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 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 generate 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 surge in COVID-19 cases, Lwala has continued to provide essential health services, while expanding into our fourth and final site in Rongo Subcounty and adding over 100 community health workers (CHWs) to our ranks.

COVID-19 Response

- Supported Migori County to vaccinate more than 33,500 individuals, including 50% of the county’s CHWs.
- Increased county capacity to treat critically ill COVID-19 patients by adding 10 oxygen-enabled first-line treatment beds and 7 critical care beds.
- Supported CHW-led contact tracing, monitoring, and home-based care across our county of 1.1 million people.

Systems Change

- Conducted a county-wide assessment of Community Health Committees (CHCs) to identify gaps in coverage and functionality.
- Leveraged findings to inform the National CHC Curriculum, which will strengthen accountability for community health systems.
- Supported development of Migori County’s Community Health Services (CHS) Bill, which was recently passed by the Cabinet.
- Incorporated technologies to prevent and treat obstetric hemorrhage into national training curricula.

Strengthening Health Service Delivery

- Began learning pilots of several adoptions to our CHW service package focused on child health and development.
- Launched first Quality Improvement initiative at Rongo Subcounty Hospital, the subcounty’s highest volume facility.
- Published a study protocol of our multi-year demographic household assessment that will evaluate health outcomes in Migori County and the impact of the community-led health model.
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Letter from the Co-CEOs

2021 marks the start of our 5-year Strategic Plan. We set ambitious goals to improve health outcomes for the 1.1m people across Migori County, replicate our work in additional Kenyan counties, support adoption of our solutions at the national level, establish Lwala Community Hospital as a center of excellence, and further center our communities as the agents of positive change. This year, we’ve tested many of the tactics in our strategy. Through cross-department discussion, data analysis, and storytelling, a few lessons emerged—and we’d love to share them with you.

Community-led health starts with accountability. Strengthening groups like Community Health Committees (CHCs) and engaging them in the planning, execution, and evaluation of local health initiatives, has always been core to Lwala’s model. We know that community leadership and oversight lead to greater innovation and sustainability of local projects. However, this year we’re also learning that these structures are powerful drivers of systems-level accountability and policy change. With this in mind, we’ve invested in rigorously measuring the functionality of CHCs, supported the creation and piloting of accountability tools, and trained these community agents in policy advocacy and organizing. We’re creating a constituency with increased expectations for health services and the social capital to organize and advocate.

The relationship between policy to practice is cyclical. In our last Insider Report, we wrote about Lwala’s work to bridge policy and practice. But we’re also seeing a trend across many of our activities that shows how cyclical this process is:

- Through bottom-up innovation, Lwala incubates and measures new programs that improve health outcomes.
- As a result, we’re called upon by the national Ministry of Health (MOH) to develop or revise national policies, guidelines, and curricula.
- As these national documents are finalized, Lwala then works with the MOH to pilot, evaluate, and scale-up these approaches.

We’ve seen this cycle in action over and over this year. For example, based on our work to strengthen accountability structures for community health, we’re helping to develop a national community scorecard—an important tool for accountability—and updating the national curriculum for CHCs, which we will then scale-up across Migori. Additionally, we’re contributing to multiple national early childhood development (ECD) documents, drawing insights from our community health worker-led ECD pilot in North Kamagambo, and we’ll ultimately support integration of ECD within the CHW service package. In this way, the programs we implement and insights we uncover have the potential to reach many more people and affect system-wide change.

Community-led health looks different in a more urban setting. This year, Lwala has expanded direct service delivery into Central Kamagambo, our fourth implementation site. Central Kamagambo is different from other wards where Lwala is active—it’s more urban, populous, and diverse, which brings unique challenges and opportunities. We’re learning to register households and conduct follow-up visits differently, testing new solutions to increase community acceptance, and adapting our outreach activities for a more urban context.

These lessons—especially the policy to practice cycle—are informing our plans for scale through 2025. This report focuses on drawing out these insights, so that our allies can learn with us.

Ash Rogers
Co-CEO

Julius Mbeya
Co-CEO
Our Impact

STRENGTHENING SYSTEMS FOR COMMUNITY HEALTH

Lwala’s health systems strengthening work aims to ensure that community-led health is incorporated into policy and practice. We partner with national and county governments to advance community health programs, professionalize community health workers (CHWs), and employ digital solutions that improve service delivery and data-informed decision-making. At the core of our model is the inclusion of traditional birth attendants (TBAs) into professionalized CHW cadres, as well as strengthening community structures as an accountability mechanism. At the global level, we work in coalition to advocate for the adoption of high-impact community health systems, as recommended in World Health Organization (WHO) guidelines.

Improving Accountability Mechanisms for Community Health

Strengthening Community Health Committees

Lwala works to strengthen community health committees (CHCs), groups of community members that provide leadership and oversight for community health services at the local level. CHCs are the link between their communities and health providers—they can ensure transparency in how resources are allocated and how commodities are distributed, and they elevate community demands in policy and budgeting processes. But CHCs have historically been underutilized and undertrained.

Earlier this year, Lwala conducted an assessment of CHCs in Migori County, which found gaps in CHC coverage and functionality. We interviewed over a thousand CHC members and found that many had not received the training required by national policy—32% had not undergone basic CHC training in community health strategy, and more than 90% had not received any technical training. Nearly 60% said their CHC did not have an annual work plan, and more than 25% said they do not understand their role as a CHC member. In terms of monitoring service delivery, few reported participating in monitoring stock levels (8%) or evaluating CHW performance (13%).

These findings have informed our plans to strengthen CHCs. First, we worked with the county Ministry of Health (MOH) to design a monitoring tool and corresponding implementation plan to improve the function of CHCs and their representation of community voices—this will become a county-wide tool. Now, we are working to identify communities without CHCs, recruit and train new members, and provide refresher training for existing members. Since the assessment, we have worked to create or reconstitute 194 CHCs (out of 243 required for county-wide coverage). We will also support work plan development and orient CHCs on stock monitoring and management, as well as advocacy and social accountability.
Leveraging our data and experience from Migori County, Lwala is supporting the revision of the National CHC Curriculum through technical input on competencies and training requirements for CHCs. The national MOH is now testing the curriculum in 4 counties, including Migori, where Lwala is supporting. Ultimately, we expect this curriculum to form the standard in Kenya for effective CHCs. By providing a framework to strengthen these groups, we prepare communities across the county to engage in policy and budget advocacy and to drive local health initiatives. Our goal is to support Migori County to have full coverage of functional CHCs.

**Developing National Community Scorecard Guidelines**

Community scorecards are foundational social accountability tools. They are implemented by communities, empowering them to actively monitor and assess the quality and coverage of health services, as well as provide feedback to decision-makers, often through accountability forums.

Because of our experience working with CHCs and our county-wide functionality study, the national Division of Community Health Services requested that Lwala participate in developing National Community Scorecard Guidelines. This scorecard supports CHCs and Health Facility Management Committees (HFMCs) to assess the quality of services at health facilities, share feedback, and hold decision-makers accountable. The national MOH is now piloting the scorecard in 4 counties, including Migori where Lwala is leading (see text box above). These learnings will inform revision and finalization of the national guidelines, and Lwala will then support their rollout and implementation more widely. In the future, this scorecard will enable CHCs to proactively identify areas for improvement and community-led solutions—ultimately driving community ownership, sustainability, and improved health outcomes.

**Ensuring that CHWs are Registered and Counted**

In Kenya, CHWs are largely unaccounted for. The MOH recognizes that these cadres are providing critical services, but there is not a centralized, up-to-date registry about who they are, where they work, which services they provide, and what training they’ve received. Without this information, it’s difficult to make informed decisions about program planning, recruitment, and payment. Counting CHWs is also a first step in recognizing them as part of the formal health workforce and ensuring they are paid for their services.

In response, Lwala is supporting Migori County to create a registry of CHWs. As a first step, we recently updated the county’s Master Community Health Unit List. This includes an accurate count of CHWs across the county, as well as the number of CHCs and health facilities. We recognize CHWs are linked to a broader community health system—this information tells us not only how many CHWs exist, but how they are linked to CHCs and health facilities. The next step in Migori is to register CHWs, so that each has a unique number and more detailed information about their location, services provided, and training they have received. This will give us an accurate picture of the full community health workforce in Migori County.

**Accountability in Action:** As part of the Community Scorecard pilot, an accountability forum brought together the community health committee (CHC), local administration, and community members in Suna East Subcounty to discuss how to improve health services at their local health facilities. Community members noted challenges they encountered when seeking health services, like long wait times and stock outs. Others said the Health Facility Management Committee (HFMC), the facility’s oversight body, was not representative of the community. As a result, subcounty and facility leaders agreed to request more staff, engage political leaders to allocate more funds for commodities, and reconstitute the HFMC.
The issue of registering CHWs extends far beyond Kenya—a 2021 assessment of Human Resource Information Systems (HRIS) in twenty countries found that few HRIS include any data on CHWs. Through the Community Health Impact Coalition (CHIC), Lwala is using our experiences to inform global-level guidance on CHW registries, which has technical input from global bodies like UNICEF, the Global Fund, and WHO. Once guidelines are finalized, they will be disseminated to MOHs around the world to provide a blueprint for creating and maintaining registries, a key next step for professionalizing CHWs.

**Supporting National CHW Certification**

Certification and accreditation are also important elements of CHW professionalization. Kenya does not yet have standards for CHW accreditation, but the MOH has convened a taskforce to develop National Certification Guidelines for CHWs. Lwala is participating in this taskforce, drawing on our own evidence and expertise in recruiting, training, and supporting CHWs. For example, we ensured that the assessment for certification includes 6 verbal and practical demonstrations that do not exclude less literate groups, such as older women, TBAs, and others who bring incredibly valuable competencies to community health work. A draft of the guidelines is currently being reviewed by county MOHs, and after revision and approval, Lwala will support implementation in Migori County.

**Reforming Supportive Supervision for CHWs**

Lwala is working with the Migori County MOH to reform how CHWs are supervised, supported, and mentored—replicating the success of the CHW support supervision model we have deployed in Rongo Subcounty. This year across the county, we’ve trained over 237 Community Health Assistants (CHAs), who are responsible for supervising CHWs.

We also conducted a Training of Trainers workshop for 35 CHAs and Public Health Officers, so that in the future, these staff can be called on by the county to train additional CHAs on supervision. The training includes skills like facilitation techniques, developing learning assessments, conducting simulations, and writing reports. By helping to build a pool of trainers, we can ensure sustainability in the county’s ability to deliver supervision training. These highly trained CHAs can also provide mentorship to their peers.

**Digitizing Community Health**

At the national level, the MOH remains committed to digitization of the health system as a strategy to advance Universal Health Coverage (UHC). Lwala continues to engage with the MOH and partners to advance the Electronic Community Health Information System (eCHIS), an aggregate data system for community health data. As a member of the eCHIS technical working group, Lwala has provided input based on our own data system, Lwala Mobile, which is a customization of the CommCare platform. We will support Migori County to pilot eCHIS, which will provide learnings for nation-wide scale-up. This work will ultimately support UHC by creating a reliable flow of CHW data between community, county, and national levels. It also has the potential to greatly help scale community health service delivery.

In Migori County, Lwala has been aligning MOH tools and a module for CHAs into Lwala Mobile. Lwala trained 34 CHAs on the new MOH / Lwala Mobile tools, ensuring that supervisors have a stronger understanding of the tools and are able to assist CHWs with data entry and electronic decision support. These tools will also make it easier for supervisors to document their support supervision to CHWs. This is an important step toward improving CHW data quality, supervision, and service delivery. These tools are well-aligned with the national efforts around eCHIS.
Integrating Traditional Birth Attendants into CHW cadres

Inclusion of traditional birth attendants (TBAs) within professionalized CHW cadres is core to Lwala’s model. TBAs have supported at-home births and informal healthcare in their communities for generations. By recognizing the expertise of TBAs—and the trust communities have in them—we help women get the care they want, while driving uptake of key health services like skilled delivery, family planning, and immunizations.

In Migori, Lwala has supported the county to map TBAs in 4 subcounties (~500K people) this year. These TBAs have started to hold monthly review meetings, where they gather at their attached facility to discuss their experiences, jointly problem solve, share reports, and receive continuous education. This is a significant learning platform that only exists when TBAs are mapped and incorporated into the formal health system. Lwala also developed a tool with Migori County that would allow TBAs to track referrals for delivery and pregnancy support, which is currently in a pilot phase. This work lays the foundation for TBA inclusion in the CHW workforce.

Lwala is leveraging our experience and evidence to advocate for TBA inclusion beyond Migori. Lwala participated in a convening on human resources for health (HRH), which brought together six counties in Kenya’s Lake Region through the Inter-Country Coordination Mechanism for HRH. We advocated for TBA inclusion generally, and also talked about the importance of counting TBAs as part of HRH mapping and reporting. Ultimately, our vision for TBAs is that they are recruited, trained, supervised, and paid as CHWs—and that literacy and education requirements, which are not predictors of on-the-job knowledge, are removed as barriers.

Engaging CHWs in Advocacy

Lwala, alongside our partners at CHIC and Digital Medic, helped develop and pilot an advocacy training course that equips CHWs with the skills to share their stories and promote the health issues most important to their communities. Over the past few months, Lwala piloted the training in Migori—thus far, we’ve trained 76 CHW advocates in Rongo Subcounty. These CHWs will then train their peers on advocacy. Through this training, we are building a coalition of CHWs in Migori County who are poised to advocate for investments in their professionalization and improvements in the health systems.

Newly trained advocates were immediately able to put their skills to use by participating in the global #PayCHWs campaign in collaboration with CHIC. Their calls for fair pay were included in this video, as well as through quotes amplified on social media. Two Lwala CHWs have been included in CHIC’s global CHW Speakers Bureau, a database of advocates who can be a voice for their peers and communities globally.

Supporting Community Health Services Legislation

Lwala has supported the development of Migori County’s Community Health Services (CHS) Bill, which provides a framework for recruitment, pre- and in-service training, accreditation, payment, and supervision of CHWs. We provided information based on our own research and expertise, leveraging the Community Health Worker Assessment & Improvement Matrix (CHW-AIM), a tool for designing and investing in high-performing CHW programs, to inform the bill’s development, and coordinated stakeholder engagement on the draft. The
CHS Bill was recently passed by Cabinet. Next up is securing approval from the County Assembly, which includes a period of public participation and feedback. Lwala will support the County Assembly’s Health Committee in gathering public feedback and will ensure that CHWs and CHCs engage in the process. When passed, it will codify key community-led health principles into law and advance the professionalization of CHWs.

A National Community Health Services Bill, which has similar objectives to county legislation, is also moving through the approval process. It was recently passed by the Senate, and now sits with the National Assembly where it is tabled for debate. Lwala is working with CHU4UHC, a coalition of community health actors in Kenya, to track progress and identify opportunities for dissemination, including a memorandum issued by the MOH, calling on counties to adopt the legislation’s framework for community health services.

**Advancing Nurturing Care for Early Childhood Development**

Lwala is supporting the national MOH to integrate Nurturing Care for early childhood development (ECD) into existing health systems. In Migori, Lwala began to pilot the delivery of Nurturing Care through CHWs and health facilities in 2020 after conducting a baseline study of ECD knowledge and parenting norms. Our work gained the attention of UNICEF and the MOH, and we were asked to join the national Nurturing Care Technical Working Group (TWG).

Through the TWG, Lwala is supporting the Division of Neonatal and Child Health to develop three documents—a National ECD Policy, a National CHW curriculum on Nurturing Care, and an Advocacy Strategy on Nurturing Care. These documents will ultimately operationalize the approach to ECD laid out in the [National Community Health Policy 2020-2030](#).

Lwala is excited about this opportunity because it allows us to apply what we’ve learned about ECD through our pilot in North Kamagambo to national-level policy. For the National CHW Curriculum specifically, we were able to share the manuals and tools we developed for Lwala CHWs, as well as our experiences and evidence. We see a lot of energy for advancing Nurturing Care from the MOH, WHO, UNICEF, and other partners, and we know that this work has the potential to significantly improve access to ECD services and development outcomes for children.

**Expanding Interventions to Prevent Obstetric Hemorrhage**

At the national level, Lwala continues to advocate for adoption of high-impact innovations that can prevent maternal death, including the non-pneumatic anti-shock garment (NASG) for postpartum hemorrhage. The NASG is a simple, reusable tool that constricts blood flow to lower extremities while redirecting blood to vital organs, giving hemorrhaging women an additional 72 hours to get treatment. Lwala led the first [county-wide scale-up of the NASG in Migori](#), and we were selected as the Kenyan government’s national training partner. We have trained 160 health workers and clinical trainers at the national level on the use of the NASG.

Lwala is also working with the national MOH on three key obstetric hemorrhage documents. First, we are advocating for the inclusion of the NASG, and other proven technologies, in the national list of essential maternal and neonatal health commodities, which would unlock doors for government procurement and

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*What is Nurturing Care?* Nurturing care—comprised of good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety and security—is the set of conditions needed to support a child’s physical, emotional, social and cognitive development. In 2018, the WHO released the [Nurturing Care for Early Childhood Development Framework](#), which outlines robust scientific evidence behind Nurturing Care, and encourages countries to integrate Nurturing Care for ECD into health systems to reach children under 3.

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widespread distribution. Second, we supported the development of the national Emergency Management of Obstetric Care (EMOC) Mentorship Guide for facility staff, which now includes guidance on the NASG. The mentorship guide is awaiting sign-off and is informing a third document—a national EMOC Curriculum, which will include the NASG and other tools to prevent and treat obstetric hemorrhage. Building on this momentum, Lwala is working with partners to explore expansion to additional Kenyan counties.

Engaging Globally to Advance Community-Led Health

Lwala is an active member of the Community Health Impact Coalition (CHIC), a coalition of 26 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. So far this year, we’ve worked with CHIC partners to:

- Conduct a rapid assessment using routine program data to assess continuity of CHW service provision over time during COVID-19.
- Contribute to the recently published WHO/UNICEF guidance on developing national deployment and vaccination plans for COVID-19 vaccines by outlining the role of CHWs.
- Co-author a journal article that analyzes CHW compensation models across 5 countries. This analysis—and the accompanying #PayCHWs Campaign—aims to move the global conversation from whether to pay CHWs to how to do so.
- Publish an article in Apolitical that questions the use of dual cadre CHW programs, which combine salaried and volunteer CHWs, and their risk of entrenching gender inequality.
RESPONDING TO COVID-19

This year, Kenya has seen two significant waves of COVID-19, with new daily cases peaking in March and again in August. The most recent surge in cases, driven by the Delta variant, spread quickly within the western region of Kenya, sweeping through the counties of Kisumu, Siaya, Homabay, Kisii, Nyamira, and Migori. In this wave, we saw more acute illness, more deaths, and a heavier burden on the health system. Additionally, a reinstated lockdown in June slowed down the delivery of some essential health services. Throughout the surge, we continued to work with the subcounty and county to deliver testing, treatment, and vaccines—and at the national level to ensure continued support for CHWs.

Migori County COVID-19 Response

Lwala has supported Migori County’s COVID-19 response since the beginning of the pandemic. Since then, we have helped procure rapid diagnostic tests (RDTs), expanded testing, trained and supported COVID-19 Response (CR) CHWs, and provided input on county communications campaigns to ensure that accurate public health messages reach communities. We are also promoting and distributing vaccines and improving the capacity of health facilities to handle critical care cases.

Distributing Vaccines and Promoting Uptake

Lwala has played a critical role in vaccine distribution by supporting the county MOH to develop a distribution strategy, leading community sensitization and mobilization campaigns, and administering vaccines directly at Lwala Community Hospital and through outreaches. We’ve also filled gaps in the supply chain—vaccines are distributed from national medical stores to the county headquarters, but Lwala routinely steps in to support transportation of vaccines from the county to subcounty distribution points and facilities. We track stock at vaccination sites so that additional doses can be delivered when needed.

After a stockout in August, Migori received additional vaccine doses in September. We continue to reach frontline health workers, including CHWs—50% of Migori County’s CHWs are fully vaccinated, and 100% of Rongo Subcounty CHWs are fully vaccinated. In line with government protocol, we also began vaccinating anyone above age 18. With Lwala’s support, by mid-October Migori County had provided over 33,500 eligible people with one vaccine dose, and 11,200 people have now received their second dose. While this represents a doubling in fully vaccinated people in 3 months, we recognize that significant work lies ahead to reach half a million adults in Migori.

While mistrust is high—between 39% and 51% of Lwala’s household survey respondents say they believe COVID-19 is a global conspiracy—the majority of people (68%-78%) say they would get the vaccine if it is available. So while we continue to distribute vaccines, we are also working to combat misinformation and build trust. Our team continues to disseminate information about vaccine safety, efficacy, and benefits through door-to-door outreach and community group meetings, and we began working with community and church leaders as champions, encouraging them to dialogue with their communities. We have also been conducting outreach and offering vaccinations where people congregate—including churches, markets, and universities. But with less than 10% of the county’s population vaccinated, our main bottlenecks continue to be supply and distribution.
COVID-19 Treatment

As the Delta variant caused a surge in COVID-19 cases, the health system in Migori County was overwhelmed. Bed capacity and oxygen availability were extremely limited, leading to delays in treatment and increased mortality. At the subcounty facility in Rongo, for example, there were no critical care beds, as patients are usually referred to a higher-level facility for critical care. Lwala worked closely with Migori County MOH to map the bed and oxygen gap and to align with the human resources necessary to make use of additional supplies.

In our last quarterly report, we expressed an urgent need for support to fill these gaps, and our community of supporters responded. At Lwala Community Hospital, we now have 10 additional oxygen-enabled first-line treatment beds that will serve as an emergency unit for surge capacity, to be deployed when we have overflow cases. We also procured additional equipment and 7 critical care beds for Rongo Subcounty Hospital and Migori County Hospital. We are finalizing contracts with health facilities and will begin placing equipment in early November. This will significantly strengthen the capacity of facilities to treat patients with COVID-19, as well increase their ability to treat other patients in need of critical care beyond the pandemic.

COVID-19 Testing and Contact Tracing

Earlier this year, Lwala worked with the county MOH to procure RDTs, organize training sessions on their use, and implement routine testing for all CHWs in Rongo Subcounty, as well as CR-CHWs across Migori County. But the recent surge in cases meant there was a desperate need for additional testing kits. Lwala included this in our call for support last quarter, and as a result of a generous ally, we are procuring an additional 7,500 RDTs. This will allow us to continue testing hundreds of health workers, as well as community members identified through contact tracing.

Lwala continues to support mentorship, equipment, and compensation of 418 CR-CHWs who provide COVID-19 contact tracing, monitoring, and home-based care. In July, we trained 78 CR-CHWs in community surveillance and home-based isolation and care (HBIC). Lwala Community Hospital remains critical in screening and testing community members—since the beginning of the year, 12,536 tests have been administered, resulting in 481 positive cases. Because of vaccination, contact tracing efforts, and favorable regional trends, positivity rates are trending downward.

National COVID-19 Response

As a continuation of Lwala’s work on national policy and guidelines on COVID-19, the national MOH asked us to support development of COVID-19 messaging for CHWs. This builds off the CHW training curriculum on COVID-19 which we developed with our collaborators last year. The messages will be used for health promotion with CHWs nationally.

Lwala is also working in coalition to ensure PPE supply for CHWs. In 2020, we partnered with the COVID-19 Action Fund for Africa (CAF-Africa) to secure PPE for over 100,000 CHWs in Kenya, including 10.8 million face masks and 168,000 face shields. Recent monitoring visits conducted by the MOH, Council of Governors, Lwala, and Living Goods found that the PPE was received by all 300 subcounties in Kenya and distributed to CHWs. This has enabled protection of CHWs as they provide and ensure continuity of essential services, especially against the Delta variant. Lwala also participated in discussions around a CAF-Africa phase 2 donation of PPE, which includes 8 million masks and will protect CHWs for 5 months. In September, Lwala and Living Goods met with the Council of Governors Health Committee Chair to discuss details, and the second round is currently being distributed to 47 counties.
DELIVERING HEALTH SERVICES

Despite the challenges associated with the surge in COVID-19 cases and resumed lockdowns, Lwala managed to sustain direct programming while expanding key services into Central Kamagambo. Across a number of programs, we’re conducting more outreach activities as a way to bring services closer to communities during COVID-19. We’ve made significant improvements to maternal and reproductive health services. We are also piloting several innovations in our CHW service package to improve child health and development outcomes. Through these pilots we are gleaning lessons to determine whether to integrate these innovations into our standard community health services, as well as contributing to MOH guidelines and curriculum.

Central Kamagambo Expansion

A major success of this year has been Lwala’s expansion into Central Kamagambo, our fourth implementation site. So far in 2021, we’ve trained and deployed 108 new CHWs (including 31 TBAs)—for a total of 401 across Rongo Subcounty. CHWs have begun to register households and conduct household visits, youth-peer providers (YPPs) are conducting outreaches for family planning, and communities are leading Quality Improvement initiatives at Rongo Subcounty Hospital, a high-volume facility located in Central Kamagambo.

Central Kamagambo has a different demographic profile from Rongo’s other 3 wards, where Lwala has worked in the past. It’s more urban, populous, and diverse. This brings unique challenges and opportunities from a programming and data perspective—and we’re pausing to reflect on what we’re learning about implementing our community-led health model in a more urban setting.

1. **Registering and visiting households:** Urban populations are more transient. Many people rent their homes, so the household we register at the beginning of the year may not be the same family living there at the end of the year. People are also more likely to be working away from their home during the day, which makes enrollment and follow-up visits more difficult. Our team is finding that weekend registration and household visits are important for catching people while they are at home. We’re also working to find a solution to avoid double counting households when people move.

2. **Community acceptance of CHWs:** The use of CHW programs varies in rural and urban settings. In a rural setting, people are closely connected to local leaders, neighbors, and friends—and they are likely to personally know their CHW. This provides built-in legitimacy. In Central Kamagambo, only 18% of households we surveyed have been visited by a CHW. It’s a new structure for many, and there isn’t the same built-in legitimacy of knowing your CHW personally. People are also less familiar with Lwala—only 12% of people in Central Kamagambo have ever visited Lwala Community Hospital. To overcome these barriers, we are working closely with the local government to create awareness of the CHW program and to provide formal documentation to CHWs to...
increase perceived legitimacy. Incorporating TBAs is also critical—we identified 31 active TBAs in Central Kamagambo who were already serving their communities.

3. **Adapting our programming:** As we expanded our programming, we realized that we had to adapt some of our activities to fit an urban context. For example, in rural areas, we work with YPPs to organize outreach events that engage their peers. But in Central Kamagambo, we realized there were already events planned—like weekend games and parties—that offered opportunities to provide sexual and reproductive health (SRH) information and services. We are also adapting our Quality Improvement work, where we are seeing the importance of approaching QI initiatives as a network of facilities across the subcounty, rather than only as individual facilities. Additionally, Rongo Subcounty Hospital requires a QI approach that accounts for its wider range of services, larger differentiated departments, and has a different leadership structure.

These lessons help strengthen our understanding of how to best support and scale community-led health in a variety of settings across Kenya.

**Maternal & Child Health**

Despite disruptions this year, Lwala has been able to maintain essential services for mothers and children because of the efforts of community committees, health facilities, and CHWs. Well child visits, which are important for tracking a child’s growth and development and providing scheduled immunizations, can be difficult to deliver when cases of COVID-19 surge. We’ve prioritized community integrated outreach activities—including child immunizations and ECD services—as a way to bring services closer to communities, especially in hard-to-reach areas. As a result, well child visit numbers are increasing at our partner facilities, and visits at Lwala Community Hospital are outpacing previous years. This means children are receiving core services and are on-track for better health outcomes.

![Total Well Child Patients Served at Expansion Facilities, 2021](chart.png)

We have continued services for children at Lwala Community Hospital and partner facilities so far this year.
The combination of the nurses strike and COVID-19 led to a reduction in facility deliveries across our network early this year. Our community-based tracking confirms that the rates of skilled deliveries held at over 95% across the year, suggesting that some mothers sought care outside our facility network during this period. However, the number of deliveries has rebounded, and our facilities have been able to recapture the market share of deliveries that they were seeing prior to these disruptions. One way Lwala has supported facilities to build trust is through establishing open maternity days, where they work with CHWs to invite pregnant women and their partners to visit the facility, provide information on danger signs and the process of delivery, and answer questions. These activities mobilize women to seek care at a health facility, both for antenatal care and delivery.

**Improving Antenatal Care through Community-Designed Approaches**

Early antenatal care (ANC) from a skilled provider is important to monitor pregnancy, reduce risk, and enable providers to offer information and build trust. Though Lwala has driven consistent increases in ANC completion in our communities, more than two-thirds of women are not accessing ANC in the first 14 weeks of pregnancy. To learn more about the barriers to early care, we conducted a qualitative assessment—including interviews and focus group discussions with 336 mothers and 88 CHWs. The most commonly reported barriers were long distances to a health facility, long wait times, and feeling unsure of the benefits of early pregnancy care.

As part of this qualitative report, Lwala launched a community-led design process, through which communities, CHWs, and facility staff discuss new approaches to improve ANC access. A number of new ideas emerged:

- Linda Mama, Kenya’s free health insurance for pregnant women, covers the costs of maternal health care, but many women are confused about their eligibility. CHWs could be mobilized to explain how Linda Mama works and get them enrolled. Linda Mama is a relatively new program, launched in 2018, so we believe this might yield useful lessons to share outside of Migori.
• In order to most effectively mobilize women for ANC, CHWs could develop a household visitation work plan at the beginning of each month, which prioritizes proactive case finding for this target group. This work plan could be reviewed collaboratively at weekly CHW review meetings.

• Another idea is for CHWs to more proactively recommend pregnancy tests during household visits. This could include tweaking the CHW visit protocol to promote earlier pregnancy testing—for example, by changing the order of questions about the date of last menstrual period and use of contraceptives.

Additionally, many communities have decided to develop a community-based referral system, which they will own and operate, to help bridge the gap between remote households and health facilities. Two communities in South Kamagambo have already devised a motorbike transportation system dedicated to referrals and purchased motorbikes to begin operating. This will help get pregnant women to their ANC appointments and facilities for delivery.

The MOH is also taking action to reduce the average distance to health facilities, including plans to build additional health facilities and to hire more staff after a recent budget increase. Lwala is working closely with CHCs and HFMCs to continue pushing for these important resources.

**CHW Service Package Learning Pilots**

We are piloting several innovations in our CHW service package, including Nurturing Care for ECD, family-led MUAC, possible serious bacterial infection, and pneumonia management. Through these pilots we are determining whether to integrate these innovations into our standard community health services, as well as sharing lessons with the MOH.

One major learning across CHW learning pilots—and CHW training more generally—is that we need to prioritize training CHW supervisors first. Our strategy has been to start training CHWs with new or refresher training, assuming that the CHW supervisors are already familiar with the protocols and data collection tools for Integrated Community Case Management, a strategy to support CHWs to diagnose and treat multiple childhood illnesses. This isn’t always the case, however, especially as we expand to new areas that haven’t been supported by Lwala for many years. Without foundational training, supervisors are less able to support their teams to deliver quality services. This is reshaping our training cadence going forward.

**Nurturing Care for Early Childhood Development**

In 2020, Lwala began to pilot the delivery of Nurturing Care for ECD through CHWs and health facilities. This approach brings together 5 interrelated conditions children need to survive and thrive: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for learning. When Nurturing Care services are delivered through the health system, we can reach children during their earliest and most developmentally formative years. Our pilot in North Kamagambo measures the impact of Nurturing Care on developmental and growth indicators for children 0-4 years old and will inform best practices on delivering Nurturing Care through community health.

In alignment with [WHO’s framework](#), Lwala mobilizes CHWs to visit households and provide training and support to caregivers on child health, nutrition, and responsive and skillful parenting. Through parenting support groups, CHWs provide information on child protection and support caregivers to use locally available materials to develop toys and picture books as tools for early learning. We also supported the development of child-friendly spaces at 9 facilities in Rongo Subcounty, where CHWs spend time with parents and children to promote developmentally appropriate, safe play. Finally, we support caregivers to
obtain birth certificates and enroll their children in the National Health Insurance Fund, both essential steps to ensuring safety, security, and good health.

Through our pilot in North Kamagambo, we reach an average of 2,370 caregivers per month through CHW household visits, parenting support group sessions, male dialogue forums, and facility-based education sessions. And as we reach more caregivers and children, some key challenges and lessons are emerging:

- First, it’s been a challenge to enroll households, which required adding a new module to our mobile platform used by CHWs. ECD metrics took more time to integrate because they aren’t specific to health, but we prioritized a user-friendly design over quickly creating something that CHWs cannot use.
- Parenting sessions are critical for sensitization and enrollment, but they were temporarily suspended because of COVID-19 restrictions. Fortunately, restrictions have been lifted so we’ve resumed and accelerated parenting and community activities.
- Finally, we’ve seen gaps in the uptake of birth certificate registration and enrollment in the National Health Insurance Fund. There are many roadblocks here—a birth certificate cannot be processed until the mother has an ID card, so it’s important to solve this problem before registering the child. Additionally, all babies born in a facility receive a birth notification after delivery, but mothers aren’t always aware that this is the documentation required to get a birth certificate. Health care workers must play a role in providing this information.

Family-led MUAC

Family-led MUAC (middle-upper arm circumference) is a community screening approach that empowers mothers, caregivers, and other family members to screen children for acute malnutrition using color-coded measurement tapes, which require neither literacy nor numeracy skills. Recommendations from UNICEF made a compelling case for family-led MUAC’s ability to improve growth monitoring, and we were interested in learning whether it would work in our context, as a supplement to CHW home-based malnutrition screening. Through this pilot, we are evaluating the feasibility and acceptability of family-led MUAC and deciding whether to integrate it into our standard community health service package.

So far, we have sensitized and trained CHWs on family-led MUAC, who in turn trained 4,649 caregivers. We found that most CHWs successfully grasped the curriculum content, with 81% passing the competency test after the first round of training. We expect to reach 90% competency after a follow-up training.

One barrier to implementation has been procurement of affordable MUAC tapes. As a solution, we found locally manufactured MUAC tapes at half the price of lead distributors. We’ve now distributed 600 MUAC tapes to families and plan to distribute 4,000 more in October. So far we’ve seen positive reception by CHWs and caretakers, as well as good uptake by families who have received the MUAC tape.

Possible Serious Bacterial Infection

Migori County has a high neonatal mortality rate of 24 per 1,000 live births. Neonatal sepsis contributes to up to 20% of those deaths (KDHS 2014). Only 41% of births received a postnatal check-up within two days of birth. COVID-19 has threatened to further reduce coverage of essential neonatal interventions, which could lead to excess neonatal deaths. As a result, the need for and potential impact of strong management of possible serious bacterial infection (PSBI) is high.

With support from the Bill & Melinda Gates Foundation, we are partnering with Living Goods and the Population Council to evaluate health system innovations and adaptations aimed at improving PSBI implementation and scale. Despite being entrenched in existing policy and Integrated Community Case
Management guidelines, PSBI protocols are not routinely integrated into community health service delivery.

So far we have trained 395 CHWs and 50 health care providers from 10 facilities in Rongo Subcounty, distributed education and communication materials, and developed ongoing refresher training for CHWs and their supervisors. We are also providing mentorship to health facilities on data and commodity management—leveraging integrated supportive supervision with the county team—so that when CHWs refer cases to the facility, they can receive proper support.

Through implementing PSBI, we realized that many facilities did not have an updated list of CHW contacts to support facility-to-community referral. In response, we provided all facilities with an updated CHW contact list in their respective coverage areas. We also found that standard referral books, which included 2 referral slips, were insufficient. Now we are producing triplicate referral slips: the CHW keeps one for her records, and 2 are given to the patient to take to the facility. The facility-based provider adds recommendations to those slips—one is kept for facility records, and one is taken by the patient back to the CHW. These changes institute a feedback loop for referral and ensure better communication for any home follow-ups that the CHW should complete.

**Community-based Pneumonia Management**

Pneumonia is one of the leading killers of children under 5 in Kenya. We are piloting an addition to the CHW service package to support them to identify cases, deliver treatment, and make clinical referrals for pneumonia. By piloting this service package addition, which will be incorporated into Kenya’s new Integrated Community Case Management protocols, we are accompanying the MOH to bridge policy and practice, informing rollout of the protocol in Migori County and nationally. We’ve procured pulse oximeters, which have the potential to improve community-based detection of respiratory infections, for use by CHWs and facility health workers. Pulse oximeters have not commonly been used by CHWs in contexts like ours, so our findings will fill a gap in evidence. We are excited to join the 6th cohort of the Pfizer Global Health Innovation Grant in this work. Over the next year, we are developing a digital decision support tool for CHWs; training CHWs, their supervisors, and facility health workers; and testing implementation of this workflow. These activities aim to reduce under 5 mortality and morbidity, combat antimicrobial resistance, and document learnings for government implementation.

**Malaria Care and Treatment**

In 2021, we have seen an alarming increase in malaria cases throughout our communities. Lwala combats malaria through facility-based testing and CHW-led community case management. Equipped with rapid diagnostic tests and medication, our CHWs can diagnose and treat malaria cases in their clients’ homes. Earlier this year, Lwala supported the county’s malaria prevention program by sensitizing communities before mass indoor residual spraying. While indoor residual spraying has been very effective at controlling mosquito populations in years past, it has proven less impactful this year. In response, we’ve worked to ensure that our CHWs are equipped with bed nets, rapid tests, treatment, and training to deliver effective malaria case management at the household level. We also mobilized CHWs around an insecticide-treated bednet distribution campaign earlier this year, and in partnership with TamTam Africa, we plan to distribute over 7,000 bednets in the coming months.

**Nutrition**

Lwala provides holistic nutrition support to pregnant and breastfeeding women, young children, and people living with HIV. We screen individuals for vulnerability and provide a holistic package of support to get
families on a long-term path to nutrition security. This includes growth monitoring, vitamin supplementation, breastfeeding support, complementary feeding, therapeutic food, gardening training, seeds inputs, cooking demonstrations, and meal planning.

In order to promote optimal nutrition at an early age, the WHO and UNICEF developed the Baby Friendly Hospital Initiative (BFHI) to address poor breastfeeding practices in maternity wards. The MOH in Kenya adopted an extension of BFHI called the Baby-Friendly Community Initiative (BFCI), which creates a comprehensive support system at the community level through the establishment of mother-to-mother and community support groups. We are mapping the BFCI onto our existing nutrition program and making improvements along the way. To date, Lwala has enrolled 1,886 mothers in our nutrition support groups, including 88 adolescent mothers. We formed separate teen mother care groups in response to suggestions by teen mothers in the community who explained they were hesitant to join the mother care groups because of stigma around teenage pregnancies. Cumulatively, we’ve enrolled 2,685 households in our kitchen garden program, where families receive gardening training and seeds to start home gardens of nutrient dense foods. We found that adoption of kitchen gardens was low at graduation from the program, but with active follow-ups to households, we have been able to improve adoption at 6 months following the training.

Sexual & Reproductive Health

The goal of our SRH program is to increase confidential, voluntary access to SRH services, including family planning, while challenging harmful gender norms and increasing buy-in for reproductive rights. Lwala starts by training community committees, men’s groups, CHWs, and youth advocates. We provide a full range of contraceptive options through a variety of access points, including health facilities, youth centers, village-level outreaches, and directly to homes. We will also be training providers to provide permanent methods.

We measure contraceptive uptake by Couple Years Protection (CYP)—which estimates the protection from pregnancy provided by contraceptive methods during a one-year period. So far this year, we have provided 18,765 CYP, a 15% increase over the same period last year.

This progress is particularly notable given contraceptive service delivery was impacted heavily by both the pandemic and the national health worker strike. The strike lasted from December 2020 through February 2021, and few contraceptive services were provided at any government health facility in Rongo Subcounty during this time. Additionally, COVID-19 caused Marie Stopes International, our partner in providing permanent methods, to temporarily suspend provision of those methods early in the year.

We were able to rebound service provision through the following tactics:

● Revising our outreach strategy to focus on hard-to-reach areas and integrating family planning services into other community-based outreach activities, like childhood immunization events and parenting groups.
● Training health workers across the county on providing long-acting reversible methods, such as the Jadelle implant, which significantly increase contraceptive protection.
• Extending SRH services to Rongo University, a public university in South Kamagambo, which allowed us to increase access to contraception and testing for young people.
• Improving supply chain management, which has led to better community-based distribution of contraceptives. Both CHWs and Youth Peer Providers (YPPs) can now replenish their stock of commodities from pharmacies at their closest link facilities.
• Enabling YPPs to offer emergency contraceptives and oral contraceptive pills as part of their service package (which already included condoms).

Additionally, we recently launched SRH services in Central Kamagambo. We established and trained a cadre of CHWs and YPPs to distribute contraceptives, and we are providing services at 3 new facilities, including Rongo Subcounty Hospital and Royal Hospital, two high-volume facilities. This work has revealed many lessons about working in a more urban setting documented above.

![Couple Years Protection Provided](image)

Clinical Excellence

As part of our 2025 Strategic Plan, we aim to elevate Lwala Community Hospital as a Center of Excellence that models, teaches, and advances dignified, holistic, patient-centered primary health care. Through our clinical excellence work, we support quality improvement at 10 partner facilities, including Lwala Community Hospital. We also advance two clinical training initiatives at the county level—the Obstetric Hemorrhage Initiative and Helping Babies Breathe.

This year, Lwala and our partner facilities faced the compounding challenges of the ongoing COVID-19 pandemic and the national health worker strike, which paralyzed the public health system and put additional strain on health facilities. Despite this, we managed to support our partner facilities and county counterparts on a range of quality improvement and clinical support activities.

A notable achievement this year is our cross-cutting effort to improve maternal health services. We believe that maternity patients not only have the right to high-quality care, but that improving maternal health services has an outsized impact on the health system at large, raising the standard of care and access for all.
Another success is that we’ve now enrolled Rongo Subcounty Hospital into our Quality Improvement program, as part of our expansion into Central Kamagambo. Rongo is the largest referral hospital in the subcounty, which presents Lwala with an opportunity to contribute to improved health service provision that will reach a significant portion of the population.

**Cervical Cancer Prevention, Early Detection, & Treatment**

Cervical cancer is a leading cause of cancer death for women in Kenya, claiming the lives of over 3,200 women every year. With early detection and treatment, cervical cancer is nearly 100% preventable, and a woman who is screened even once in her lifetime can significantly reduce her risk of developing invasive cervical cancer. Through partnership with [Cure Cervical Cancer](#), KMET, and the John Gould Foundation, we trained providers across Rongo Subcounty on cervical cancer screening and treatment and distributed a portable and low-cost thermal ablation machine to each of the 4 wards. Lwala and our partner facilities will now be able to screen and treat precancerous lesions to prevent cervical cancer development without unnecessary referrals. We also worked with local schools in August and September to mobilize HPV vaccinations for more than 2,300 girls and deployed CHWs to counsel their caregivers on the importance of the vaccine in preventing cervical cancer.

**Ambulance donation to improve emergency medical services**

When it comes to obstetric hemorrhage, every second counts—and emergency medical services are one of the most important tools to ensure women experiencing pregnancy complications get the care they need. But Migori County’s public emergency infrastructure consistently faces challenges in funding, maintenance, and coordination.

Complementing our community-led referral work, [Lwala donated an ambulance to Migori County](#), which is now placed at Rongo Subcounty Hospital. This is an important step to prevent delays in reaching care at our network of 10 facilities, now including the subcounty’s main referral center.

**Facility Quality Improvement**

As part of our quality improvement work, Lwala unites community members, facility health workers, and CHWs through Health Facility Management Committees (HFMC), where they drive continuous improvements across a network of 10 government health facilities. Lwala works with HFMCs to conduct Health Facility Assessments (HFAs) aligned with the WHO’s 6 health system building blocks—service delivery, health workforce, information systems, supply chain, finance, and governance—which inform cycles of improvement.

As we expand in Central Kamagambo, we are seeing the importance of approaching quality improvement as a network of facilities working to achieve clinical excellence together. Examples include:
- **Improving Linda Mama Reimbursement Rates:** In Rongo Subcounty, only Royal Hospital and Lwala Community Hospital have been receiving reimbursements from Linda Mama, Kenya’s free health insurance for pregnant women. This is missed revenue for our partner facilities, which they could be using to improve patient care. In response, we supported the subcounty to conduct facility visits to understand why other facilities weren’t getting reimbursed and found errors in the way claims were being submitted across facilities. With Lwala’s support, HMFCs are now working to identify solutions. For example, at Ngode, staff were knowledgeable about how to submit claims, but they needed tools, like a computer and printer, in order to do so. Ngode’s HFMC mobilized resources to purchase a computer and printer and are now receiving NHIF reimbursements. This is a new revenue stream that the facility can deploy to improve quality of care.

- **Preventing Drug Stockouts:** Lwala conducted a routine assessment in February that found widespread drug and commodity stockouts. In response, we worked with our partner facilities to internally redistribute commodities and close stock gaps. With Lwala’s support, Migori County officials made a resolution to establish a Health Products and Technologies Unit, which would provide oversight for supply management. Lwala also supported Migori County in signing an agreement with Maisha Meds to pilot a commodity tracking tool in 5 facilities in Rongo Subcounty. In Ongo and Rongo Hospitals the technology is well utilized, but lower-level facilities have found it onerous and time consuming. This pilot has revealed that higher-level facilities with a pharmacist on staff—who can manage the flow of commodities—can successfully use this technology, but it has been challenging for facilities with human resource constraints. As a result, Lwala is working with the county to identify complementary solutions for lower-level facilities.

- **Expanding ANC Profiling:** ANC profiling, conducted in the first trimester of pregnancy, assesses the health of the pregnant woman and determines if she has any underlying conditions that put her baby at risk. But not all facilities in Rongo Subcounty were able to conduct full ANC profiling because of laboratory limitations, commodity stockouts, and lack of training. Pregnant women were therefore avoiding these facilities, knowing they may be referred elsewhere—a perception similar to those from the qualitative ANC assessment mentioned above. Additionally, during maternal perinatal death review meetings, it was found that some complications could have been managed if a complete ANC profile was conducted. In response, Lwala and the subcounty MOH agreed to close gaps in ANC profiling, and we worked together to distribute missing supplies, mentor nurses, and encourage all facilities to complete a full ANC profile. Ngere Health Center also converted space for ANC profiling and asked the county to supply them with a lab technician—resulting in generalized lab capacity improvements. With ANC profiling now available across facilities, mothers can access this service at their closest health care center.

**Rongo Subcounty Hospital Induction**

As part of our expansion into Central Kamagambo, we have now enrolled Rongo Subcounty Hospital into our Quality Improvement program as our tenth facility. Rongo is the referral hospital in the subcounty, which presents Lwala with an opportunity to reach a significant portion of the population with improved health services. Despite Rongo Subcounty Hospital being a Level IV facility, it has limited capacity to provide the appropriate services—challenges include inadequate staffing, shortage of essential drugs and
laboratory supplies, difficulty with medical waste management, and inadequate storage space for commodities.

Through our work with Rongo Subcounty Hospital, we’re learning that our Quality Improvement approach requires adaptations for higher volume facilities that provide a wider range of services. This hospital has a more complex pharmacy system and larger, differentiated departments—meaning we need to work with each of those departments as their own unit. The hospital also has a different leadership structure. Rather than an HFMC, we must engage with the hospital’s Board of Directors, as well as the subcounty health team, which requires reactivation of the board’s Quality Improvement Committee. Lwala is working to adapt our facility quality improvement tools, including the HFA, for use at high-level facilities.

An early success in working with Rongo Subcounty Hospital includes expanding inpatient services. During a subcounty meeting, hospital staff flagged that inpatient services were not being offered at the, except for deliveries. Lwala supported the facility to conduct a Plan-Do-Study-Act cycle, which found that the inpatient department lacked staff and funds to provide adequate services. The facility worked to reallocate human resources and funds, restock supplies, and plan a schedule for the inpatient department. As a result, new inpatients are being admitted—15 new patients were admitted in just the first two weeks after this change. Rongo Subcounty Hospital has been highly receptive to the QI approach so far, and our hope is that over time, the hospital’s governance structures can absorb and conduct the QI process independently.

Minenyana Postnatal Care & Clinical Quality Improvement

At Lwala Community Hospital, we use a postnatal care register, which documents information about each woman’s delivery and ensures clinical follow-up after she delivers. During a clinical rotation—a standard part of our QI intervention—a nurse visiting from Minenyana noticed this register. She thought it might solve a problem at her facility, where many mothers were not receiving the proper examination after delivery. At Minenyana’s request, Lwala provided a targeted mentorship session on postnatal care and documentation, and we emphasized the need for health workers to conduct an examination post-delivery. We also held sessions with mothers at Minenyana facility over a period of 2 weeks, where CHWs sensitized mothers on postnatal care.

As a result, Minenyana is now documenting and examining all mothers who deliver at the facility, as well as mothers who come for well child visits. Facility leadership reorganized responsibilities for data entry and implemented cross-department data review meetings on a more frequent basis. The result has been improved clinical care at Minenyana, which can be seen in the consistent improvements in case observation scores shown below. These scores measure how well health workers adhere to clinical standards of care.

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**Lwala Partner Facilities and the Services They Offer**

<table>
<thead>
<tr>
<th>Level</th>
<th>Type of Facility</th>
<th>Facility Names</th>
<th>Health Services Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Community Care</td>
<td>Community Health Workers &amp; Community Health Committees</td>
<td>Community diagnosis; referral to high-level care facilities; screening services; encouraging healthy lifestyles</td>
</tr>
<tr>
<td>2</td>
<td>Dispensary</td>
<td>Kangas Dispensary, Ngokwe Dispensary, Kochola Dispensary, Ng'eso Orido Dispensary</td>
<td>Basic curative treatment; case management; pharmacy/lab services; prevention care; outpatient services, ANC services</td>
</tr>
<tr>
<td>3</td>
<td>Health Centre</td>
<td>Ngere Health Centre, Kitere Health Centre, Lwala Health Centre</td>
<td>Curative &amp; case management services - infectious &amp; chronic illnesses; inpatient care; dental care</td>
</tr>
<tr>
<td>4</td>
<td>Subcounty Hospital</td>
<td>Ong’o SCH, Rongo SCH</td>
<td>Secondary care; primary care including ANC; holistic services; X-ray services</td>
</tr>
</tbody>
</table>
This work is bolstered by the strong relationship between Minyenya staff and its CHWs. As Minyenya worked to improve postnatal care (PNC), they coordinated with CHWs to encourage follow-up visits and tracking of postnatal mothers. As a result, Minyenya saw a sharp increase in PNC visits in 2021, nearly a 45% increase over the same period last year.

Clinical Training

Lwala serves as a training ground for high-quality comprehensive primary care on site at Lwala Community Hospital. We conduct trainings across a wide range of subjects, hold clinical rotations with our partner facilities in Rongo, and host students for clinical mentorship from across the region. This not only improves services at other facilities, as demonstrated in Minyenya, but also benefits Lwala Community Hospital by welcoming and learning from other practitioners.
Lwala is scaling up training on two high-impact, low-cost interventions that have been proven to reduce maternal and infant mortality—the Obstetric Hemorrhage Initiative and Helping Babies Breathe—across Migori County and beyond. This year, we’ve adopted virtual tools to enable us to support providers with ongoing clinical mentorship, even when we cannot gather in person.

Helping Babies Breathe

Helping Babies Breathe (HBB) is an evidence-based approach to improve neonatal resuscitation in low-resource settings. Lwala has used the HBB curriculum to train health providers since 2019. To date, we have trained 1,125 healthcare providers at 52 facilities. Our plans to train new facilities were delayed due to supply chain issues, namely delays in getting neonatal resuscitation commodities through customs. We now have the full HBB kits in hand and plan to train on these interventions before the end of the year.

Ultimately, we aim to ensure that every facility across Migori County has the supplies and training to evaluate a newborn and stimulate breathing in the first minute of birth. This year, we’ve recorded 12,111 deliveries at the facilities trained on HBB—of the 564 babies not breathing at birth, 546 were successfully resuscitated.

Obstetric Hemorrhage Initiative

The Obstetric Hemorrhage Initiative (OHI) is a set of protocols and tools that can treat postpartum hemorrhage and prevent maternal death. OHI relies on like-saving supplies—like misoprostol, the uterine balloon tamponade (UBT), the non-pneumatic anti-shock garment (NASG)—to stop bleeding, but it also requires trained health care providers to know which tools to deploy and when.

In addition to advancing national policy to prevent obstetric hemorrhage, Lwala serves as the national MOH’s training partner on the NASG. We have trained 160 health workers and clinical trainers across the country on the use of NASG, who can be deployed by the MOH to train others. We are also working to expand OHI across Migori County, and we have provided training and mentorship to 1,675 health care providers at 108 facilities. We recently procured additional NASGs for training and facility distribution—after a delay at customs, we are able to move forward with training for an additional 50 facilities across the county by the end of the year. And we are, of course, monitoring the use of OHI tools. This year, we have recorded 597 cases of obstetric hemorrhage in our partner facilities. Based on protocol, the NASG was deployed 205 times, while the UBT was used in 30 cases.

A few important lessons have emerged as we work to ensure that our training and partnership with facilities is ultimately sustainable. First, there must be a system for redistributing NASGs—when a woman is referred to a higher level of care, the garment goes with her—and facilities should be supplied with more than one garment as a backstop. Second, it has been important to orient subcounty reproductive health managers on OHI so that they can provide supervision and follow-up when a case of obstetric hemorrhage is reported. Finally, expansion can happen more quickly when we work with other partners implementing the OHI bundle. For example, we are collaborating with 2 partners who are implementing the UBT. We now conduct joint planning, and in the future, we will collaborate on supervision, review meetings, and supply chain issues. This learning is especially important for our expansion into additional counties in 2022 and beyond.
Lwala Community Hospital

This year, Lwala Community Hospital continued providing essential services, while supporting vaccine distribution and treating the deadliest wave of COVID-19 since the start of the pandemic. Patient volume has declined to the levels we saw prior to the health worker strike early this year. This is largely attributable to improvements made in our partner facilities, including provision of commodities and functional laboratories that attract clients. This quarter, patient volume tracks closely with volume over the past two years during this time period.
Blood Supply Maintained

Through 2020 and early this year, we faced a blood shortage across the county, and blood drives were halted during COVID-19 and the health worker strike. Closing the gap in blood supply is crucial in averting deaths, especially maternal deaths, that could be prevented with a blood transfusion. To address this barrier, Lwala works closely with the regional blood bank to conduct blood campaigns across the county. So far this year, we’ve collected 2,559 units of blood, which represents 71% of the county’s annual need. At Lwala Community Hospital, we’ve provided nearly as many transfusions in this year alone as we did in 2018, 2019, and 2020 combined.

![Number of blood transfusions provided](image)

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 the ongoing COVID-19 pandemic as a particular threat to immunocompromised populations, Lwala continues to work with support groups and CHWs to expand the number of clients receiving HIV drugs and to increase clinician visits directly to their home. As a result, we have nearly eliminated appointment defaults and are seeing all-time high rates of viral suppression at 98%, above the target of 95%. In an assessment conducted by the University of Maryland in 2020, Lwala Community Hospital received top scores for antiretroviral treatment continuation across Migori County. Given the success of this innovation, we will continue this model even after the threat of COVID-19 subsides.

Because of COVID-19 restrictions, however, we had to reduce or adapt activities in the community, including dividing up HIV support groups to allow for social distancing. Another major challenge this year has been a shortage of supplies required for testing and monitoring, but we have been able to maintain a high level of care. Currently there are 2,341 clients receiving HIV care and support.
Maternal Health

Lwala Community Hospital made significant improvements in obstetric ultrasound services, an essential component of comprehensive ANC that had not been consistently accessible in the subcounty. In fact, from March 2020 to January 2021, ultrasound services had largely been suspended due to COVID-19, except for emergency cases.

In 2018, Lwala began offering free ultrasound services to mothers attending ANC at least twice during pregnancy. But the only other facility offering the service was a private facility that charged a fee, putting ultrasounds out of reach for many mothers. We are now working with partner facilities to provide free ultrasound services. CHWs inform pregnant women about the availability of ultrasounds during home visits, and messages are also disseminated through local radio stations. We recruited a sonographer, distributed 2 ultrasound machines in Rongo Subcounty Hospital, and are now deploying portable ultrasound machines. We are working with our partner facilities to schedule appointments for pregnant women, so a sonographer can travel to those facilities with the portable machine to screen them. If complications are detected, providers refer patients to an OBGYN special clinic within the subcounty.

In Q3, we averaged 171 ultrasound visits per month at Lwala Community Hospital, a 65% increase over Q1 and Q2. Because ultrasound scans increase our ability to identify danger signs in pregnancy, we are better able to provide specialized care to at-risk mothers and babies. The availability of ultrasounds in other facilities in Rongo Subcounty has reduced ultrasound referrals to Lwala Community Hospital, which means that women are able to access this service at the facility most convenient for them.
Youth & Adolescents

Lwala supports adolescents and young people through a combination of in-school and community-based activities to proactively advance their health and well-being. From our community research, we know that young people face barriers to accessing SRH services alongside the general population or through CHWs. We promote high-quality comprehensive sexuality education in schools; prevent unwanted pregnancy by providing information and access to a range of modern contraceptive methods, delivered through youth-friendly access points; and support young mothers in returning to school post-pregnancy.

Youth Peer Providers

As the youth parallel to CHWs, our 113 youth peer providers (YPPs) equip youth and adolescents with access to and information on a range of contraceptive options. YPPs also provide referrals for long-acting reversible contraceptives (i.e. IUDs, implants, injectables) and STI screening. This year we recruited a new cohort of 35 YPPs in Central Kamagambo. We have found that in this peri-urban location, the general level of understanding on family planning among young people is higher than in rural areas.

Through the Dial-A-Condom program, adolescents can order condoms directly from YPPs, on demand. Building on the success of Dial-A-Condom, we conducted a pilot in 2020 to add emergency contraceptive pills to YPPs’ service package. Based on positive pilot results, we also incorporated oral contraceptive pills as a standard offering of YPPs. This year, our YPPs have provided more contraceptives than ever before. Condom distribution has nearly doubled since January of this year, as seen in the chart below.
Emergency contraception distribution has also risen by more than 50% this year. Many more young women aged 15-19 are benefiting from emergency contraception—since January, we’ve seen more than a 300% increase in distribution, demonstrating a significant need for this vulnerable group.
Increases in contraceptive distribution stem from our expansion to Central Kamagambo, as well as supply chain improvements. YPPs can now replenish their stock of supplies at their assigned pharmacy, which solves a challenge YPPs faced in running short of some family planning commodities.

Through our YPP program, we’ve learned that girls and young women are powerful champions of SRH for their peers. Our 113 YPPs are largely female (73 females to 40 males). In recruitment, we found that males were more likely to be uncomfortable discussing family planning issues, especially with younger girls. Girls, on the other hand, tended to be more open and ready to approach their peers on these sensitive topics.

**Youth Advisory Boards**

Through our longstanding work with youth and adolescents, we identified a need to educate young people to understand and champion their rights. So we created Youth Advisory Boards (YABs), who work to identify health priorities of their peers and drive programming for young people in the community.

So far this year, we have recruited 39 young people across Rongo Subcounty to serve on YABs, and we trained them on an adapted version of Advance Family Planning’s SMART Advocacy curriculum to prepare them to engage in advocacy with community leaders. YABs will complement the work of other community committees in working to reduce teen pregnancy and sexual and gender-based violence, as well as to increase school retention and youth empowerment. We are also piloting the Lwala gender analysis toolkit with YABs as part of our gender mainstreaming process.

**Youth Friendly Corners**

After nearly a year of closures due to COVID-19, we reopened Youth Friendly Corners (YFCs)—a key health service point for young people—in January 2021. We renovated the YFC at Lwala Community Hospital and we are currently renovating two Youth Friendly Corners at Rongo Subcounty and Rosewood Hospitals as part of our expansion to Central Kamagambo. So far this year, we’ve hosted 11,327 YFC visits, including 4,880 in Q3—our highest visitation rate yet.

Since opening the first YFC in 2017, the gender composition of visitors has shifted. Today, girls and young women make up over 50% of service visits. This illustrates a positive trend that girls and young women find YFCs to be a safe and confidential space to access SRH services and information. We’re encouraged to see significant increases in visits—more than double the amount since the beginning of the year—from girls aged 10-14, as this is a particularly high need group.

**Youth Friendly Outreaches**

While YFCs were closed for most of 2020, we hosted more youth-friendly clinic days and outreaches to mitigate service disruption. We have continued this approach in 2021, and we are also targeting hard-to-reach areas, as identified by YPPs and CHWs. This year, we have supported 57 youth-friendly clinic days, reaching 4,541 people with contraceptives and STI/HIV screening and information. We also conducted 27 youth-focused outreach events, reaching 4,647 people with information and services. In Central Kamagambo, we are working with YPPs to identify existing events and gatherings where we can provide services.

**School-Based Programming**

Efforts to keep girls in school have long-term health and development benefits for girls. This year, we maintained school enrollment and mentorship of 233 girls. We also newly enrolled 77 girls in our Broadened Horizons program, which supports girls who have dropped out, largely due to teen pregnancy, to re-enroll in school by providing mentorship, scholastic support, school materials, and a small cash
transfer to subsidize costs. This quarter, we hosted a return-to-school seminar and 4 catch-up sessions to motivate girls and help identify challenges—all 77 girls attended and have returned to school.

This year, Lwala has provided support to school Boards of Management to mobilize resources and implement infrastructure projects in 4 schools. These projects include: opening 1 additional class at a primary school; erecting a gate and fencing at 2 different schools; and constructing a new school laboratory, which will be finished in January. Lwala also supported 13 Boards of Management to prepare a safe learning environment for teachers and students following the closure of schools in 2020 due to COVID-19. We have conducted training sessions for Boards of Management in 8 schools so far this year.

Additionally, in preparation for school uniform distribution, we conducted uniform fittings for girls and boys in 13 primary schools, reaching a total of 789 girls and 299 boys. We also distributed 1,973 sanitary pads. Lack of access to uniforms and feminine hygiene products has historically been a barrier to female education, and further widened the gender gap in school completion.

Finally, we engaged 1,052 girls and 690 boys in Better Breaks sessions across 13 primary schools in North Kamagambo. During school holidays, we create a space for adolescents and youth to participate in leisure, leadership, and life skills activities. This quarter, we introduced new activities such as a home science competition, modelling, public speaking, and drama to spark academic curiosity and improve life skills. Alongside these activities, young people can access health counseling and services, such as pregnancy tests, contraception, and test kits for HIV.

**WASH & Vulnerable Populations**

Consistent with our belief that holistic interventions best serve at-risk populations, Lwala addresses HIV and Water Sanitation, and Hygiene (WASH) together in an integrated program. Research shows that HIV-positive individuals are more susceptible to malaria, diarrhea, and other enteric diseases. Therefore, we implement WASH interventions in conjunction with HIV care to reduce the relative risk of malaria and diarrheal diseases among people living with HIV/AIDS. Our model empowers community members to elevate WASH standards in their own communities and is implemented alongside the Migori County Ministry of Health. To combat WASH-related morbidities, Lwala employs three-pronged strategy: 1) HIV and WASH Integrated services 2) community-led WASH, and 3) water infrastructure rehabilitation. CHWs support and engage with community members at every level of the model.

**Community-Led Sanitation**

The COVID-19 outbreak was a stark reminder 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.

Much of this work is led by WASH committees, groups of community leaders who volunteer to identify WASH-related challenges and work to find a solution. These committees ensure participation of vulnerable populations. Lwala provides WASH committees with training on leadership skills, conflict resolution, and operation and maintenance of water access points. As Kenya confirmed its first case of COVID-19 in March 2020, WASH committees mobilized to help people understand the importance of handwashing, and construction of handwashing stations became a top priority. This year, we have supported our communities in building 3,942 handwashing stations.
WASH committees have been incredibly active in 2021; so far, they’ve organized action days during which community members have built 1365 new latrines. Since we are reaching saturation in building new latrines, WASH efforts are shifting to focus on improving latrines, which means making them safer through the installation of new technology that combats the transmission of communicable diseases. This year, we’ve worked together to improve 757 latrines, compared to about 40 in 2020. WASH committees also led the rehabilitation of 5 water sources and installed 10 water tanks this year. Committees worked with their communities to identify water sources in need of rehabilitation, obtain a letter of approval for the use of land, and mobilize resources.

**Making WASH Accessible for People Living with Disabilities**

To ensure equity in WASH activities, it is important to consult and incorporate the needs of people living with disabilities. Their involvement in programme design can help to ensure that WASH provision responds to varied needs. During community follow ups on sanitation issues, we found that for many people living with disabilities, a typical latrine is inaccessible. In response, Lwala worked to identify people living with disabilities, and communities stepped in to construct accessible latrines during action days. Through this identification process, more people living with disabilities are now participating in community action days.

**Community-led WASH in action.** In Ofwanga village, community members were concerned about a lack of safe water for vulnerable populations. Children are often sent to fetch water during the day, while their parents are at work, and they are being cared for by grandparents. But because the community’s main source of clean water was unprotected, many feared for the safety of children and the elderly.

Community members, with their local WASH committee, committed to donate resources, and they requested Lwala to support a water point rehabilitation in Ofwanga. The community mobilized labor and materials, including sand and gravel that they collected locally. Lwala coordinated with WASH technicians at the county level, who assisted in the rehabilitation project. The well was successfully completed, and now elderly women can safely access clean water, or send their grandchildren without any fear of them falling into an unprotected well.

One of the community members noted that better water management has also boosted their community’s economic potential: “When we have to search for water, we do not have time to do business or engage in other income generating activities.”
**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.

**LWALA MOBILE UPDATES**

While we maintain a focus on maternal and child health and people living with HIV, we’ve updated our CHW household enrollment strategy to include every household in our service area, so that all community members can receive support from a CHW directly in their homes. At the same time, we updated our digital data collection tools to better align with the Ministry of Health. This aligns with our efforts to digitize CHWs across Migori County and support the rollout of the Electronic Community Health Information System (eCHIS), an aggregate data system for community health data being developed by the national MOH. To date, not all households are enrolled in our new system, and data is being updated at 2 of our sites, so our community data is not ready this quarter. We will be able to share data on this next quarter.

**KEY RESEARCH UNDERWAY**

- **Lwala Household Survey:** This year we carried out our largest household survey to date, surveying over 7,000 households across 3 subcounties. This cross-sectional household survey is an essential component of Lwala’s rigorous testing of our model. Lwala will use the data collected to learn and to inform decisions in health sectors, thus advancing community-led health. We are in the process of cleaning the data from this survey and expect to be able to begin in-depth analysis later this year. This quarter we published our [household survey protocol](#), in which we describe our repeated cross-sectional survey study. In this protocol, we highlighted our COVID-19 adaptations to diminish the risk of transmission and to protect both household participants and enumerators. This protocol can be used in other low-resource settings to evaluate key health metrics in both areas served and comparison areas.

- **Obstetric Hemorrhage Initiative Study:** We are conducting an evaluation of Lwala’s obstetric hemorrhage initiative in partnership with Kenya MOH and University of California San Francisco’s (UCSF) Safe Motherhood Program. The study will track health outcomes for women experiencing obstetric hemorrhage and evaluate the efficacy of the trainer-of-trainers (TOT) model coupled with NASG technology. We expect to complete this study by the end of the year.

- **Helping Babies Breathe Study:** We are currently designing a study protocol examining the Helping Babies Breathe (HBB) program. We will evaluate HBB implementation using a scalable TOT model, looking at successful resuscitation before and after program rollout across 16 facilities, and surveying health care workers. The study is expected to start next year.

- **Nurturing Care for Early Childhood Development Survey:** This quantitative 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. We will be collecting midline data this year. We will track these indicators over time to understand the impact of our Nurturing Care program on comprehensive child wellbeing.
Leadership

- In September, Co-CEO Julius Mbeya, together with Living Goods, met with the Chair of the Health Committee at the Council of Governors (COG) Prof. Anyang’ Nyong’o—also the Governor of Kisumu County—to discuss phase 2 donation of PPE from the COVID-19 Action Fund for Africa (CAF Africa). The donation of 8 million face masks will be distributed to CHWs in all 47 counties in Kenya.

- Co-CEO Ash Rogers spoke at the Tramuto Foundation’s 20th Anniversary Gala honoring nine partner organizations, including Lwala Community Alliance, for their continuing mission to create a more inclusive, equal and compassionate world.

- As a member of the Community Health Impact Coalition (CHIC), Lwala worked alongside CHIC, Women in Global Health, and UN Women to publish an article on ensuring community health worker programs advance gender equality, titled Are dual cadre CHW programs exploitation by another name?

- A new case study from CHW Central highlights the partnership of Lwala, Living Goods, and the Kenya Ministry of Health (MOH) to advance evidence-based, quality-producing practices—like fair remuneration and dedicated supervision—in government strategies, policies, and programs by using the Community Health Worker Assessment and Improvement Matrix (CHW-AIM).

- Alongside CHIC, co-CEO Julius Mbeya and Health Systems Strengthening Director Doreen Achieng Baraza Awino led a virtual learning session on the CHW-AIM tool. It focused on how CHIC members are applying CHW-AIM in their own programs, in partnerships with other NGOs, and in local assistance at national and subnational levels.

- Lwala recently participated in the research article from the CHIC which sheds light on the gap between guidelines and practice when it comes to paying CHWs. Despite the life-saving work they perform, community health workers (CHWs) have long been subject to global debate about their remuneration. There is now, however, an emerging consensus that CHWs should be paid.

- Lwala recently co-authored a journal article with CHIC partners that analyzes CHW compensation models across 5 countries. This analysis—and the accompanying #PayCHWs Campaign—aims to move the global conversation from whether to pay CHWs to how to do so.
This year, the Lwala Human Resources (HR) department has focused its efforts on ensuring that all staff feel supported during a time of organizational adaptation and emergency response. In line with the 2025 Strategy, Lwala undertook an organizational restructure that came into effect in Q1 2021, which created new opportunities to clarify staff roles and responsibilities. The HR department also continues to focus on the employee wellness program. After a staff survey revealed stress management and caregiver burnout as top areas of focus, we've held 2 sessions to help staff navigate these challenges.

We recognize the importance to employee wellness given the challenges and realities of supporting frontline healthcare delivery during the COVID-19 pandemic. Because of Lwala's ongoing support for county-wide COVID-19 response, staff have been operating in emergency response mode, all while maintaining remote working as a COVID-19 protection measure. We continue to conduct other staff support activities such as psychosocial counseling.

Lwala is also prioritizing gender equity internally and through our programming. We re-established the organization’s gender equity committee and trained members on their role and the overall gender equity framework. We completed a gender analysis of our salary grades, then re-aligned salaries to be more equitable, transparent, and competitive. This quarter, Lwala also conducted a gender mainstreaming training, which emphasized internal gender policies, as well as strategies for integrating gender in all sectoral programming areas.

We continue to offer skills building opportunities for staff. This quarter, we conducted a communication training focused on improving program documentation and written communication skills. A follow-up training on documentation is planned for the future.
Community Spotlight

GORDON MITO, Lwala Youth Peer Provider

Gordon Mito is the lead Youth Peer Provider (YPP) in East Kamagambo. Here, he writes about supporting his peers to access sexual & reproductive health services during the COVID-19 pandemic.

“If you treat this disease normally, it will treat you abnormally.”

The pronouncement rumbles loud through one of the radio stations. It is mid-morning on a weekend at Kongudi village in Rongo Sub County, Migori County. Jane, a 16-year-old student at a nearby secondary school, is busy helping her mother prepare some maize for grinding. I find both of them jovial and discussing their issues. Our attention is drawn to the pronouncement by the Minister of Health that has become a common warning for the citizens to adhere to COVID-19 prevention measures. “This Covid is a curse. It has disrupted our life so much,” quips Jane’s mother.

This is not the first time I am meeting Jane and her mother. As YPPs, we have been holding intergenerational community dialogues to promote communication between parents and young people. Jane’s mother has been attending these sessions and she is among the parent champions who work closely with us and contribute to the success of this initiative.

At the age of 14, Jane dropped out of her first year of secondary school when she got pregnant and gave birth to her baby who is now 2 years old. During one of our previous meetings, Jane and I discussed the possibility of using a family planning method to protect her from getting pregnant again, especially since she had recently gone back to school to continue with her studies. Her mother approved of the idea.

On this day, my intention was to accompany Jane and her mother to the health facility for family planning services only to realize they were hesitant about visiting the facility. “You want me to go to the hospital so that I can contract COVID? I can’t go. We always hear ambulance sirens taking people with COVID to the hospital. It is not safe there!” Jane makes a gesture to emphasize her resolve.

I join them in preparing the maize as I explain to them the importance of seeking health care and allay their fears about visiting the facility. Since they were adamant, I quickly invited Jane to join us for a youth targeted outreach that was to be held at a nearby school in a few days’ time and she agreed. On the day of the outreach, Jane received counseling on various family planning methods and selected the Jadelle (5-year implant).

“I wanted a method that will protect me until I finish my school. The contraceptive implant is the best because in 5 years I will be through with my secondary school. Thank you, Gordon, for leading me through this process and bringing us to the Lwala community outreach. I really didn’t want to go to the hospital.”
Since the onset of COVID-19 pandemic, there has been some hesitation in the community towards seeking health services from the facilities. This is not only among adolescents and youth but also among other members of the community who are concerned that going to a health facility may expose them to COVID-19. Though there are many safety precautions in place at facilities, I want to make sure that all my peers can receive services where they feel comfortable.

As a YPP, I am able to help bridge this by conducting targeted outreaches for young people and taking services closer to them. Most young people find themselves in school with no time to visit the health facilities. Weekend outreaches are therefore appropriate especially for day scholars and other youths. Here we can directly provide short-term methods like condoms and pills and connect others to longer-term methods if they choose. All COVID-19 protocols are observed during such outreaches.

“I believe that young people should be empowered to make informed sexual and reproductive health decisions. In my community, young people face a lot of barriers while trying to access these services. I feel happy when I can help them protect their future and achieve their full potential.”
Staff Spotlight

STEVE OKONG’O, Maternal & Child Health Program Manager

“Steve is a hands-on leader who actively supports his team and is not afraid to be accountable for the team's struggles or successes. He is well-informed and passionate about community health.”

- Hellen Kerubo Gwaro, Senior Program Manager

Steve Okong’o, Lwala’s Maternal and Child Health Program Manager, was born and raised in Rongo, the epicenter of Lwala’s work. The youngest of 6 children, Steve’s mother died when he was a baby, and he was raised by his father, his siblings, and his village. While he was in school studying public health, he would “see Lwala staff talking to youths about sexual and reproductive health and teen pregnancy” in the community, and he wanted to get involved. In 2015, he began volunteering with Lwala. Nine months later, Steve was offered a contract as Lwala was starting the Thrive to Five program, which employed community health workers (CHWs) to support pregnant women to deliver at a health facility and then followed up to ensure children were immunized.

As someone who originates from a village in Rongo Subcounty, Steve serves as a bridge between his community and Lwala, where he manages the Mothers and Children Program and provides supervision for community health workers (CHWs). Steve’s coworkers say that he has proven his knowledge and capabilities over and over again; community members trust him because he is one of them. When there is distrust in the medical system or false rumors are spread, Steve is a trusted source of information and reassurance for his community—they know he is telling the truth.

Steve says he is motivated to do this work every day because of the impact Lwala is creating. “When you walk into a village and find a child who is malnourished—sometimes the problem is not a lack of food, but a lack of information about nutrition,” he says. “Lwala is sharing this knowledge. We are helping people to live healthier lives.”

Health Systems Strengthening Director, Doreen Achieng Baraza Awino, shared that Steve’s dedication to the community is evident in his interactions. He knows every CHW by name, he responds quickly and skillfully to calls when they need support—even during the night—and “he has built trust among CHWs through personal interaction. They are like one big family working together.” Many of Steve’s colleagues echo these observations about him, describing him as focused, efficient, organized, and passionate about community health. Steve himself says, “we are like brothers and sisters. If someone is sick, everybody is sick.”

Next up, Steve is enthusiastic about supporting government adoption of Lwala’s community-led health model. “We have proven now that community-led health works,” he says. And Steve practices what he preaches. In a few weeks, he and his wife’s first baby will be delivered at Lwala Community Hospital, bringing his work, his family, and his community together once again.