVID-19 cases amongst staff, the network of nearby CHWs, village outreaches, and facilities could serve patients. Then, when public facilities closed during health worker strikes, Lwala Community Hospital, and CHWs could, in turn, serve patients from the government health centers.

**Health Facility Assessments**

Lwala’s network of 9 health facilities includes 8 government health centers (levels 2 & 3) and one health center (level 4) operated directly by Lwala Community Alliance. Of the seven facilities with at least two assessments, there were significant improvements from baseline on the overall facility assessment as well as on patient satisfaction surveys.
Early in 2020, bi-annual Health Facility Assessment Scores showed that Health Facility Management Committees (HFMCs) across our partner facilities were not meeting as regularly as recommended. To address this opportunity – especially during COVID-19 – Lwala proposed virtual meetings for HFMCs, and facilitated the first events to ensure their technical success. Throughout 2020, HFMCs conducted virtual meetings to prevent the spread of the virus while continuously improving their facilities.

A community-led solution to save lives during COVID-19

Early in the pandemic, Kenya imposed a strict curfew to reduce the spread of the virus. In this period, a first-time mother went into labor at night and tried to reach Kangeso Health Center for help. Unfortunately, she was stopped on the way by police enforcing the curfew. Galvanized by this news, the health facility management committee at Kangeso – newly reconstituted and trained by Lwala – met virtually to solve the problem. They contacted the local police and agreed on a process to excuse patients seeking health services from the curfew. With coordination support from Lwala, this solution was replicated across our 9 partner facilities, and women laboring at night were able to once again access lifesaving care.
Lwala Community Hospital

When COVID-19 emerged, we intentionally tried to reduce crowding at Lwala Community Hospital. For example, we transitioned most HIV and non-communicable disease patients to home-based care. In October and November, faced with COVID-19 infections among Lwala Community Hospital staff, we diverted additional services away from the hospital while staff members quarantined. We mitigated the impacts of these changes by leveraging our network of partner facilities, community-based clinic outreach events, and community health workers. And, we made sure that those partner facilities were equipped with adequate drugs and staff to continue serving as a safe place with high-quality care. As a result, we sustained key outcomes for mothers, children, and people living with HIV. Plus, we learned from the outbreak, and started a staff rotation that has worked well to limit further infections. In December, we saw visits to Lwala Community Hospital return to pre-October levels.

Since December, health workers at government health facilities have been on strike. So, Lwala Community Hospital is now able to support patients from those facilities. In the same way that partner facilities could provide a safe, high-quality alternative to Lwala Community Hospital, the Hospital is serving that role for the network of partner facilities.

**Continuous improvement at Lwala Community Hospital**

We are investing in Lwala Community Hospital through third party care certifications – including SafeCare, LifeNet, and Baby Friendly Hospital Initiative – best-in-class staff training, and patient-centered care.
In 2020, Lwala Community Hospital received a SafeNet Health Standards score of 72. This was Lwala’s second SafeCare assessment after our baseline score of 57 received in 2017. The average score of facilities in the SafeCare program in Kenya is 48. The assessment evaluates facilities on 13 service elements, including: outpatient services, human resources management, patient and family rights and access to care, diagnostic imaging services, and inpatient care. Lwala Community Hospital’s most improved service elements were primary healthcare (outpatient) services, human resources management, inpatient care, laboratory services, and governance and management.

### Most Improved SafeCare Standard

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<th>Baseline Score</th>
<th>3rd Assessment</th>
<th>% Change</th>
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<td>Primary Healthcare (Outpatient) Services</td>
<td>52%</td>
<td>86%</td>
<td>65%</td>
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<tr>
<td>Human Resource Management</td>
<td>62%</td>
<td>93%</td>
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<tr>
<td>Inpatient Care</td>
<td>48%</td>
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<td>50%</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>62%</td>
<td>86%</td>
<td>38%</td>
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<tr>
<td>Governance and Management</td>
<td>65%</td>
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We have incorporated feedback from the latest assessment into our plans for future improvement. Key quality improvement projects include:

- Installing a nurse call system in patient wards, and ensuring that patients are aware that they are entitled to a timely response from a nurse when they call
- Developing a policy document that further defines how health care data is processed and accessed
- Developing and implementing additional standard operating procedures describing how occupational health and safety activities are completed

**Increasing live-saving clinical interventions for mothers and babies**

To reduce maternal and infant mortality, Lwala is scaling up two maternal and newborn health interventions – the Obstetric Hemorrhage Initiative, and Helping Babies Breathe -- across all of Migori County and beyond.

**Obstetric Hemorrhage Initiative**

Lwala has amassed implementation insights, government buy-in, and an evidence base to promote national adoption of the non-pneumatic anti-shock garment (NASG) – a key treatment option for obstetric hemorrhage. Lwala has deployed the NASG across Migori County, making it the first Kenyan county to scale-up use of this technology. So far, we have deployed the technology to 105 health facilities and trained 1134 health workers. With the insights from Migori, we supported the Ministry of Health to incorporate the non-pneumatic anti-shock garment into the national maternal and newborn health strategy and the National Guidelines for Quality Obstetric and Perinatal Care.

The NASG is a low technology, reusable tool that constricts blood flow to lower extremities while redirecting blood flow to vital organs, giving hemorrhaging women an additional 72 hours to get treatment.
To date, we have deployed the bundle to 105 facilities across Migori County, including 57 facilities newly equipped in 2020. To date, we have trained 1,134 clinical workers and 198 trainer-of-trainers (TOTs) on the obstetric hemorrhage bundle, including 300 clinical workers and 100 TOTs in 2020.

Lwala is working to reach every facility in Migori County with the obstetric hemorrhage bundle, and we have nearly reached that goal. Since the start of this initiative, NASG has been used to care for 508 mothers. We are closely studying adoption of NASG and have found it was used in 85% of the cases of severe shock across our study sites. This high level of fidelity is encouraging as the initiative scales.
Ongoing challenges include a blood shortage at the county level, and – specifically in Q4 – a health care provider strike across public health facilities. Blood drives are on hold during COVID-19, and referral facilities are closed or overwhelmed during the health care provider strike. Blood transfusions are a crucial component of obstetric hemorrhage treatment, so reliable blood supply is necessary. Lwala is exploring solutions to barriers.

**Helping Babies Breathe**

We are also delivering the Helping Babies Breathe curriculum to health workers across the county with an eye towards scaling in a similar fashion as the obstetric hemorrhage bundle. To date, we have trained 234 health workers and 78 trainer-of-trainers (TOTs) across 52 facilities to implement Helping Babies Breathe. This includes 180 health workers, 24 TOTs, and 16 facilities trained in 2020.

This year, we recorded 13,818 deliveries at facilities trained on Helping Babies Breathe, including 833 babies not breathing at birth. Of those, 648 were successfully resuscitated.

**MATERNAL AND CHILD HEALTH**

Lwala communities improved maternal and child health outcomes in the midst of the pandemic, including skilled delivery rates, antenatal care visits, immunization coverage, and well-child visit coverage.

In 2020, we conducted **14 open maternity days across facilities, reaching a total of 477 pregnant or lactating mothers**. Each partner facility across North, East, and South Kamagambo hosted at least 2 open maternity days during the year. Open maternity days are an opportunity for pregnant women and their families to interact with health care providers and visit the maternity unit to demystify birthing practices and mitigate any fears regarding child birth in the facility.

**Skilled delivery rate**

In 2020, we achieved a 100% skilled delivery rate in North Kamagambo, a 98% skilled delivery rate in East Kamagambo, and a 95% skilled delivery rate in South Kamagambo.
Antenatal care visits

In 2020, 86% of pregnant women in North Kamagambo attended 4+ antenatal care (ANC) visits. 82% of pregnant women in East Kamagambo, and 57% in South Kamagambo attended 4+ ANC visits. Overall, this represents a **23% increase in women completing 4+ antenatal care visits from 2019 to 2020.**

We attribute the significant increase in ANC visits in East Kamagambo to deliberate efforts to enhance CHW training and supervision, and increase open maternity days. In 2020, community health committees (CHCs) received additional training on governance and community health services, effective communication and networking, resource mobilization, financial management, and information systems. This training empowers CHC members with an
understanding of how they can link with health facility management committees (HFMCs) to improve service delivery. Following this training, HFMC members and facility staff were all involved in discussions of the best way forward. One of the outcomes of this collaboration was coordinating additional open maternity days to increase community members’ comfort with facility-based services.

We are contextualizing lessons from East Kamagambo to continue improving facility-based maternity services in South Kamagambo. Lwala expanded to South Kamagambo at the end of 2019. South Kamagambo is a very rural area, meaning that CHWs need to travel great distances between households, and community members need to travel great distances to a health facility. We have increased one-on-one mentoring in South Kamagambo to troubleshoot CHW data collection questions, and ensure that we have an early indication of health coverage gaps. Plus, we continue to increase health messaging, and ongoing CHW and CHC training. We are encouraged by our early progress in South Kamagambo, and diligence of our frontline health workers. As one CHW in South Kamagambo said, “When a woman in my village is pregnant, I ask about the movement of the baby. If the baby is not moving, I know that baby is in danger, and I advise the mother to go to the facility. I advise a pregnant mother who is weak all of the time to go to the facility to be tested for malaria. If I see a woman in the village approaching labor, I say, ‘Why are you here, dada? You should be at the facility. You could have a complication.’

Immunization rate

Lwala improved immunization coverage in the midst of the pandemic. Early in 2020, global supply chain challenges led to a stockout of the measles vaccine, causing children to fall behind on their immunization schedules. When the vaccine was back in stock, Lwala ran a successful rapid response initiative to ensure that no child was skipped.
SEXUAL AND REPRODUCTIVE HEALTH

Contraceptive services were impacted by the pandemic, particularly in April and October, yet we still achieved our highest overall couple years of protection (CYP) in one year, and a **40% increase in family planning visits from 2019 to 2020.**

CYP is a measure of birth control distributed, based on the number of years of pregnancy prevention it provides. Lwala provided **20,968 Couple Years of Protection (CYP)** in 2020, compared to 16,488 CYP in 2019. A key driver of that increase was Lwala’s expansion in South Kamagambo, which began in October 2019, and family planning-focused outreach events across North, East, and South Kamagambo.

The number of clients accessing contraceptive services dipped in April due to early confusion about travel restrictions and stay-at-home order. To dispel these fears and encourage health-seeking behavior to continue, we focused on public education activities including posters in prominent places, doubling radio broadcasts, increasing well-patient outreaches, and using a public address system community-by-community. Family planning service visits decreased again in Q4 when the area around Lwala Community Hospital experienced a COVID-19 outbreak in October, and – separately – when health care providers at government health facilities went on strike in December.
In 2020, Lwala’s 7 Youth Friendly Corners – a key health service point for young people - were converted to COVID-19 isolation centers. From our community research, we know that young people face barriers to accessing reproductive health services alongside the general population or through CHWs. Therefore, we took several actions to mitigate services gaps. First, we conducted youth-focused sexual and reproductive health well-patient, open-air outreaches. Additionally, our Youth Peer Provider provided on-demand services and sexual and reproductive health counseling through the Dial-A-Condom program. In 2020, 78 Youth Peer Providers distributed 81,015 condoms through the program. The Dial-A-Condom program has been a safe and popular way to continue condom distribution, especially while schools and Youth Friendly Corners were closed in 2020.

Building on the success of Dial-A-Condom, we conducted a pilot to add emergency contraceptive pills to Youth Peer Providers’ service package. During the pilot, we recorded a 775% increase in emergency contraceptive pills distributed, compared to baseline. Based on the success of this pilot, we plan to incorporate oral contraceptives as a standard offering of Youth Peer Providers.
Applying research for continuous improvement

In 2020, Lwala and colleagues from Vanderbilt Institute for Global Health submitted for publication a study on contraceptive uptake in Lwala communities. The study used regression analysis to identify factors associated with increased contraceptive use. The study compared Lwala communities, alongside four similar locations and found that living in a Lwala community significantly increased the odds of using a contraceptive method. In fact, women in Lwala communities were 2.6x more likely to use contraceptives. Importantly, this study also gives Lwala and the Kenya Ministry of Health more insight on how to target our most vulnerable populations, especially younger people.

EARLY CHILDHOOD DEVELOPMENT


After conducting a baseline study of early childhood development (ECD) knowledge and parenting norms, Lwala’s ECD work launched in 2020. This is the first ECD program in Migori County. In 2020, Lwala joined the Early Childhood Development Network for Kenya. This is a national network, and Lwala is the only representative from Migori County. Leveraging our network, and early success with the early childhood development program, Lwala is supporting Migori County to develop a county-wide child protection policy. Further, in Rongo sub-county, Lwala has supported the Ministry of Health to activate ECD reporting tools in their system. This paves the way for ECD interventions to be implemented and monitored in other parts of Rongo sub-county.

Lwala’s ECD approach uses play and cognitive stimulation to incorporate a child-centered approach to early learning. By integrating this work into our community-led model, we are addressing holistic outcomes for children in our communities through social, environmental, and developmental approaches.

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.

In 2020, 82 CHWs in North Kamagambo and 27 health care workers from Lwala’s 9 partner health facilities were trained on nurturing care and facilitation skills.

In 2020, 5,529 adult caregivers received messages about ECD and nurturing care during outreach events and CHW visits.

Further, community-based outreach events were used to conduct birth registration and enrollment into Kenya’s National Hospital Insurance Fund (NHIF). So far, 1,647 children have been registered and provided with birth certificates, and 1,096 additional caregivers have been enrolled into NHIF. This important work ensures that children and families are set up for a lifetime of care.

**Spotlight on Minyenya facility**

Lwala supported Minyenya health facility to construct a child play and breastfeeding space in 2020. Since opening, Lwala-trained staff at Minyenya have reached 882 caregivers with messages on play and communication with children. We expect that this dedicated space will enhance interaction between caregivers and children. Lwala also supported construction of ECD centers at Sumba and Tuk Jowi primary schools in 2020.

**NUTRITION**

With the emergence of COVID-19, we expected a surge in malnutrition cases because of changes in the economy. Further, we were concerned that the number of under-5 malnutrition screenings could decrease if access to care or fear of infection pervaded. To prevent this, we provided economic support (food, cash, and in-kind) to our most vulnerable households, and added continuous nutrition mentorship for CHWs.

**Continued under-5 malnutrition screening**

Lwala conducted 39,489 nutrition screenings of children in North Kamagambo in 2020, including 8,324 screenings in Q4.
CHWs monitor under-5 child growth through low-touch middle-upper arm circumference (MUAC) readings. During household visits and outreach events, CHWs support caregivers to use the MUAC tape and complete the reading themselves. With active, consistent screening, we can detect wasting cases more quickly.

Twice in 2020, as part of Kenya’s nationwide Malezi Bora child health awareness days, Lwala supported additional deworming and Vitamin A supplementation across all of Rongo sub-county. 17,208 children under 5 received vitamin A supplements, including 2,372 children under 1 year old, and 14,836 children between 1 and 5 years old. Plus, 13,330 children under 5 were treated for deworming.

**HIV AND WASH INTEGRATED CARE (HAWI)**

Lwala supports community members living with HIV by providing comprehensive HIV care through health centers and community health workers. And, we partner with support groups of people living with HIV and their allies as they launch community initiatives promoting health and development. With COVID-19 as a particular threat to this immunocompromised population, Lwala worked with support groups and community health workers to expand the number of clients receiving HIV drugs and clinician visits directly in their home. As a result, we nearly eliminated appointment defaults and saw all-time high rates of clients effectively suppressing the virus. In an assessment conducted by the University of Maryland in 2020, Lwala Community Hospital received top scores for anti-retroviral treatment retention across Migori County. Given the success of this innovation, we will continue this model even after the threat of COVID-19 subsides.
An important year for WASH infrastructure

The COVID-19 outbreak heightened awareness that basic hygiene practices like hand washing can mitigate the spread of disease. In response to the pandemic, we built upon Lwala’s existing
WASH programming by increasing access to improved latrines, chlorine for water treatment, liquid soap supplied by women’s cooperatives, and hand hygiene training and information. Through the HAWI program, we have focused on hand-washing education and sanitation and hygiene infrastructure. We are able to leverage this existing community knowledge to support our COVID-19 response and strengthen hand-washing practices.

Program activities included installing hand washing stations in health facilities, procuring chemicals for soap making by support groups for distribution to high risk populations and CHWs, and procurement and distribution of water treatment packs and water filters.

Handwashing station construction became a priority as soon as Kenya confirmed its first case of COVID-19 in March 2020. **2,568 handwashing stations were built in 2020**, including 2,184 handwashing stations were built between March and December 2020.

![WASH Infrastructure Built, Cumulative](image)

**In 2020, 780 new latrines were built, and 44 were improved.** We have nearly reached saturation in the number of new latrines to be built in North Kamagambo, so we are now maintaining and improving existing latrines. An unusual influx of rain in the first half of 2020, which caused latrines to enlarge and collapse. In response, WASH committees within each community organized with their neighbors to re-build or improve the latrines.

**EDUCATION**

While schools were closed due to COVID-19, Lwala supported students with continued learning and mentorship through phone calls, radio, SMS and WhatsApp. Plus, we focused on school infrastructure improvements, and preparing schools to reopen. Note: as of January 2021, schools across Kenya have reopened.
Supporting schools to re-open safely

All Kenyan schools were closed in response to COVID-19 in March 2020, and the Ministry of Education announced a partial re-opening (Grades 4 and 8) in October. Lwala supported 13 school Boards of Management (BOMs) to prepare a safe learning environment for teachers and students, and supported youth mentorship while schools were closed.

Across 13 primary schools, Lwala provided

- 26 thermoguns for temperature reading,
- 3,680 surgical masks for 184 teachers
- 2,650 reusable masks for 1,325 students
- 4 permanent handwashing stations
- 3 5,000-liter water tanks
- 20 liters of handwashing soap

Plus, we supported 4 schools – Lwala Secondary School, Lwala Primary School, Tukjowi Primary School, and Komito Primary School – with infrastructure improvements. At Lwala Primary School, for example, the school BOM installed a fence around the school so that visitors cannot access the grounds without screening. All 4 schools also completed infrastructure projects in Q3 to prevent over-crowding of students.

Facilitating education and mentorship during school shutdowns

In June, we increased our radio lessons from three times per week to every day for 1 hour. This includes one day focusing specifically on topics for girls. Increasing the number of radio events has allowed us to include all 5 key subjects for grades 6, 7, and 8. Students in those classes are more likely to drop out before secondary school if they do not receive specific attention.

Throughout school shutdowns, Lwala provided mentorship for 475 girls, including 373 enrolled in school, and 102 out-of-school. During the mentorship sessions, a teacher mentor speaks with the girl and her guardian(s) about how to continue learning during COVID-19, self-care, and sexual and reproductive health. Of the 373 in-school girls mentored in 2020, 4 had become pregnant. Follow-up mentorship with the girls and their families resulted in all 4 girls reporting back to school.

Working with RELI to prepare for competency-based curriculum

We continued our strategic work with the Regional Education Learning Initiative (RELI). RELI is composed of more than 70-member organizations, all working together to ensure inclusive learning for all children in East Africa. Lwala is active in the “learner-centered teaching”, and “value and life skills” thematic groups. As part of those groups, we are preparing the community for the new nationwide, competency-based curriculum. Our goal is to improve student outcomes by proactively raising awareness of the new curriculum amongst caregivers, teachers, and students.
ECONOMIC EMPOWERMENT

Savings and loan cooperative
In 2020, Lwala village’s savings and loan cooperative served 153 members, including 36 new members recruited during the year. The combined member savings held by the cooperative in 2020 is $165,270.37. This cooperative operates independently and provides pro-poor financing to staff and community members. WE were encouraged to see membership and total savings increase during the pandemic.

Village Enterprise
Through Village Enterprise’s business loan program, business owner groups pool their savings, loan it out, and receive their savings back plus interest. To reduce gatherings and physical currency exchange in the context of COVID-19, loans and savings are now distributed to enterprise groups through M-Pesa – Kenya’s popular mobile phone money transfer service.

In 2020, loan repayment for all 16 business saving groups have been timely. **100% of business saving groups received their savings back.**

MEASUREMENT AND RESEARCH

COVID-19 Response
In 2020, Lwala’s monitoring & evaluation team supported the roll-out of Lwala’s digital tools to facilitate COVID-19 screening and reporting. These tools included custom Commcare applications for facilities and CHWs, and PowerBI visualization for fast tracking and reporting.

Research & Evaluation
With our colleagues at Vanderbilt Institute for Global Health, Lwala completed 3 new studies in 2020:

- **The Prevalence of Interpersonal Violence (IPV) Against Women and its Associated Variables: An Exploratory Study in the Rongo Sub-County of Migori County, Kenya**\(^3\). Lwala co-authored [this exploratory study](https://journal.interpersonalviolence.com/articles/2020/07/0886260520935484) of interpersonal violence in Rongo Sub-County. Results from the study provide hyper-local data necessary to develop targeted interventions in our communities, and data that can be generalized (with sampling methods) for use by other implementers in sub-Saharan Africa.

- **Knowledge of Obstetric and Neonatal Danger Signs among Community Health Workers in the Rongo Sub-County of Migori County, Kenya: Results of a Community-Based Cross-Sectional Survey.**\(^4\) This study compared Lwala professionalized community health workers to status quo community health workers. Importantly, formal education level was not a predictor of CHW knowledge. Lwala is leveraging this and other evidence to support

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policymakers to design more effective community health systems in Kenya and beyond. Additionally, the study found that the professionalized CHW cadre was:

- Trained twice as frequently
- Retained 40% longer
- 5 times as likely to be knowledgeable of danger signs in pregnancy and early infancy than status quo community health workers

- Determinants of modern contraceptive prevalence and unplanned pregnancies in Migori County, Kenya: results of a cross-sectional household survey. This manuscript is a study of contraceptive prevalence used regression analysis to identify factors associated with increased contraceptive use. The study compared Lwala communities, alongside four similar locations and found that living in a Lwala community significantly increased the odds of using a contraceptive method. Importantly, this study also gives Lwala and the Kenya Ministry of Health more insight on how to target our most vulnerable populations, especially younger people.

LEADERSHIP

New board member spotlights

Gladys Onyango

Gladys is an international development professional, based in Nairobi with experience across Sub Saharan Africa. She holds degrees from a Bachelors of African Studies from Wellesley, a post-graduate certificate of Political Science & Public Administration from University of Nairobi, and a Masters of Development Practice, Population Health & Social Policy from UC Berkeley. She is currently Director of Programs at Segal Family Foundation. Gladys believes that everyone deserves an opportunity to realize their full potential. What drives her work in human rights and social welfare in East Africa is the strong conviction that a just society in which everyone (especially the marginalized and the powerless) can be heard and live a full, dignified, and meaningful life is possible.

Constance Shumba, Ph.D.

Constance is a global health expert and is passionate about advancing the rights of communities as co-producers of change and creating safe and enabling environments that empower them to maximize their health potential. She is a dynamic cross-cultural leader, who optimises efficiency through effective strategies and delivers results in line with global performance standards. She has experience in designing and delivering complex and high-quality impactful health and nutrition programs in Africa and in Asia. Her experience spans several areas: comprehensive HIV and sexual and reproductive health rights programs; TB, malaria; integrated community case management; quality improvement, implementation research, curriculum development and health systems strengthening. Constance currently works as a Faculty member for the Aga Khan University, Kenya. She has over 22 published articles in peer-reviewed journals and is an honorary faculty member for the MPH program at the University of Liverpool. She was a World Board member, of the World YWCA from 2007 to 2011, and took part in designing policies and providing strategic direction to this world movement, with a membership of over 25 million women and girls.

Lwala staff offered their expertise at events throughout the year

Ash Rogers, Co-CEO, spoke on the New English International Donors’ webinar on Women’s Empowerment: Maternal and Reproductive Health in March.

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.

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

Julius Mbeya, Co-CEO, resented at the Aspen Institute's Aspen Planning & Evaluation Program. The theme of the discussion, titled ‘Money, Power, and “Capacity Development” in Africa: Perspectives from Civil Society Organizations’, centered on power and who wields it in efforts to achieve effective civil society organizations.

Ash Rogers, Co-CEO, presented at the launch of the Coalition of Blood for Africa (CoBA). CoBA is an effort to strengthen access to a safe and sustainable blood supply across the continent.
Lwala’s Clinical Excellence Manager presented with colleagues from CHIC at the Coregroup Global Health Practitioner conference. The discussion centered on how community health systems enabled continuity of service during COVID-19.

Lwala worked with Resolve to Save Lives, and other partners, to publish key recommendations for protecting frontline health workers.

Lwala’s Clinical Excellence Manager spoke on the ‘State of HIV/AIDS in Africa’ panel at African Public Health Network’s Global AIDS Day event. Lwala’s work to achieve an all-time high of viral load suppression – even during the COVID-19 pandemic – was featured in the discussion.

At the AIDS2020 virtual conference, Lwala joined the Frontline Health Workers Coalition and Living Goods to discuss digital tools developed for CHWs during COVID-19. Lwala’s Monitoring & Evaluation Systems Administrator described the CHW mobile app in use before COVID-19, and key enhancements made to protect CHWs and households in the context of COVID-19.

Julius Mbeya, Co-CEO, 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, Julius Mbeya, Co-CEO, spoke on a panel alongside fellow Community Health Impact Coalition Organizations entitled “Supporting CHWs on the Frontlines of COVID-19 Response.”

Ash Rogers, Co-CEO, spoke at Innovations in Healthcare’s virtual panel on Maintaining Maternal and Child Care during the Pandemic. The panel discussed challenges around patient education, adjustments to clinical workflows, staff training, and the future of maternal and child health after COVID-19.

Lwala’s Early Childhood Development coordinator spoke on Citizen TV Kenya about several topics, including online safety for children.

Julius Mbeya, Co-CEO, spoke at Princeton in Africa’s virtual panel on Adapting Public Health Structures for COVID-19. The panel discussed Lwala’s COVID-19 response, and how community health services can offer “health as an everyday experience, not just something you experience at a facility”.

A Lwala and Ministry of Health community health worker was interviewed by Johnson & Johnson Global Health and Devex as part of the #BackTheFrontline series. In an excerpt featured on Devex’s social media, the CHW described additional challenges facing CHWs during COVID-19.

At the AIDS2020 virtual conference, Lwala joined the Frontline Health Workers Coalition and Living Goods to discuss digital tools developed for CHWs during COVID-19. Lwala’s Monitoring & Evaluation Systems Administrator described the CHW mobile app in use before COVID-19, and key enhancements made to protect CHWs and households in the context of COVID-19.
Lwala’s Impact Director has joined a national-level Ministry of Health Technical Working Group created to facilitate the development of a strategic plan for Kenya’s first Electronic Community Health Information System (eCHIS). In September, Lwala participated in a 3-day workshop to support development of a strategic framework and national community health digital module.

Lwala presented during the NetHope Virtual Global Summit 2020. The panel discussion, called “Building Data Confidence for Sustainable Digital Systems”, included peers from Medic Mobile and DataKind. Lwala’s presentation centered on how we are building confidence in health worker generated data to track patients, provide appropriate and timely care, and build integrity in national-level data.

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

‘Lwala was named as a finalist for the inaugural F.M. Kirby Prize
Community Spotlight

Roseline, Lwala kitchen staff member, recovers from COVID-19 through home-based care

Roseline, a mother of 3, works in Lwala Community Hospital’s kitchen. Every day, she works to ensure that patients and staff have nutritious food to eat. As a hospital staff member, she received training on COVID-19 protocols in early March 2020.

She remembers hearing about the many difficult changes that would need to be made at work and with her family – especially limiting travel to visit family, and avoiding handshakes.

Adjusting to social distancing was difficult for Roseline, but she committed to the protocols and wore her PPE to protect her colleagues, hospital patients, and family members. As COVID-19 testing became available, Roseline quickly volunteered to be tested. “I decided to go for testing because I am a mother of three children and I wanted to protect my family from COVID-19.”

When her test came back positive, Roseline was anxious, but glad she had information to protect those around her. Since she was asymptomatic, and had accommodations at her home for isolation, she was eligible for home-based care.

Before starting her 14-day home-based care, Roseline received additional PPE from Lwala, including a box of gloves, 20 masks, and hand sanitizer. At first, it was difficult for her family to understand, especially because she was not exhibiting any worrisome symptoms. To support home-based care, contact tracing, and contact monitoring Lwala and the Ministry of Health deployed a new cadre of COVID-19 response community health workers (CR-CHWs). With frequent visits from a CR-CHW and community health nurse, Roseline’s family learned the importance of allowing her to isolate – even though she was at home. Plus, the visits ensured that Roseline monitored her temperature and noted any changes in symptoms. Roseline says, “they walked the journey with me for 14 days while I was in quarantine. They gave me and my family strength and encouragement even when my neighbors became fearful and did not want to associate with us.”

After 14 days, Roseline was tested again and the result came back negative. Initially, even after her negative result, Roseline says that neighbors and friends avoided her on the street. “I have gained the courage to act as a living testimony in my community. I sensitize my family, friends and neighbors about how they can prevent infection. COVID-19 is real and anyone can get it. It doesn’t matter if you are young or old, or whatever your profession. If anybody wants to protect themselves, their families and neighbors, they should follow the Ministry of Health guidelines.”