Executive Summary

About Lwala Community Alliance

Founded by a group of committed Kenyans, Lwala builds the capacity of rural communities to advance their own comprehensive well-being. We support Kenyan communities to design, implement, and evaluate solutions to their most pressing health challenges. Then, we build coalitions of communities, health workers, government, and universities to build evidence of impact and infuse these insights into the formal health system in Kenya and beyond. This bottom-up change promises holistic solutions that are custom-built for the systems they are meant to reform.

Key Impact Indicators

Despite a health worker strike that closed public facilities for much of the quarter, we sustained gains in skilled delivery and immunization rates and increased antenatal completion in all locations. This was due to the diligence of our teams of Community Health Workers and nurses, who leveraged individualized, mobile data to effectively target high-need areas for additional clinical outreaches and home-based services. We also achieved 100% CHW reporting in February and March, and Lwala Community Hospital achieved near-perfect patient engagement (100%) and satisfaction scores (99%).

COVID-19 Response

- Introduced COVID-19 rapid diagnostic testing and procured 7,000 rapid test kits
- Supported COVID-19 vaccine distribution to over 4,100 individuals, including 1,634 CHWs
- Conducted 29,216 household COVID-19 screenings

National Influence

Acted as the national training partner on low-cost NASG compression technology, contributing to the national mentorship guide for obstetric complications, and piloting the guide with 130 health leaders across 17 Kenyan counties.

Research

We published new research in the African Journal of Reproductive Health which finds that women in Lwala communities are 2.6x more likely to use modern contraceptives. 

Research published in collaboration with Community Health Impact Coalition partners shows that adequately-supported CHWs can blunt the impact of pandemics.
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Letter from the Co-CEOs

This quarter was always going to be out of the ordinary - with the official launch of our 2025 strategy and COVID-19 still spreading, we were expecting a busy time. Layered on top of that was a 3-month long health care worker strike, which paralyzed the Kenyan health system when it was already in crisis.

All of this happened as we began the roll-out of our five-year strategy, which is focused on improving health outcomes across Migori County’s 1.1 million people and leveraging our research and insights to support national scale and influence. Underpinning this strategy is a restructure which organizes our team around target client groups, rather than sector silos, and supports our strategic move toward more integrated care.

Q1 2021 was thedeadliest period for Kenya since COVID-19 began, so we continued our focus on Migori County’s COVID-19 response while keeping essential services on track. We supported Migori County in COVID-19 vaccine distribution strategy and implementation, emphasizing the protection of CHWs alongside other frontline health workers. By mid-April over 4,100 health workers and eligible people had been vaccinated, with more than 40% of these vaccinations going to CHWs.

When the health worker strike started in December 2020, we were already well positioned to support community-based health service delivery, and we quickly mobilized teams of nurses and CHWs to support care delivery outside of facilities. This included supporting Community Health Workers (CHWs) to provide more care in homes and working to provide additional services in open-air outreaches. So while Q1 patient visits are down at government health facilities, impacting contraceptive provision, outpatient services, and emergency referrals, we were able to maintain skilled delivery and immunization rates and actually drive increases in antenatal care completion.

Driven by an inflow of patients from closed government facilities, Lwala Community Hospital saw some of our highest patient volume ever. In a patient satisfaction survey conducting during this period, the hospital achieved 99% patient satisfaction and near perfect patient engagement scores. We’re proud that despite the challenges, the relationship between our providers and the community is strong.

At the systems level, our obstetric hemorrhage initiative went national, with Lwala supporting the revision of the national Emergency Obstetric Care (EmOC) mentorship guidelines and acting as national training partner. Lwala threw our weight behind a national blood drive in partnership with Coalition of Blood for Africa and the First Lady’s Beyond Zero Campaign, which will be critical to addressing blood shortages exacerbated by the pandemic.

Looking forward, we intend to mobilize personal protective equipment (PPE) for CHWs across Kenya in partnership with COVID-19 Action Fund for Africa (CAF-Africa); strengthen Community Health Committees across Migori County; and, expand our direct service delivery to a new region, reaching a total population of 125,000. Now, more than ever, we are proud to stand with our communities, health workers, government colleagues, and allies as we advance health for all.

Ash Rogers    Julius Mbeya
Co-CEO        Co-CEO
Our Impact

COVID-19 RESPONSE

Across Kenya, cases of COVID-19 rose in the wake of the December holidays and into Q1, hitting an all-time peak in late March. In January, Lwala supported county-wide training on rapid diagnostic testing and worked with the Ministry of Health to greatly expand the testing regime, just in time for this surge in cases. The Kenyan government instituted new restrictions in early March, including a curfew in high-density areas. Also in March, the first doses of the Oxford AstraZeneca vaccine arrived in Kenya, a year after the first case of COVID-19 was identified there. The vaccines were provided as part of the COVAX facility, a partnership spearheaded by Gavi and the World Health Organization to distribute COVID-19 vaccines to countries around the world. In March, Kenya received 1 million doses of the Oxford AstraZeneca vaccine for distribution to its 47 counties, prioritizing health care workers.

Vaccination Distribution

Lwala played a critical role in Migori County’s COVID-19 vaccine distribution by supporting development of the distribution plan, leading the community sensitization and mobilization campaign, and administering vaccines directly through outreaches and with Lwala Community Hospital acting as a vaccine site. With Lwala’s support, Migori County has vaccinated 1,634 CHWs (out of 2,500) and over 4,110 frontline health workers and eligible people across the county, as of late April. This is important because CHWs are not often prioritized alongside other health workers and Lwala worked hard to have them included in the first round of vaccines.

County COVID-19 Response

In response to a shortage of COVID-19 PCR\(^1\) test kits and long delays in getting PCR results, Lwala worked with Migori County Ministry of Health to allow deployment of rapid diagnostic testing for COVID-19. We financed and organized training sessions for our staff and the Ministry of Health team on the use of rapid tests, paving the way for routine testing for all CHWs in Rongo sub-county, as well as the COVID-19 Response CHWs across Migori County. Lwala also procured 7,000 additional rapid tests this quarter, which are now being used in all eight Migori sub-counties. Through the combined use of rapid tests and PCRs, we have created more access to COVID-19 testing and slowed the spread of the virus.

Lwala continued to support county-wide mentorship, equipment, and compensation of 418 COVID-19 Response CHWs who provide COVID-19 contact tracing, contact monitoring, and home-based care. Through persistent engagement, Lwala provided support to the COVID-19 response structures in all Migori sub-counties which has improved coordination and reporting rates and quality.

Sub-County COVID-19 Response

In 2020, Lwala introduced mobile COVID-19 tools to its cohort of CHWs, who now use Lwala’s custom-built tools to conduct self-wellness checks, PPE supply checks, and household COVID-19 screenings. Supervisors are alerted via automated text if any CHWs on their team were experiencing symptoms, reported COVID-19 exposure, or had run out of PPE or cleaning supplies. If a CHW reported any of the above, they were instructed to remain at home until they received supervisor approval to redeploy.

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\(^1\) Polymerase chain reaction tests, also known as molecular tests, detect virus genetic material. They are more specific but often take longer to get results than a rapid antigen test.
Supervisors were also notified automatically if a household screening resulted in a suspected case. CHWs conducted 28,216 household screenings for COVID-19 in Q1, with a 93% daily average adherence to the self-check protocol.

Lwala also provided PPE, routine testing, and mental health counseling for its CHW cadre. This quarter, we procured and distributed 273,990 units of PPE and in 98% of the daily checks CHWs reported being fully equipped. Lwala routinely tested over 800 CHWs this quarter, of which six CHWs tested positive; they received counselling and were supported in home-based care or transferred for treatment.

HEALTH SYSTEMS STRENGTHENING

Lwala made progress against its goals at the county, national, and global levels despite the ongoing challenge of COVID-19 and the new challenge of the health workers strike. We doubled down on strengthening mechanisms which start at the community level and build accountability in the public system.

Community Health Systems Assessment

Lwala is also partnering with Migori County Ministry of Health to conduct assessments of the community health system with an eye towards county-wide systems strengthening. First, we developed twin assessment and monitoring tools that could provide a baseline for CHC functioning. Lwala piloted this assessment and digitized it for easy use and application. In addition to questions assessing CHC functionality, the tool also includes a bio data section which was developed to provide clear composition of CHCs in terms of gender, age, sex, marital status, disability, and level of education. This is important in understanding representation in CHCs. Over the course of the quarter, Lwala was able to conduct assessments of 201 CHCs across Migori County. In Q1 2021, Lwala staff and the Migori County officials teamed up to provide input into the new national CHC curriculum. Together, we shared our experience working with committees and the preliminary findings from the assessment.

Final analysis of the CHC assessment is ongoing and will be complete in Q2. Lwala will disseminate it to inform county-wide action to retrain and reinvigorate CHCs. And, as the only county-wide assessment of CHC functionality in Kenya, it will play a key role in informing the national curriculum.

In Q1, we also assessed 27 Community Health Units (village-level areas comprised of community health committees, CHWs, and CHW supervisors) in Kuria East sub-county. Lwala found that most of the Community Health Units were last supervised in 2019, and 40% of the existing CHWs were newly recruited, had not been trained, did not understand their roles, or were not involved in monthly data reviews. We also
found that the sub-county was not regularly assessing the Community Health Units. Lwala and our ministry colleagues will use this information as we move to strengthen these systems.

**Raising the Standards for CHW Programs**

This quarter, we supported the Migori County Ministry of Health to convene implementing partners working in Migori around the theme of improving coordination. We were proud that at that meeting, county leadership called on all partners working with CHWs to pay them. This is an advocacy goal that Lwala has been working towards for many years, and we are encouraged by the leadership from government on this point. Lwala was also asked to develop a guide on how to work with CHWs that will inform new partner’s approaches to supporting CHWs and provide guidance on the inclusion of traditional birth attendants.

**Commodity Supply Chain**

Despite delays caused by the health worker strike, Lwala supported Migori County to sign an MOU with Maisha Meds to improve county commodity management by piloting a commodity tracking tool in five facilities in Rongo sub-county. Maisha Med trained and issued tablets to five facilities and Lwala is following up on the progress. Through this effort from Lwala, Migori County officials made a resolution to establish a Health Products and Technologies unit that would provide stewardship and oversight for commodity-related functions within the county and further to increase access to quality health commodities in Migori.

**National Obstetric Hemorrhage Protocols and Training**

Lwala is playing a leading role in promoting adoption of the Obstetric Hemorrhage Bundle Initiative at county and national levels. (As a reminder, obstetric hemorrhage is the leading cause of maternal death in Kenya and in much of the developing world.) Specifically, Lwala has emerged as Kenya’s leading advocate for a low-cost compression garment (called a non-pneumatic anti-shock garment, or NASG) which has proven to be effective and cost-effective at stabilizing women who are suffering from obstetric hemorrhage. The NASG garment uses Velcro and wetsuit-like material and is easy to use once healthcare providers are trained. Lwala is advocating for inclusion of NASG training in Kenya’s Emergency Obstetric Care (EmOC) curriculum, and to support procurement of NASG garments in the country.

During Q1, Lwala provided technical support to the national Ministry of Health on the use and roll-out of the NASG compression garment, leveraging our experience in piloting its use across Migori County. Lwala provided support to draft the mentorship guide that would accompany the EmOC curriculum, piloting that guide to 130 health care providers in 17 counties. As a result of Lwala’s demonstrated expertise, the national team then asked Lwala to train 30 members of the national team and its strategic partners directly, including Jacaranda Health, Liverpool School of Tropical Medicine, Option Kenya, and Kenyatta National Hospital. Lwala will continue to coordinate with these partners to ensure the mentorship package is approved and rolled out country-wide.

**Nation-Wide Blood Drive**

Lwala’s support for obstetric hemorrhage management at the county-level has resulted in more women being stabilized while suffering from hemorrhage. This gives the health system more time to provide advanced care, which will typically involves a blood transfusion. In late 2019, Kenya began experiencing shortages in blood supply as funding streams shifted. This situation was made much worse by the COVID-19 pandemic, which made it incredibly difficult to conduct blood drives due to limitations on gathering and restricted mobility. Kenya’s total blood supply dropped 45% between 2019 and 2020 (WHO).
To bridge the gap, last year Lwala partnered with Terumo, the Kenya National Blood Transfusion Service, the First Ladies Beyond Zero campaign and other partners to launch the Coalition of Blood for Africa (CoBA). This quarter, CoBA spearheaded two nation-wide blood drives over Valentine’s Day and International Women’s Day. In Migori, Lwala collected 329 pints of blood for use in the county.

Global Engagement and Influence

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. This quarter, we pooled our routine program data with other members of CHIC as part of a quality-improvement project to assess possible disruption in care utilization since the onset of COVID-19. We found that adequately-supported CHW programs (i.e. those abiding by the WHO Guideline and equipping CHWs with PPE and COVID education in a timely manner) may blunt the impact of health system shocks like pandemics. We have recently published these results here.

Along with other CHIC partners, we contributed to the recently published WHO/UNICEF 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 CHWs to contribute.

DIRECT DELIVERY

Clinical Excellence

The start of the quarter was marked by a nation-wide government healthcare worker strike that shut down the public health system and disrupted service provision. Doctors, nurses, lab techs, dentists, and other service providers initiated the strike at the end of December 2020 to protest a lack of protection and compensation in the face of COVID-19. The strike lasted 70 days before it was ended by a national court-order requiring healthcare workers return to work.

This strike had significant effects on Lwala’s operations and programs, considering how integrated our work is with the public sectors. Public hospitals were closed, limiting options for patients who needed referrals. Public lab-based diagnostic services and primary health services were halted, and many primary health facilities greatly reduced services or closed altogether. Lwala responded by mobilizing teams of facility-based health workers and CHWs to provide more care in homes and through open-air outreaches. At the same time, Lwala Community Hospital saw a huge increase in clients, as people sought care from other regions.

Facility Quality Improvement

As part of its quality improvement work, Lwala unites community members, facility health workers, and CHWs to drive continuous improvements across a network of nine 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. With services limited and many public facilities closed for most of the quarter, patients had to seek care elsewhere. As seen in the charts below, facility visits were significantly depressed in January and February, and we saw backsliding in patient satisfaction scores in five partner facilities.
Despite the challenges brought about by the strike, Health Facility Management Committees continued their work. Four of our Health Facility Management Committees organized to raise resources and improve facility infrastructure during this period (example below). Lwala spent this time drafting an implementation framework that could support stronger collaboration between Health Facility Management Committees and their community-level counterparts, Community Health Committees. These entities began meeting jointly in this period and aligning on quality improvement goals. We also continued to support facilities to respond to COVID-19, distributing PPE and supporting vaccination roll-out. With the end of the strike, our facilities saw a significant rebound in patient visits upon reopening in March.

**Lab Development at Kangeso Dispensary**

One example of a facility that made gains this quarter is Kangeso. Prior to 2021, Kangeso Dispensary did not have an on-site laboratory; patients were either diagnosed clinically, without lab confirmation, or they were referred to Rongo sub-county to do diagnostic tests. This resulted in low test completion: of those referred, only 70% came back with test results. When it came to pregnant women, this was resulting in drop-off during the third trimester, which meant clinicians could not monitor complications. In response
to this challenge, Kangeso’s Health Facility Management Committee mobilized resources to renovate their lab. Lwala provided training on sources of public funding that they could access as part of the national Linda Mama program (a Kenyan effort toward Universal Health Care) and donated a microscope. Kangeso’s Health Facility Management Committee understood the importance of a lab, engaged the local community, and mobilized for voluntary donations to support the lab’s renovation, procuring a centrifuge and a refrigerator for reagents. The lab began operating in December 2020 and has resulted in improved antenatal care completion, reduction in maternal complications, and increase in services because simple and common blood tests can be done on site, improving diagnostics.

Lwala Community Hospital

Driven by an inflow of patients from closed government facilities, Lwala Community Hospital saw some of our highest patient volume ever. More than half of all patients came from outside our immediate area of North Kamagambo, representing a shift in our patient population since last summer and an even bigger shift since before the pandemic. As our team served this influx of patients, they also served as a COVID-19 vaccination site.

Maternal Health

Lwala Community Hospital made significant progress in Maternal and Perinatal Death Surveillance and Response (MPDSR), which is a critical tool that helps improve the quality of care for maternal and neonatal health. It measures facilities’ capabilities to track and respond to preventable complications and reduce maternal and neonatal mortality. Lwala’s assessment score increased from 41% to 94% from 2020 to 2021, representing a huge leap and demonstrating its preparedness to manage maternal and child health services. Additionally, ultrasound services resumed after being paused during 2020 due to COVID-19; after putting measures to prevent infections, we reintroduced ultrasound services in February, serving 235 women.
Non-Communicable Diseases
Lwala expanded its non-communicable disease services, improving cervical cancer screening among HIV positive clients, forming new diabetes and hypertension support groups, and conducting community outreaches on hypertension and diabetes screening to improve community awareness and service uptake.

Other achievements include:
- Infrastructure improvement, particularly in the pediatric ward, in response to surge in pediatric patients during this quarter.
- Collaborating with Migori County to get access to the Migori County Hospital Oxygen plant to reduce oxygen refill costs—of critical importance in the context of COVID-19.
- Maintenance of at least 3 months antiretroviral stocks at any time to support patient adherence.
- Continuing with staff mentorships and trainings on nutrition screening, differentiated care, integrated management of newborn and childhood illnesses, obstetric hemorrhage management and treatment, and infection prevention and control.

Patient Satisfaction Scores
Notably, Lwala Community Hospital’s patient satisfaction and patient engagement numbers reached 99% and 100%, respectively. We attribute this strong approval from our patients to the relationship our team has built with the community during this period of crisis. Our team made swift adjustments to meet new demand, continued to invest in improved clinical quality, and served as a COVID-19 vaccination site. Our team has seen demonstrations of gratitude from our patient population as they recognize the sacrifices our frontline health workers have made to provide care.

Clinical Training
Helping Babies Breathe
Lwala was able to make progress on the scale up of two low-cost interventions aimed at improving birth outcomes for mothers and infants. The first is Helping Babies Breathe, an American Association of Pediatrics curriculum proven to improve neonatal resuscitation in low-resource settings. Despite
disruptions caused by the health worker strike, Lwala has mentored 914 health care providers at 52 facilities to implement Helping Babies Breathe. As indicated in the chart, the health worker strike resulted in low numbers of deliveries at our network of government facilities in January and February and then a rebound in March. 100% (68 of 68) babies not breathing at birth were successfully resuscitated.

![Helping Babies Breathe Program Chart]

**Obstetric Hemorrhage Initiative**
The second initiative is an obstetric hemorrhage “bundle,” or set of protocols that include use of a compression garment (the non-pneumatic anti-shock garment, or NASG) to reduce hypovolemic shock and bleed-out among women who hemorrhage during pregnancy. Lwala has emerged as the leading organization leveraging NASG technology in Kenya and, as detailed in the health system strengthening section above, has been picked as the Kenyan government’s training partner at the national level (as well as in Migori County). Lwala sustained its support to facilities across Migori County despite the health worker strike, and even introduced innovations like WhatsApp groups to support communication and facilitate engagement when clinical mentorship was disrupted. In addition to the 160 health workers trained through national engagement, Lwala has provided obstetric hemorrhage bundle mentorship to 1,200 health care providers at 108 facilities. This includes 66 health workers newly trained on the bundle in Q1 2021. Our implementation study found that 85% of women in severe shock received the NASG, which shows a high level of fidelity to the protocol.

![Number of Healthcare Providers Trained and Mentored on Obstetric Hemorrhage Bundle, cumulative]

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Community Health

In order to mitigate the access gaps caused by the health worker strike, we engaged willing government health workers to work alongside CHWs to expand services available at the community level. The mobile application used by our CHWs enables these teams to target households with specific services at the right time. Together, we conducted 74 integrated maternal and child health open-air outreaches, reaching 5,237 people from some of the most remote communities in Rongo sub-county.

Lwala also conducted refresher training for 118 CHWs on integrated community case management (iCCM) to improve diagnosis and treatment of common and/or severe maternal and child ailments (diarrhea, cough, fever, breathing difficulty, swelling, etc.) Pre/post tests showed an increase in CHW knowledge from 60% to 81% following the training.

23,846 households are now enrolled in our community-led health model and regularly visited by a CHW. On average, over 80% of households were visited by a CHW at least once a month in Q1. Lwala also achieved a significant data collection milestone, with 100% of our CHWs reporting data in February and March.

This quarter, Lwala paved the way for new program entry into a new geography, Central Kamagambo, through community sensitization efforts and mapping. Central Kamagambo is slightly different in profile from the three other geographies that Lwala has historically worked in; it is peri-urban and more diverse. We conducted 26 community engagement sessions covering 67 villages in partnership with the Migori County Ministry of health, including sessions with young people, CHWs, traditional birth attendants, and community members. The initial engagements revealed that there is a substantial CHW footprint in Central Kamagambo but the size and density of some villages means that coverage is low, as is supervision by Community Health Assistants.

34 traditional birth attendants were also identified, including one who has a home clinic where she conducts deliveries. Lwala intends to work in partnership with the county Ministry of Health to empower and train existing CHWs and traditional birth attendants and strengthen county unit engagement to improve coverage and maternal and health outcomes in Central Kamagambo.

Maternal Child Health Outcomes

Because of the efforts of community committees, health facilities, and CHWs, we were able to sustain skilled delivery and immunization rates this quarter, while seeing improvements in antenatal care completion. CHWs were able to proactively manage their portfolios throughout the quarter.
Despite the overall increase in antenatal care coverage, which is positive, Lwala saw a decrease in antenatal visits in the first trimester in all locations. Lwala is responding to this trend by conducting refresher trainings on pregnancy testing at the household level, integrating a new question in Lwala’s mobile platform that would ask women of reproductive age about their last menstrual cycle, doubling down on ANC “action days,” continuing community dialogues, and integrating household visits during net distribution times to ensure CHWs identify more pregnant women in their first trimester and that those women understand the benefits of first trimester antenatal care. We are also conducting focus groups with clients to better understand the barriers to service uptake in the first trimester.

Malaria

Lwala combats malaria through facility-based testing and through community case management. Equipped with rapid diagnostic tests and medication, our CHWs can diagnose and treat malaria cases in their clients’ homes. Additionally, our data shows that the malaria burden decreases significantly after the Ministry of Health conducts wide-spread indoor residual spraying. Lwala supported Migori County’s malaria prevention programs by educating households on the benefits of indoor spraying when that campaign launched in February. However, as evidenced in the below graphs, the number of children being treated for malaria at Lwala Community Hospital have increased significantly, which leads us to believe that rates are on the rise. To respond, Lwala is ensuring that all of its CHWs are equipped with malaria commodities (test kits, nets) to support Rongo sub-county’s prevention efforts.

Nutrition

To date, Lwala has formed 53 mothers’ nutrition support groups, where mothers receive gardening training and receive seeds to start home gardens of nutrient dense foods. CHWs also conduct malnutrition screening
and referrals for children under 5. Lwala saw declines in nutrition screening in Q1 and is planning refresher training for CHWs to remind them that nutrition screening should be a standard component of household visits.

**Early Childhood Development**

Lwala continues to support Early Childhood Development (ECD) activities at community and at facility level. We have supported the development of child-friendly spaces in nine facilities across Rongo sub-county. In 2020, we trained 82 CHWs who have enrolled a total of 1,347 parents and caregivers into groups where they conduct monthly ECD sessions. Alongside the parent groups are children’s groups where CHWs ensure safe play on a monthly basis. CHWs have developed low-cost toys using local materials and they use this to enhance the play sessions.

**Sexual & Reproductive Health**

This quarter, contraceptive services were impacted by the pandemic and the health worker strike. Few contraceptive services were provided at government health facilities in Rongo sub-county, new movement restrictions went into place, and our partner provider for permanent methods temporarily suspended operations. Lwala was set back in our targets for couple-years protection\(^2\) (CYP) this quarter; we provided 4,366 CYP, 66% of the quarter’s target. To mitigate service gaps, we bolstered our family planning-focused outreach events across North, East, and South Kamagambo, and we are encouraged by the swift uptick in CYP in the second half of the quarter. We will continue to take steps to improve contraceptive distribution and uptake in Q2 as we assess how much lost ground we can make up toward our annual targets.

\(^2\) CYP is a measure of birth control distributed, based on the number of years of pregnancy prevention it provides.
Study Shows Increased Contraceptive Prevalence in Lwala Communities

In partnership with collaborators at Vanderbilt Institute for Global Health, Lwala Community Alliance published a study on the determinants of contraceptive use in the organization’s region. The study compared Lwala communities alongside four similar locations, finding that women in Lwala communities were 2.6 times more likely to use modern contraceptives. We are proud that women in Lwala communities have the access to make empowered choices about their health and their families. Additionally, the study highlights other factors associated with contraceptive prevalence that will help Lwala and the Kenya Ministry of Health better target health services. Based on this study, Lwala is already launching new approaches to reach young people with sexual and reproductive health services.

Youth & Adolescents

Lwala supports adolescents and young people through a combination of in-school and community-based activities to take proactive steps to advance their health and well-being. We aim to promote high-quality comprehensive sexuality education in schools; prevent unwanted pregnancy by providing information and access to a range of modern methods of contraception; and support young mothers in returning to school post-pregnancy.

Youth Friendly Corners Re-Opened

After nearly a year of closures, six Youth Friendly Corners resumed operations this quarter while observing COVID-19 protocols and conducting open air activities. We provided 2,311 youth friendly corner visits this quarter. We are currently renovating Lwala Community Hospital’s Youth Friendly Corner before re-opening, and we are updating Youth Friendly Corners in East and South Kamagambo. We will establish new youth-friendly corners in Central Kamagambo as part of our expansion.

Youth Peer Providers Bridged Service Gaps

Our 78 Youth Peer Providers distributed 20,103 condoms this quarter 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 13,911 condoms. Building on the success of Dial-A-Condom, we conducted a pilot in 2020 to add emergency contraceptive pills to Youth Peer Providers’ service package. Based on the success of this pilot, we have incorporated oral contraceptives as a standard offering of Youth Peer Providers. YPPs distributed 516 emergency oral contraceptives this quarter, and 1,078 since the start of this program.

**Youth Friendly Outreaches**

Lwala supported 15 youth-friendly clinic days with our partner facilities. These clinic days supplemented youth friendly corners, which were closed for half of Q1 due to COVID-19. 392 of the 1,504 young people engaged through clinic days accessed contraception and STI/HIV screening. We also conducted six youth focused outreach events in North and East Kamagambo, reaching 1,400 people with information and resulting in 314 people accessing sexual and reproductive health services.

**School-Based Programming Resumed**

Lwala played an important role in facilitating school reopening with COVID-19 precautions in place. We supplied our network of 13 government primary schools with PPE, thermoguns, handwashing stations, and masks and supported each school to create safety plans. We also supported the Ministry of Health to respond to a large exposure at Kameji Secondary School. We supported the Ministry of Health to test and isolate the students and teachers who were thought to have been exposed, and as a result we quickly averted new infections. Lwala staff continue to be responsive and nimble in responding to these situations.

After 8 months of closures, schools reopened in January 2021, but in-school activities were limited due to the need to focus on exam preparation for students that was delayed from 2020. As a result, some of Lwala's in-school activities did not occur and others were adapted for out-of-school delivery. This quarter, Lwala:

- Implemented 35 comprehensive sexual education sessions, reaching 3,925 students.
- Distributed 1,027 sanitary pads to support girls to stay in school.
- Trained 15 teachers on the “Teaching at the Right Level” curriculum
- Worked with two primary schools to secure funds from the Ministry of Education for school development projects, and we worked with four schools to request and secure teacher placements from the Ministry of Education.
- Mentored 50 girls applying for leadership positions at their school, 30 of whom were elected as leaders.

**Teen Pregnancies**

Education is one of the most protective factors that an adolescent girl can enjoy; school enrollment is positively correlated with reduction in unwanted pregnancies and reduced HIV infection. Unfortunately, the COVID-19 epidemic kept hundreds of girls from attending school in 2020, and we are now seeing the impact of containment measures on teen pregnancy. In Q1, as schools reopened, 24 girls enrolled in the 13 primary schools in the program were reported pregnant. While 22 remained in school, 2 were reportedly married and dropped out.

WASH & Vulnerable Populations

Community-Led Sanitation

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 Water, Sanitation, and Health (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.

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.

Lwala has enrolled 4,156 people in our HIV and WASH support program since inception. This quarter, Lwala saw some impressive results:

- All 41 villages in North Kamagambo have maintained their Open Defecation Free status as certified by the Ministry of Health.
- We distributed 37 water filters throughout our communities. It is essential for community members to have access to clean water in order to maintain proper handwashing and hygiene practices. This is particularly important in preventing the spread of infections like COVID-19.
- Our WASH committees organized action days during which community members built 619 new latrines and improved the durability of 360 existing latrines. Since 2016, community members have built 1,399 new latrines and improved 404 existing latrines.
- Cumulatively, we’ve built 4,080 handwashing stations, including 1,512 in 2021.
- Community members protected a new water source this quarter. This protection increases access to safe drinking water. The improvements were made through active community member participation and cost sharing.

![WASH Infrastructure Built, Cumulative](image-url)
People Living with Disabilities

During community follow ups on sanitation issues, we found that for many people living with disabilities (PLWD), a typical latrine is inaccessible. In Q1, Lwala began mapping out PLWD to be supported by community members through action days to construct latrines that match their needs. The latrines will be user friendly and will ensure that no one is left behind. The community mapping for PLWD has also triggered higher participation from PLWD in action days.

People Living with HIV

Lwala supports community members living with HIV by providing comprehensive HIV care through health centers and CHWs. We also 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 CHWs to expand the number of clients receiving HIV drugs and increase clinician visits directly in their home. As a result, we nearly eliminated appointment defaults and saw all-time high rates of viral suppression. In an assessment conducted by the University of Maryland in 2020, Lwala Community Hospital received top scores for antiretroviral treatment retention across Migori County. Given the success of this innovation, we will continue this model even after the threat of COVID-19 subsides.

Number and Percent of Clients with Unsuppressed Viral Load, by Quarter

![Graph showing number and percent of clients with unsuppressed viral load by quarter.](image)
This quarter, Lwala introduced an innovative approach to improving adherence to antiretrovirals through the Video ARV Direct Observation Therapy (VDOT), which provides visual, remote clinical observation in the context of COVID-19. Three adolescents are currently enrolled in VDOT, with an additional four enrolled in audio (WhatsApp) observation therapy and two still enrolled in direct (physical) observation.

Measurement, Research & Learning

CHW SUPERVISION DASHBOARD ROLL-OUT

As we scale our community-led health model, we aim to equip CHW supervisors to better understand the performance of their CHWs. We are creating tools to refine supportive supervision practices and developing a digital dashboard for CHW supervisors to inform adaptive management.

KEY RESEARCH UNDERWAY

CHW Efficacy Study

This study, conducted in collaboration with the Community Health Impact Coalition, investigates CHW supervision, empathy, and knowledge of danger signs in pregnancy, childbirth, and the post-partum period. It tracks the change in knowledge of Lwala’s CHW cadre over one year and assess any discrepancies between CHWs who were previously community health volunteers or traditional birth attendants. It also looks at differences based on education and literacy.

Under-5 Care Utilization Study

Based on data from our household survey, we are analyzing the predictors of under-5 care utilization in Lwala communities and comparison sites. Through multivariate regression, we look at variables including CHW visits, education, age, socioeconomic status, marital status and geography to understand households’ care-seeking behaviors for children under-5 exhibiting symptoms of diarrhea, pneumonia, and fever.

Obstetric Hemorrhage Bundle Initiative Study

We are conducting 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. We are tracking the implementation and
maternal health outcomes of the obstetric hemorrhage initiative with support from a UCSF principal investigator and Ministry of Health co-investigator.

**Early Childhood Development Survey**

The quantitative baseline survey, developed in collaboration with students at Vanderbilt’s Institute for Global Health, will measure the status of developmental and growth indicators for children 0-4 years old in North Kamagambo. This will provide a baseline for future evaluations. We will track these indicators over time to understand the impact of our ECD program on comprehensive child wellbeing.
Leadership

- As part of the Dr. Abdi Hawa speaker series, AL for Health hosted Co-CEO Julius Mbeya for a conversation on the Role of Community Health in Universal Health Coverage. AL for Health Network is an African Leadership Academy initiative that seeks to connect key players in African Healthcare, who will work together to bring lasting solutions to Africa’s greatest healthcare challenges.
- Lwala joined the steering committee of Communities at the Heart of UHC. Together, we are working to advance quality health care and services for all.
- Our Head of Clinical Excellence Wycliffe Omwanda joined with CHIC partners for a panel on continuity of services during COVID-19, as part of the CoreGroup Global Health Practitioners Conference on Unlocking Potential: Prioritizing Child & Adolescent Health and Well-being in the New Decade.
- To celebrate International Women’s Day, Terumo Blood and Cell Technologies invited our Co-CEO Ash Rogers to present on a forum to educate associates and bring awareness to obstetric hemorrhage and the need for adequate, safe, sustainable blood for mothers in Africa.
- Along with other CHIC members, we partnered with Resolve to Save Lives and endorsed an urgent call to action to protect health care workers. This work full implementation of Infection Prevention and Control (IPC) and WASH standards, investing in training, tools and resources for a safer health care workforce, and increasing donor support for and focus on HCW protections.
- With CHIC partners, we recently co-authored an op-ed in Think Global Health showcasing the vital role played by CHWs in the pandemic response and other global health efforts. We called for targeted investments in community health systems to ensure CHWs are well-supported.
- Co-CEOs Ash Rogers and Julius Mbeya were selected to be featured in Donato Tramuto’s new book on Compassionate Leadership.

People & Culture

This quarter represented the launch of Lwala’s new strategic plan, which was accompanied by a program team restructure designed to break down silos, align organizational structure to our impact goals, and strengthen our core health systems strengthening approach.

Lwala’s human resources team was critical to supporting this transition over the quarter. A lot of effort was spent communicating internal changes, helping people settle into their new roles and phase out of their old ones, cementing policies around remote working that had been in place due to COVID-19, and promoting employee wellness in the face of ongoing external stressors. Lwala also commissioned a salary survey to ensure it is meeting best practice in terms of compensation and transparency.

Lwala established a gender committee in Q1 that will be responsible for bringing its gender policy to life; in Q2, Lwala intends to conduct an org-wide training on the gender policy leveraging the expertise of an external facilitator.

The human resources team has also been critical in promoting COVID-19 prevention and vaccination efforts; to date, 77% of the Lwala team has received at least their first shot of the COVID-19 vaccine.
COMMUNITY SPOTLIGHT

BEYOND THE CALL OF DUTY: A TRIBUTE TO ERICK DOTO

This quarter we celebrate the life and legacy of Erick Doto, who devoted himself to supporting women and their children in Migori County. Erick was a Lwala-trained maternal health champion who passed away in December 2020. As a government nurse, he was a key champion of the Obstetric Hemorrhage Bundle and Helping Babies Breathe in Nyatike sub-county. He excelled at supporting facilities with training and mentorship.

A few months before his unexpected death, Erick crossed paths with Adhiambo*. His training and quick thinking saved her life. Adhiambo had stomach pains throughout her pregnancy. When she went into labor, she and her husband went to a local health facility near her village, where she was admitted. She had a difficult labor, recalling, “I tried pushing with all my strength until I ran out of breath. I remember different health workers coming in to apply fundal pressure in vain.” She managed to deliver the baby, who had a large growth on his back, thus complicating her labor. Despite the clinical team’s best efforts, the baby did not survive.

At the same time, Adhiambo’s life was now on the line. She had suffered trauma during birth that led to uncontrolled bleeding. Adhiambo urgently needed higher-level care, so the team quickly sent her to a referral hospital. On that same day, Erick Doto was there providing training for clinicians on safe birth practices, which was interrupted when Adhiambo was wheeled into the next room. The attending medical team called for help, and Erick knew what to do. While the doctor assessed the cause of bleeding, Erick asked a nurse to find a NASG compression garment, which would buy valuable time. Lwala had supplied the facility with the device shortly before this incident and the staff was still being trained on its use.

Erick helped them put the NASG onto the patient, and the team administered uterotonic drugs according to the protocol they had been taught as part of Lwala’s Obstetric Hemorrhage Bundle. Within a few minutes, Adhiambo’s bleeding subsided. After checking her vitals, the doctor in charge canceled his plans to refer the patient to a third facility—they could continue with her treatment on-site. Her condition improved over the next 24 hours, and they completed the surgical repair at the hospital.

Before his death, Erick recounted Adhiambo’s story. “My gratitude goes to the hospital administration and the entire workforce who helped save the life of the mother. I also appreciate the primary facility for their efforts towards the management of the mother as well as the Migori County Ministry of Health, and Lwala Community Alliance for facilitating our mentorship.”

Erick represents the sacrifice and bravery of frontline health workers across Kenya, and he will be remembered by all in the Lwala community. Lwala’s Clinical Training Officer Meshack Wafula had worked closely with Erick through our clinical training program. “I personally knew Erick from September 2019 after meeting in a NASG training-of-trainers session,” he said. “The first thing I realized was his passion for his work and the fact that he was a great team leader. He was a great mentor, approachable with his trademark smile. Memories made will never be forgotten, he created a lasting impression. I will miss you Brother, rest in eternal peace.”

(*Name changed to protect patient privacy.)
STAFF SPOTLIGHT: MICHAEL “MIKE” ONDIEK

“He championed the whole cause of the fight against COVID within the facility.”

-Robert Kasambala, Chief of Staff

Since the first cases of COVID-19 in Kenya, Laboratory Manager Michael “Mike” Ondiek has been integral to getting Lwala Community Hospital ready to face the pandemic. He played a key role in taking samples from suspected cases and getting PCR tests to the regional laboratory in time, ensuring specimens are safely preserved for transport, providing PPE to partner facilities and to the staff, engaging staff with continuous medical education on COVID-19, and helping them implement COVID-19 protocols. Mike is always proactive; he can be found out in the community at homes and schools doing testing, contact tracing, and checking in on patients to track their health and sensitize them on how to protect themselves and their loved ones.

Mike serves as Lwala Community Hospital’s Occupational Safety Officer, the COVID-19 Emergency Response Officer, and he chairs the Infection Prevention & Control Committee. Not surprisingly, Mike won Lwala’s Safety Officer of the Year award in 2019.

Mike’s particular keenness for reminding the staff and community members to take precautions against the virus and his leadership in our testing regimen has earned him nicknames like ja covid (“covid man”) among community members and Mutahi Kagwe among his colleagues. His commitment to this cause has not been without challenges, but Mike says, “In all this, what has kept me moving is the fact that I am passionate about my work. I often reflect and ask myself, if I am a trained health care worker with the responsibility to care for the sick, doesn’t this current crisis demand that I should selflessly offer my services to clients who need them now, more than ever?”

Mike is someone who deeply listens to the community and puts client needs first. He is largely responsible for Lwala’s decision to bring HIV testing and services in-house. He helped initiate a poultry farming project with youths in Lwala communities, pioneered Lwala’s youth friendly services, and initiated the training of trainers on the same. He is currently the chairperson of the Lwala community bank. “Mike doesn’t only look at his job. He has served in every department, whenever he is called upon,” says Mike’s supervisor Christine Onyango, Head of Clinical Services. For this reason, the Lwala team has awarded him the Beyond the Call of Duty award for two years in a row.

Mike was born in Mombasa and raised in Homa Bay County. He attended the Technical University of Kenya and Kisumu National Polytechnic where he earned his diploma in medical laboratory technology. Mike joined Lwala as a lab technician in 2008, when we had one microscope with only natural light and a manual centrifuge. He is married with four children, two girls and two boys. He loves watching football, making friends, and adventuring.