



Thankyou Milestone Update

October 2021

We are pleased to report that we met the milestones set for 2021. We are grateful for Thankyou's support towards our goals – particularly as we managed the increased challenges presented by the ongoing COVID-19 pandemic.

GRANT MILESTONES	BASELINE 2020	GOAL 2021	STATUS	ACTUAL 2021
Population reached with direct provision of community-led health model	90000	<i>*Based on new census data, we revised this goal to 125k</i>	Achieved	125,000
Households enrolled and supported by community health workers	22,000	26,000	On track	24,305
CR-CHWs trained and deployed	0	400	Exceeded	418
Facilities trained in Helping Babies Breathe (cumulative)	44	56	On track	52
Government facilities supported with Obstetric Haemorrhage program (cumulative)	60	90	Exceeded	108
Couple years of protection (CYP)	16,488	18,000 (4,500/quarter)	Exceeded	18,765
Skilled delivery rates	NK: 98% EK: 97% SK: 95%	NK: 97% EK: 95% SK: 75%	Exceeded	NK: 98% EK: 98% SK: 96%
Immunization rates	NK: 98% EK: 81% SK: 64%	NK: 97% EK: 85% SK: 50%	Exceeded	NK: 98% EK: 90% SK: 85%
Monthly contributions to 3-month cash reserve	We met all organizational/financial milestones.			



New reserve goal for 2021 approved by the board
New member added to US & Kenya boards
Restricted funding makes up no more than 60% of overall revenue
No single source makes up more than 30% of revenue

QUARTERLY MILESTONES	OVERALL GOAL	GOAL Q3 2021	STATUS	ACTUAL Q3 2021
Expand to Central Kamagambo, reaching population of 150,000	<i>*Based on new census data, we've revised this goal to 125k</i>	Training CHWs & Household enrollment	Achieved	Expansion launched, reaching 125,000. We are implementing and delivering services.
Enroll 26,000 households in CHW program	26,000	Large increase in enrollment driven by Central Kamagambo expansion	On track	24,305 total households. Enrollment is ongoing.
Deploy 400 CR-CHWs to lead COVID-19 contact tracing, monitoring, and home-based care	400	Support MOH to assess the cadre and plan for continued or adapted service	Exceeded	418 CR-CHWs continued to support country-wide mentorship, equipment, and compensation.
Government facilities supported with Obstetric Haemorrhage program (cumulative)	90	Provide mentorship, data tracking, and garment replacement across 90 health facilities	Achieved	108 Facilities with NASG garment, 1,675 providers trained and mentored.
Couple years of protection (CYP)	18,000	4,500	Exceeded	9,270



Skilled delivery rates	NK: 97% EK: 95% SK: 75%	NK: 97% EK: 95% SK: 75%	Exceeded	NK:98% EK:98% SK: 96%
Immunization rates	NK: 97% EK: 85% SK: 50%	NK: 97% EK: 85% SK: 50%	Exceeded	NK:98 % EK:90 % SK:85 %

**the original goal was 150,000, set prior to the latest census data.*

GRANT & QUARTERLY MILESTONES

Population reached with direct provision of community-led health model

Achieved. This year, we expanded our direct service delivery to Central Kamagambo, the fourth and final ward of Rongo Subcounty. This is a critical test of our model, as Central Kamagambo is different from other wards where Lwala is active—it’s more urban, populous, and diverse, which brings unique challenges and opportunities. This expansion completes our saturation of Rongo Subcounty and allows us to significantly increase the population we serve from 85,000 to over 125,000.

Households enrolled and supported by community health workers

On track. In collaboration with Ministry of Health, we recruit, train, pay, supervise, and digitally empower transformed traditional birth attendants and government CHWs to extend high-quality care to every household. Our CHWs identify and track pregnancies, encourage facility deliveries, ensure on-time immunizations, test and treat common childhood illnesses, provide contraceptives, connect clients to health centers, and provide health information. So far this year, we have enrolled 24,305 total households. Household enrollment in North, East, and Central Kamagambo is ongoing.

As we expand to Central Kamagambo, we’re finding that 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.

CR-CHWs trained and deployed

Exceeded. Lwala continues to support mentorship, equipment, and compensation of 418 CR-CHWs who provide COVID-19 contact tracing, contact monitoring, and home-based care. In July, we trained 78 CR-CHWs in community surveillance and home-based isolation and care. We updated them on COVID-19 information, including vaccine data and the additional risks of the Delta variant.

Additional facilities trained in Helping Babies Breathe (cumulative)

On track. 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.



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.

Government facilities supported with Obstetric Hemorrhage Program (cumulative)

Exceeded. 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.

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.

Couple years of protection (CYP)

Exceeded. Lwala provided **18,765 Couple Years of Protection (CYP)** so far in 2021, including 9,270 CYP in this quarter. Early this year, few contraceptive services were provided at any government health facility, our expansion to Central Kamagambo was delayed due to COVID-19, new movement restrictions went into place, and our partner provider for permanent methods temporarily suspended operations. Given this, Lwala was set back in our targets for CYP. However, we were encouraged by the swift uptick in CYP following our bolstered efforts to mitigate service disruption through family planning-focused outreach events across North, East, and South Kamagambo and the end of the strike. We saw improvements in July, based on revisions to our outreach strategy to focus on hard to reach areas. We extended SRH services to Rongo University, a public university in South Kamagambo, allowing us to increase access to contraception and testing for young people. 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 supporting service provision at 3 new facilities, including Rongo Subcounty Hospital and Royal Hospital, two high-volume facilities.

Skilled delivery rates

Exceeded. We have achieved a 98% skilled delivery rate in North Kamagambo, a 98% skilled delivery rate in East Kamagambo, and a 96% skilled delivery rate in South Kamagambo. With our recent launch to Central Kamagambo, we are now collecting baseline information on this indicator in our newest expansion site. One challenge this year was that government curfew restrictions to fight COVID-19 had temporarily limited access to skilled delivery, but Health Facility Management Committees across our partner facilities have worked throughout the pandemic with local police to excuse patients seeking health services from curfews so that women laboring at night are able to access lifesaving care.

Immunization rates

Exceeded. 98% of children in North Kamagambo, 90% in East Kamagambo, and 85% in South Kamagambo are fully immunized. Despite a national government health worker strike that closed public



facilities for much of the first quarter, we surpassed targets for the first half of the year due to our efforts to integrate child and maternal health services at the early childhood education parenting sessions and other activities in the community, increased door to door vaccination for defaulters, and high mobilization toward the county-wide measles vaccination campaign, of which Lwala was invited to join and participated on the supervision team. Our teams of Community Health Workers and nurses leveraged individualized mobile data to effectively target high-need areas for additional well-patient outreaches and home-based services.