

— Easter Issue 2025 —

# The GHI Review

*Quarterly Insights from Global Health Innovations Kenya*



## INSIDE, WE ALSO TALK ABOUT:

- Highlights of the Quarter
- Program Updates
- Staff Contributions
- Field Reports & Success Stories
- Upcoming Events & Save the Dates
- Acknowledgements & Thank You

## Executive Message

**May Maloba, Chief Executive Officer**

Dear colleagues and partners,

Welcome to the first issue of The GHI Review, our new quarterly newsletter designed to share key highlights, insights, and milestones from across our work.

The first quarter of 2025 has been one of momentum and meaningful progress. We've expanded our use of digital tools in healthcare, including the successful rollout of our cervical cancer screening, treatment and referral initiative - The CATSystem. This innovation is already increasing early detection and awareness in underserved areas.

We've also invested in building internal capacity through targeted training in cybersecurity, project management, and data skills. These sessions reflect our belief that empowered teams create lasting impact.





What continues to inspire me most is the collaboration we see daily across teams, partners, and communities. It's this shared commitment that drives us to design smarter systems, deliver better care, and respond to the evolving health needs of those we serve.

I hope this issue gives you a glimpse into the heart of what we do and the people who make it possible.

Thank you for walking this journey with us.

Warmly,  
**May Maloba**  
Chief Executive Officer

*“Empowered teams create lasting impact. At GHI, we are committed to innovation that serves real people in real communities.”*

## 1. Highlights of the Quarter

The past year marked a period of strong momentum and collaboration across GHI's programs. From new project rollouts and strategic partnerships to key staff milestones and impactful outreach activities, our team has remained committed to driving innovation in health through data-driven solutions. Here are some of the standout moments.



# 1.1 CATSystem Study Launch

GHI is proud to announce the launch of the **Cancer Tracking System** (CATSystem) Study, a pivotal initiative aimed at enhancing cervical cancer care in Kenya. This web-based intervention is designed to improve the continuum of care by facilitating timely screening, treatment, referral, and follow-up for women at risk of cervical cancer.

The study is a matched, cluster randomized controlled trial across Kenyan government hospitals, some implementing the CATSystem and some following standard care. The primary goal is to increase the number of women with positive screening results who receive timely treatment, either onsite or by referral. It also aims to improve screening uptake and minimize treatment delays.

Developed with a human-centered design approach, the CATSystem uses Kenya's wireless infrastructure to overcome barriers in cervical cancer care. By integrating patient data from health facilities, labs, and mobile phones, the system streamlines communication among providers and improves patient retention during treatment.

Early feedback from providers and patients has been positive, showing strong acceptability and feasibility. The study also includes a cost-effectiveness evaluation to guide decisions on scaling the system in low-resource settings.

This initiative underscores GHI's commitment to leveraging innovative digital solutions to improve health outcomes. By addressing critical gaps in cervical cancer care, the CATSystem Study has the potential to make a significant impact on women's health in Kenya and beyond.



Catherine Wexler presenting the CATSystem Study Design with the PI, Dr. Natabhona Mabachi in Siaya County, Kenya



Godlip Ocholi, Program Officer

## Important Dates & Events

**What:** Cervical Cancer Mentorship and Training series  
**When:** Beginning April 17, 2025  
**Trainers:** Dr. Ganda, Dr. Ambuchi, and May Maloba

**What:** Hoops 4 Her Basketball & Empowerment Camp  
**When:** August 4–8, 2025  
**Where:** Moi University, Eldoret



## 1.2 Key Partner Engagements & MOUs



Over the past year, GHI has strengthened its collaborations with several key partners to advance cervical cancer care and health system improvements in Kenya:

- **Kenya Medical Research Institute (KEMRI):** GHI contributed to the development of the Kenya National Cancer Registry Portal, a centralized platform designed to enhance cancer surveillance and inform control strategies.
- **Ministry of Health (MoH), Kenya:** In partnership with the MoH, GHI continues to support national health initiatives, focusing on improving access to quality healthcare services and strengthening health systems across the country.
- **University of Kansas Cancer Center:** Collaborating with this NCI-designated cancer center, GHI is working on joint research projects aimed at developing effective cancer treatment therapies and enhancing clinical practices.
- **County Governments of Busia, Siaya, Kisumu, Mombasa, and Kilifi:** GHI has engaged with these county governments to implement health programs tailored to local needs, aiming to improve healthcare delivery and outcomes at the community level.
- **Jaramogi Oginga Odinga Teaching and Referral Hospital (JOTRH):** GHI collaborates with JOTRH to facilitate the referral and management of cervical cancer cases, enhancing patient care pathways and outcomes.
- **Moi Teaching and Referral Hospital (MTRH), Eldoret:** Through partnership with MTRH, GHI supports the referral and treatment processes for cervical cancer patients, contributing to improved survival rates and comprehensive care.



## 1.3 Staff Spotlights



**Shadrack Babu** has transitioned into the role of Research Associate after previously serving as the Program Coordinator for the Coast Region.

His experience and commitment to the organization will be invaluable in advancing our research and program implementation goals.



**Godlip Ocholi** joined the team as Program Officer based in Nairobi. With his background in program management and community health, he brings fresh energy and perspective to our growing efforts in health systems strengthening.



**John Odhiambo** is our HR, Finance & Administration Manager. He brings a wealth of experience in accounting & operations management and is already enhancing internal systems to support smoother functioning and greater efficiency across all departments.



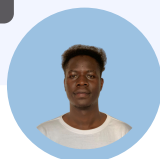
**Pricilla Nyaiga** moved from the Coast Region to Matayos Health Centre in Busia County to take up the role of Research Assistant. She continues to be a key contributor to our field research and community engagement activities.



**Jael Tago** joined the team as a Research Assistant stationed at Khunyangu Sub County Hospital. Her addition expands our reach and strengthens our capacity to conduct high-quality, on-site data collection and support for research studies in the region.



**Caroline Oduor** joins the Busia team as a Research Assistant at Busia County & Referral Hospital. Her presence enhances our local capacity for data collection and field coordination at one of our key county health facilities.



**Casey Owillah** continues his mentorship with the team, supporting our IT systems and user support activities. His enthusiasm, attention to detail, and growing technical expertise are greatly appreciated by both field and office teams.



Godlip Ocholi, Program Officer

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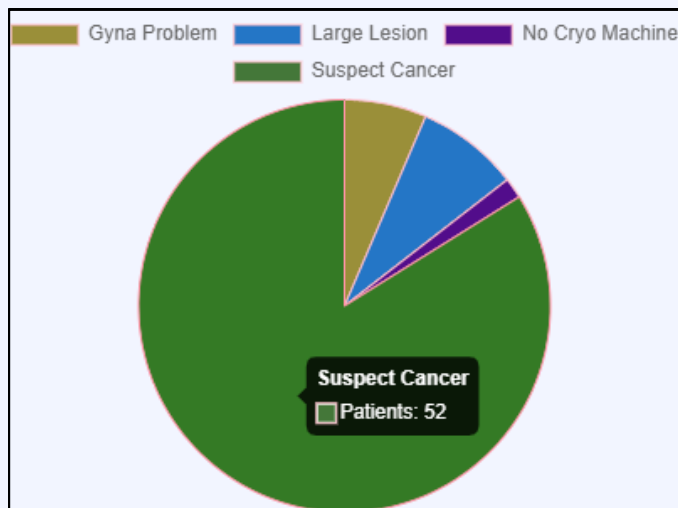
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# 1.4 CATSystem Intervention Insights

This section presents key **data visualizations** from CATSystem intervention sites, offering a snapshot of program performance and service delivery trends.

These insights help track progress, identify gaps, and inform decision-making for continued improvement in cervical cancer screening and treatment efforts.

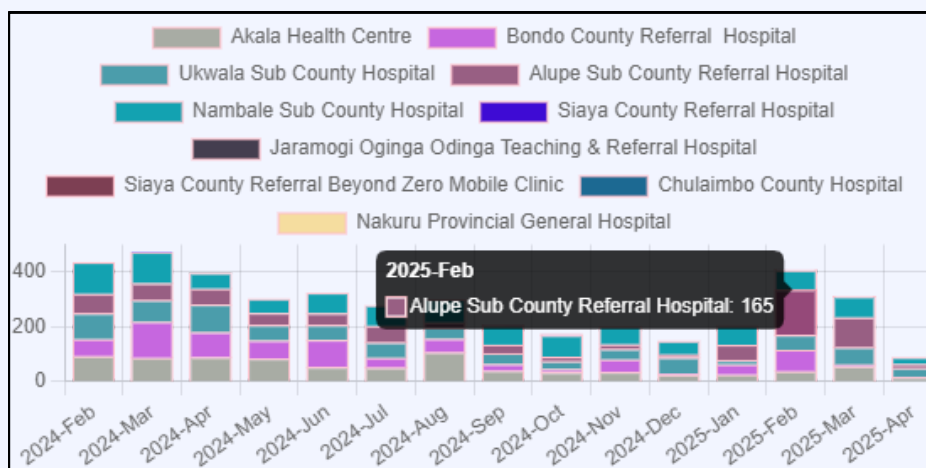
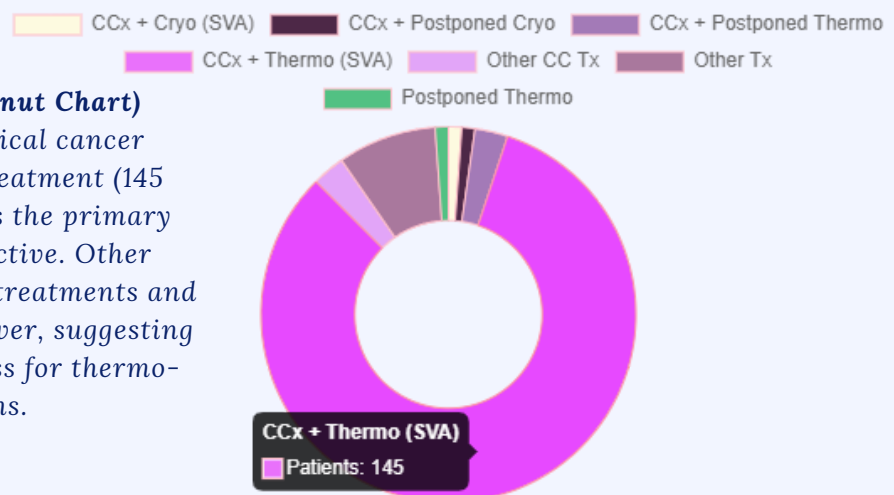


## 1. Referral Reasons (Pie Chart)

The majority of referrals (52 cases) were due to suspected cancer, significantly outnumbering other reasons like large lesions, gynecological problems, or absence of a cryo machine. This underscores a high detection of potentially serious conditions requiring urgent care.

## 2. Treatment Provided (Donut Chart)

Most women received Cervical cancer screening + Thermo (SVA) treatment (145 patients), indicating this was the primary modality available and effective. Other combinations like Cryo-based treatments and postponed procedures were fewer, suggesting improved access and readiness for thermo-based interventions.



## 3. Monthly Service Uptake Across Facilities

Illustrates site-level engagement and service utilization over time.





What continues to drive my work is the opportunity to build systems that truly make a difference, tools shaped by frontline insights, powered by data, and sustained through teamwork. Each line of code, every field visit, and all the training sessions are part of a bigger vision: empowering health workers and improving care.

I'm proud of the progress we've made this quarter and look forward to what we'll build together next.

With appreciation,  
**Kevin Oyowe**  
IT Programmer/Manager

*"When technology meets teamwork, real change happens. At GHI, we innovate with purpose, grounded in the needs of the communities we serve."*

## 2. Program Updates

This chapter highlights the major activities, innovations, and operational milestones across our eHealth systems, research, and field engagement efforts during the reporting period. Updates are drawn from various departments, each contributing to the advancement of our strategic goals in digital health, capacity building, and scientific innovation.



## 2.1 Digital Systems, Data Quality & IT Operations

By Kevin Oyowe, IT Programmer/Manager

This quarter, our digital health systems continued to anchor program implementation, with major strides in design, development, deployment, and support of the **CATSystem**, our flagship web application supporting client-centered cancer care coordination. The CATSystem underwent refinements informed by field feedback, ensuring functionality aligns with user needs. Deployment to new sites was accompanied by tailored end-user training, live implementation support, and ongoing maintenance to guarantee uptime and responsiveness.

The **HITSystem**, used for HIV-exposed infant follow-up, also received backend maintenance and system checks to ensure stability across legacy sites. Complementing this was a strengthened data quality audit process, enabled by the rollout of an Automated Data Quality Assessment Tool. This tool flagged anomalies and offered corrective pathways, supporting both real-time and retrospective data cleaning.

We continued overseeing the organization's broader **IT infrastructure**, with secure, cloud-based hosting and enhanced data backup protocols. Emphasis was placed on disaster preparedness, ensuring system redundancy and secure storage for mission-critical data. IT equipment servicing and support were provided at least twice this quarter to sites and staff, minimizing downtime and improving operational efficiency.

To support informed decision-making, **data extraction** and **analytics** support was provided across departments, with standard and ad hoc **reports** generated from digital systems. In tandem, **training** and capacity-building sessions were held in Busia and Siaya counties targeting County Health Management Teams (CHMTs and SCHMTs), equipping participants with digital literacy, reporting workflows, and troubleshooting skills.

Finally, the quarter also saw growth in **media** and internal communications, with active contributions to the organization's **newsletter** and visual documentation of field activities. The **CATSystem uptime** dashboard was fully activated this quarter and is now being used internally to monitor digital system performance across intervention sites, contributing to evidence-based IT planning and real-time support.





## 2.2 Research & Innovation

By Shadrack Babu, Research Associate



**T**his quarter saw significant strides in our research agenda, especially in the areas of **cervical cancer** and **HIV**.

Our work continues to generate meaningful insights and shape public health conversations, both locally and beyond.

**Cervical Cancer Research** remains a major focus. We proudly presented three abstracts at the 15th KEMRI Annual Scientific and Health Conference in Nairobi. These covered (1) the effects of health worker strikes on cervical cancer screening services, (2) reflections from the first year of CATSystem implementation, and (3) healthcare provider perspectives on treatment support for women diagnosed with cervical cancer. These presentations sparked important dialogue on service delivery and health system resilience.

In addition to conference engagement, we submitted three **manuscripts** for publication. Two have already been published: one detailing the CATSystem protocol, and another analyzing the availability and uptake of cervical cancer screening and treatment across 19 Kenyan health facilities.

A third manuscript, on the perceived feasibility of integrated breast and cervical cancer screening, is currently under review. We also finalized a draft scoping review that assesses the current landscape of breast and cervical cancer integration in eastern Africa, which we plan to submit in the next quarter.

We made substantial progress in our **qualitative pilot study** in Kilifi County titled "Developing Strategies to Increase Cervical Cancer Treatment Social Support in Kenya." Phase 1 involved 75 interviews—15 with healthcare providers and 60 with patients and treatment supporters. Provider interviews have been transcribed, analyzed, and presented at the KEMRI-KASH Conference. Transcription of the remaining interviews is ongoing. Insights will guide the design of a mock-up mobile application (Phase 2), followed by focus group discussions to refine it (Phase 3).

On the **HIV research** front, preparations are underway for county-level engagement and dissemination meetings, scheduled for August 2025. These forums will share findings from our PMTCT Viral Load Monitoring study under the HITSystem 2.1. This study builds on our published protocol and offers actionable insights into how technology can support maternal and child health outcomes in HIV care.

Across all fronts, our research remains grounded in real-world implementation and local context. We are excited about the upcoming dissemination activities and the continued collaboration with county health teams, partners, and health facilities.

## 2.3 Field Operations & Stakeholder Engagement

By Nick Maosa, Program Coordinator

Field operations remained dynamic throughout the reporting period, ensuring that service delivery, supervision, and stakeholder engagement activities were carried out effectively. Our focus was to support **health facilities** and **county teams** in achieving high-quality service provision through regular engagement and adaptive support.



Four **mentorship visits** were conducted at strategic intervention sites. These visits included one-on-one coaching, data reviews, and practical system usage guidance, especially for new users. Feedback collected during mentorships revealed improved health worker confidence in interpreting screening results and using the **CATSystem** to follow up on clients with abnormal outcomes.

Two clinical audits were conducted in collaboration with **CHMT** members. The audits focused on screening accuracy, referral practices, and follow-up outcomes. The findings led to on-the-spot data corrections and improved documentation, with facility teams expressing strong appreciation for the supportive approach.

A key highlight was a **focus group discussion (FGD)** held at Matayos Sub County Hospital, where nurses, screening staff, and outreach personnel shared challenges and ideas for improving service delivery. Issues raised included cryotherapy machine access, delays in referral completion, and training gaps for new staff. The FGD was attended by the CEO, demonstrating senior leadership commitment to listening and responding to field realities.

Our team also continued building relationships with county officials, providing routine updates and collaborating on joint workplans. These engagements have helped align program goals with county health strategies and paved the way for future integration of CATSystem tools into official county systems. Overall, the field operations strategy remains grounded in active listening, collaborative problem-solving, and hands-on support.





What continues to motivate my work is seeing the real-world impact of our programs in health facilities and communities. Each mentorship visit, stakeholder forum, and coordination meeting brings us closer to solving day-to-day challenges and improving service delivery across counties.

I'm proud of the resilience shown by our teams and partners this quarter, and the practical progress we've made together. I look forward to building on this momentum in the months ahead.

With gratitude,  
**Nick Maosa**  
Program Coordinator

*“Meaningful change begins on the ground, and at GHI, we walk alongside communities, turning collaboration into impact.”*

### 3. Field Reports & Success Stories

This section of our newsletter highlights the impactful work we are doing through our Research Assistants, with a special focus on the real stories of success and transformation. Each edition will feature updates from our recent initiatives, showcasing the stories of those who have benefited from our work, the communities we engage with, and the dedicated efforts of our team.



## 3.1 Pauline's Journey: A Survivor's Voice for Change

By Anne Aloka, Research Assistant  
(Yala Sub County Hospital)

Pauline, a courageous cancer survivor, connected with our team after learning about our cervical cancer screening program through a friend who had recently been screened. What struck her most was the message that early diagnosis leads to early treatment, and that lives are being saved because of this simple truth. For Pauline, whose diagnosis came much later, the contrast was both moving and deeply personal.

Her journey through treatment had been marked by many ups and downs, uncertainty, physical strain, and emotional exhaustion. She recounted how different her path might have been had she received a diagnosis earlier. This realization fueled a new sense of purpose in her: to make sure other women don't have to go through what she endured. Pauline told us, "If I had this information earlier, things could have been so different."

What began as a conversation quickly turned into a shared mission. Pauline expressed her strong desire to partner with us as a community advocate, sharing her lived experience to raise awareness about the importance of early screening. Her story carries a raw and compelling urgency that data alone cannot deliver. She understands the stakes and knows exactly how to speak to women who are hesitant, afraid, or simply unaware.



***"If I had this information earlier, things could have been so different."***

Thanks to the CATSystem study, which is making it possible for us to reach more women with cervical cancer screening, follow-up, and education, Pauline's involvement is now part of a broader movement. With her help, we're not only increasing turnout for screening but also building trust in the system. The study has provided a platform for survivors like her to lead the way in changing how communities perceive cancer prevention and care.

Pauline is not just a survivor, she is a beacon of strength and purpose. Her willingness to turn her pain into a platform for advocacy reminds us why our work matters. By partnering with individuals like her, we amplify not just the reach of our message, but its impact. Her voice is now part of the healing.





## 3.2 Importance of Cancer Screening

By Clarice Anyango Odhiambo,  
Research Assistant (Ukwala Sub  
County Hospital)

*"I never imagined a simple  
screening could give me peace  
of mind"*

Over the past quarter, we've seen tremendous impact from our cervical cancer screening efforts at Ukwala Sub County Hospital. With the support of Global Health Innovations and the implementation of the CATSystem study, we've reached over 700 women, many of whom had never been screened before. One of our most memorable clients was a soft-spoken mother of three who came in out of curiosity and left empowered with information and peace of mind.

During her visit, we explained what the VIA screening involved and answered all her questions with patience. When her test revealed early precancerous changes, she was understandably shaken. But thanks to a strong referral system, she received treatment within a week. The relief on her face was unforgettable. "I never imagined a simple screening could give me peace of mind," she told me, with tears in her eyes.

Her experience reflects the value of community education. Many women want to get screened but worry about transport costs, taking time off, or simply don't know it's available.

To bridge this gap, we've partnered with local boda boda associations, offering discounted rides on clinic days. This small gesture has made a huge difference in turnout.

In the coming months, we plan to train community health volunteers to deliver health talks right in their neighborhoods. We believe empowering women with knowledge at the grassroots level is the most effective way to grow our reach. We've also created simple flyers in the local language to distribute at marketplaces and churches.

There's still more to do, but every story like this reminds us that we are on the right path. Each woman who gets screened and treated early adds to a ripple of impact that spreads far beyond the clinic walls. The community is watching, listening, and responding. That alone is reason to keep going.

## 3.3 Ruth's Triumph: A Success Story

By *Caroline Otieno, Research Assistant*  
(Akala Health Centre)

Ruth Odera, a 46-year-old mother of four, walked into our facility with visible anxiety. She'd experienced unusual bleeding but had been too afraid to get checked earlier. After a warm, confidential counseling session, she agreed to undergo a VIA screening. The results showed early-stage cervical lesions, thankfully treatable with prompt intervention.

As soon as we explained the importance of follow-up, Ruth became more engaged in her care. Through the support of the CATSystem, we were able to quickly generate a referral and coordinate her treatment at the county hospital, including arranging her transport. The streamlined process, enabled by the CATSystem's real-time tracking and referral features, made all the difference. Ruth told us, "You gave me hope when I thought all was lost."

Her case highlights the power of early detection and clear, compassionate communication. Without support, many women like Ruth might fall through the cracks. What made the difference here was not just the test, but the emotional and logistical support surrounding it.

CATSYSTEM  
CANCER TRACKING SYSTEM

***"You gave me hope when I  
thought all was lost."***

Since her treatment, Ruth has become an advocate in her women's group, encouraging others to get screened. She even volunteered to speak during our next community outreach event, sharing her story to inspire confidence in others. It's been heartwarming to witness her transformation from fearful to fearless.

Her journey reinforces the core belief behind our work, that healthcare isn't just about diagnosis and treatment, but about walking with people every step of the way. Ruth's voice is now part of a growing chorus of empowered women, and we couldn't be prouder.



Godlip Ocholi, Program Officer

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*“Your calls reminded me  
I’m not alone,”*

## 3.4 Case 2662: Follow-Up Does Inspire Hope

By Dolleen Adhiambo, Research Assistant  
(Bondo County Referral Hospital)

When client 2662 first visited our clinic, she had already been referred for advanced cervical lesions. She was understandably worried, but determined. After her initial treatment, we set up a tight follow-up schedule to ensure continuity of care. Weekly phone calls, transport stipends, and CHW visits became part of her routine.

The support we provided was made more efficient and consistent through the CATSystem, which allowed us to track her appointments, schedule reminders, and monitor her care seamlessly.

Despite her motivation, real-life obstacles emerged. Power outages at the clinic led to some cancelled appointments. On other days, responsibilities at home, especially childcare, nearly kept her away. But our team was always a phone call away, ready to offer reassurance, reschedule appointments, or find ways to make things easier for her.

By her fifth follow-up, she had attended all her sessions without fail. Her final VIA result showed no trace of lesions. The sense of relief and joy was evident as she hugged the nurse who had screened her. “Your calls reminded me I’m not alone,” she told us quietly, holding back tears.

It’s stories like this that prove the power of persistent follow-up and human connection. Technology played a role, but the real game-changer was consistent, compassionate presence. Our team created an environment where the client felt seen, supported, and safe.

She now volunteers to help locate clients who default on follow-up, hoping to give back what she received. Her experience is a testament to what can happen when systems work, and when people care enough to follow through.



Godlip Ocholi, Program Officer

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What continues to motivate my work is ensuring that our teams have the resources, systems, and support they need to succeed. From managing operations to strengthening our internal processes, each task plays a role in sustaining the impactful work we do on the ground.

I'm proud of the dedication and accountability demonstrated by our staff this quarter, and the steady strides we've made in building a more efficient, mission-driven organization.

With appreciation,

**John Odhiambo**

HR, Finance & Administration Manager

*“Strong systems power strong outcomes, and at GHI, we build from within to ensure our teams and communities thrive together.”*

## 4. Staff Contributions

This section shines a spotlight on the voices behind the work, our dedicated team members. From the field to the office, their reflections, insights, and innovations provide a deeper look into the heart of our programs. Each contribution is a window into the day-to-day efforts, challenges, and triumphs that shape our mission. We celebrate their knowledge, creativity, and commitment to impact.





# Voices From The Team



**May Maloba, CEO**

In the heart of Kenya, I found my purpose, serving vulnerable populations, especially HIV-positive mothers, children, adolescents, and women of reproductive age. Since 2008, this mission has been my driving force. One of our proudest achievements is the HIV Infant Tracking System, which has helped reduce HIV-positive births at our intervention sites. I recall a mother who, after a difficult HIV diagnosis, followed our support messages and gave birth to an HIV-free baby. Today, her child is healthy and thriving in school, and she now helps guide other mothers like her.

Our work extends beyond healthcare. We are also committed to empowering young women economically, especially teenage mothers, by equipping them with business and farming skills to build self-sufficiency. The journey comes with challenges, but the hope we see in the lives we touch keeps us going. At GHI, each day is a new opportunity to create lasting impact.

My name is Maosa Oseko Nicodemus, and in 2018, I transitioned from HIV programming to research, joining Global Health Innovation Foundation (GHI) to pursue my passion for technology-driven solutions in healthcare. With a background in Clinical Medicine and a focus on HIV/AIDS and Community Health, I took on the role of coordinating research and program activities in western Kenya. Leading a team of Research Assistants, I emphasized teamwork, creativity, and resilience, values that helped us successfully implement innovations like the HIV Infant Tracking System (HITSsystem) and point-of-care early infant diagnosis (POC EID), ensuring timely care and better outcomes for newborns.



**Nick Maosa, Program Coordinator**

My time at GHI has also included presenting at scientific conferences, mentoring teams, and managing field operations with strategic autonomy. These experiences, once a dream, have shaped me into a stronger leader and problem solver. The mentorship from GHI leadership and the dedication of our team continue to inspire me daily, as we work together to improve health systems and make meaningful change in the communities we serve.

# Voices From The Team



I am Shadrack Babu Kale, a Research Associate at Global Health Innovation Foundation Kenya, where I support the coordination of research and program activities, stakeholder engagement, and data quality assurance. My work is rooted in a deep passion for creating environments where both colleagues and communities can thrive. One of the most impactful initiatives I've been part of is the HITSystem project, which enabled us to identify HIV-exposed infants early, initiate treatment promptly, and link HIV-positive babies to life-saving care, helping prevent infant deaths and improving health outcomes.

What motivates me daily is the real change we bring to people's lives. I'm proud to contribute to GHI's mission and excited about the future as we develop more interventions to serve Kenyan communities. I also look forward to advancing my education so I can grow professionally and support GHI's continued success. For me, every day at GHI is a chance to make a difference—and that's the most fulfilling part of my journey.

I am Kevin Oyowe, an IT Programmer and Manager at Global Health Innovations (GHI) in Kenya. Since joining in 2019, I've been driven by GHI's bold use of technology to strengthen HIV care and prevention. One of our key innovations, the HITSystem, links labs, clinics, and patients to ensure faster test results and timely treatment. Its impact is real, mother-to-child HIV transmission has dropped from 18% to under 2% in implementing facilities, and thousands of children have been born HIV-free.



While challenges like limited eHealth capacity and weak infrastructure persist, they push us to adapt, collaborate, and grow. What keeps me going are the stories, of hope replacing fear, of stigma giving way to strength. These moments remind me that every line of code matters. At GHI, I remain committed to building digital solutions that improve care, reduce disparities, and move us closer to ending the AIDS epidemic and addressing other pressing health issues like cancer.



# Voices From The Team



Godlip Ocholi, Program Officer

I am Godlip Ocholi, a Program Officer at the Global Health Innovation Foundation (GHI), where I found purpose in advancing maternal and child health. Drawn by GHI's mission, I joined a team that uses innovative tools like the HITSystem to transform care for vulnerable populations. Each HIV-free birth and every suppressed maternal viral load is a powerful reminder of what's possible when technology meets compassion. One memory that stands out is the sheer joy of a mother learning her baby was born HIV-free, a moment that reaffirmed the significance of our work.

My journey with GHI has been both professional and personal growth. The work we do goes beyond service, it's about empowerment, hope, and long-term impact. GHI has become more than a workplace; it's a space for passionate individuals driven by purpose. For those who feel the call to make a real difference, I can say with certainty: this is not just a job, it's a life-changing mission.

Being an IT Assistant at Global Health Innovations Foundation Kenya is more than just a role for me, it's a calling. When I learned about the organization's work with HIV pregnant women, children, adolescents, and women of reproductive age, I felt a strong urge to be part of that mission. In the IT department, my main responsibility is to create and maintain a platform that raises awareness about our work. Even though I don't interact with patients directly, knowing that my contributions support them in some way is deeply fulfilling.



Casey Owillah, IT Assistant

This experience constantly inspires me and pushes me to be better, both professionally and personally. It's a reminder that even small actions — like writing a line of code — can create meaningful impact. Being part of this team has changed how I see the world and reinforced my belief that with dedication and heart, we can make a real difference.



Godlip Ocholi, Program Officer

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# Voices From The Team



**Emma Ochieng, Research Assistant**

I'm Emma Ochieng, a passionate researcher and data collector at Global Health Innovation Foundation Kenya. For me, this work is more than a job, it's a calling. One of my most impactful contributions has been identifying gaps in partner testing and disclosure among HIV-positive women, which led me to initiate assisted disclosure and partner linkage to care through the HTS Department. I also help connect vulnerable women to economic empowerment programs through data collection. Seeing lives transformed and smiles restored reminds me daily why I chose this path.

I'm Eddah Ongiri, and I have the privilege of working with Global Health Innovation Foundation Kenya. My role spans from screening and enrolling study participants to managing quality data and supporting project coordination. My passion for addressing healthcare gaps through innovation led me to GHI, where I've seen firsthand the impact of our work, like the joy of mothers whose infants were born HIV-negative. Challenges do arise, like navigating disagreements during data review meetings, but staying grounded in our mission and advocating for tech-driven PMTCT solutions keeps me motivated. It's not always easy, but the impact makes it all worthwhile.



**Eddah Ongiri, Research Assistant**



**Janice Kola, Research Assistant**

I'm Janice Akeyo Kola, and I work with the Global Health Innovation Foundation in Kenya. My passion for improving the lives of women, children, and adolescents comes from walking a similar path myself. I understand their struggles. One experience that stays with me is supporting a new mother who had just tested HIV positive. She felt hopeless, but I stood by her throughout her pregnancy, ensuring all tests and vaccinations were done. Her baby tested HIV negative at 18 months, and that moment reminded me why I do this work. Every day, I show up because a mother needs someone to listen, to care, and to walk the journey with her.





What drives my work is the impact research can have on improving health outcomes for communities across Kenya. From data collection to community engagement, each step we take brings us closer to real-world solutions that matter.

I'm especially glad to see how GHI continues to prioritize meaningful partnerships and evidence-based approaches. Being part of a team that values integrity, collaboration, and community impact makes the work both fulfilling and inspiring.

With purpose,  
**Shadrack Babu**  
Research Associate

*“Research is only as powerful as the purpose behind it. At GHI, every data point tells a story that helps us serve communities better.”*

## 5. KEMRI KASH Conference

The 15th KEMRI Annual Scientific and Health (KASH) Conference, held from February 11th to 14th, 2025, at Safari Park Hotel, Nairobi, brought together leading researchers, policymakers, and health professionals under the theme “Research, Technology, and Innovation for Sustainable Health Systems: A Community-Driven Agenda.” This prestigious event provided an invaluable platform for GHI to showcase its ground-breaking research, engage in critical discussions, and strengthen collaborations aimed at transforming healthcare delivery.



## GHI at the 15th KEMRI KASH Conference: Advancing Research for Sustainable Health Systems



May Maloba, CEO

### Presentation Title

*The Impact of the Health Workers Strike on Cervical Care and Treatment Services in Busia County.*

At the recently concluded KEMRI-KASH conference, GHI's CEO, May Maloba, took the stage to deliver a powerful presentation on a critical issue facing the healthcare system.

May's presentation provided an in-depth analysis of the severe repercussions of ongoing health worker strikes, particularly how these disruptions have affected patient access to crucial healthcare services, including cervical cancer screening and treatment. Her compelling insights highlighted the stark reality that strikes are not just an administrative inconvenience but a profound barrier to the well-being of communities, especially women who depend on timely healthcare services.

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Despite these challenges, May emphasized the resilience and unwavering commitment of healthcare professionals who continue to work tirelessly to ensure that women's health needs are not ignored, even in the face of such adversities. Her presentation sparked thoughtful conversations about the urgent need for effective solutions to maintain essential healthcare services during times of crisis.

The key takeaway from May's session was a poignant reminder of the necessity for continuous dialogue, engagement, and collaboration between healthcare providers, policymakers, and communities. It served as a call to action to safeguard the continuity of health services, particularly for vulnerable populations, in times of crisis. The presentation underscored GHI's dedication to advocating for resilient health systems that prioritize access to quality care for all.



# GHI at the 15th KEMRI KASH Conference: Advancing Research for Sustainable Health Systems

## Presentation Title

***Facilitators, Barriers and Role of Treatment Supporters in Cervical Cancer Screening.***

GHI recently made a significant impact at the annual KEMRI-KASH conference, where our research associate, Shadrack Babu, represented the organization with distinction. The conference provided a dynamic platform for researchers to present cutting-edge projects and engage deeply with community-centric approaches to designing and developing novel health systems.

During the event, Babu delivered an insightful presentation titled "Facilitators, Barriers and Role of Treatment Supporters in Cervical Cancer Screening." His talk not only highlighted GHI's innovative research but also underscored the importance of involving communities in the development of effective health strategies. The presentation sparked vibrant discussions around the challenges and opportunities in cervical cancer screening, particularly focusing on how treatment supporters and stakeholder collaboration can drive progress toward the ambitious global 90, 70, 90 targets.



**Shadrack Babu, Research Associate**



Participants left the session energized by the clear call for enhanced community engagement and multi-sectoral collaboration, which is a testament to GHI's commitment to addressing health challenges through user-centric research and practical solutions. The conference was not only an opportunity to showcase GHI's work but also a catalyst for broader conversations on how strategic community involvement can accelerate progress in health systems globally.

# GHI at the 15th KEMRI KASH Conference: Advancing Research for Sustainable Health Systems



Nick Maosa, Program Coordinator

**G**HI's Program Coordinator, Nick Maosa, marked a significant milestone in his research journey at the 15th KEMRI Annual Scientific and Health (KASH) Conference. The conference which aligned perfectly with GHI's mission, brought together top researchers and collaborators from around the world to share groundbreaking work and build strategic partnerships.

Maosa had the honour of delivering a plenary presentation on "Lessons Learned from the First Year of Implementing and Evaluating the Cancer Tracking System (CATSystem): A Systems-Level Intervention to Improve Cervical Cancer Screening, Treatment Referral, and Follow-Up in Kenya."

## Presentation Title

*Lessons Learned from the First Year of Implementing and Evaluating the Cancer Tracking System (CATSystem): A Systems-Level Intervention to Improve Cervical Cancer Screening, Treatment Referral, and Follow-Up in Kenya*

His session highlighted critical insights from the first year of CATSystem's implementation, including:

- The overwhelmingly positive reception from end users, particularly for its efficiency in tracking patient referrals and follow-ups.
- Increased access to cervical cancer screening services for women living with HIV, while new data suggests that HIV-negative populations also face significant risks.
- The challenge of over-diagnosis at some sites, underscoring the need for targeted capacity-building initiatives.
- Persistent issues such as inconsistent medical supply chains and staffing shortages in some healthcare facilities.

Despite these challenges, Maosa emphasized that the CATSystem is proving to be a transformative tool in cervical cancer care. With its demonstrated impact on patient tracking and follow-ups, there is growing advocacy for its adoption beyond research settings. As GHI continues to champion this innovation, the long-term vision remains clear, leveraging technology and research to improve health outcomes and strengthen healthcare systems for sustainable impact.

# Tips & Tools



For anyone experiencing challenges **uploading documents in the CATSystem**, here is the complete instruction.

1. From the patient menu, click Upload Patient File
2. Enter the title and description and then click Next
3. A file upload button will appear below.
4. Click Select a file to browse your computer for a file. Alternatively you can drag and drop the file on the area.
4. Wait for the document to upload. If the upload is successful, you will see a message similar to "document\_name was uploaded and saved", with a tick mark as shown in the image attached.
5. Click the X button at the top to close the upload box.
6. If the upload is not successful you will see an error message "Sorry there was an error uploading your file". Check if the file you're trying to upload is the correct size. CATSystem will accept files upto 10Mbs in size. If the problem persists, report it to the IT Department

## How to login to Staff Mail:

1. Use your full email address as the username
2. Type in the password manually (don't copy paste)
3. Use the link: <https://ghihealth.org:2096>
4. Save the login details for easy use next time.

Note: you can change your password to something easier for you to remember

The **CATSystem reports** have been updated with new sections:

- Data Exports (Study-specific)
- Facility Reports (MoH)
- Data Quality Reports

A new Incomplete Records Report has been added under Data Quality to help identify incomplete or duplicate patient entries. Run this report for your site to decide which entries to delete or keep in case of duplicates.

Updates apply to both Intervention and Control sites.

We have added a new **search by National ID** in the CATSystem, so in case you suspect a patient is presenting twice with a different identity, you can quickly do an ID Number search.

To search by National ID- enter the full or partial national id number. The Id number can be found on the demographics section of the Screening and Enrollment form.

If you want to **edit your already submitted responses on the media reporting link**, check your email for email sent after submit. Click the edit button to modify or add new information.

To submit another report, use the provided Google form link

## Monthly Media Reporting Instructions:

1. Use the Monthly Media Reporting Form link – To capture key activities, success stories, and updates by the 5th of every month (starting Feb 2025). Submitted online using the provided link:
2. Use the Client Media Consent Form – Required for any stories, photos, or videos involving clients. Upload an image of the signed form on the same link used for the media reporting.
  - Print the Client media consent form that was sent on email.
  - Ensure all submissions are accurate, impactful, and aligned with GHI's standards.



# Acknowledgements & Thank You



By Kevin Oyowe

I want to express my deepest gratitude to our partners at the Kenya Ministry of Health, Kenya Medical Research Institute (KEMRI), National Institute of Health (NIH), and the University of Kansas Medical Center (KUMC), whose collaboration has been instrumental in implementing the HITSystem and the CATSystem across several hospitals and enrolling many mothers and infants into our programs. Your unwavering support has helped bridge critical gaps in care and ensure that more lives are given a fair start.

To our generous donors and supporters, your contributions, large and small, fuel our ability to innovate and reach those most in need. Every donation translates into real impact: early diagnosis for infants, cervical cancer follow-ups for mothers, and support for our healthcare workers on the frontlines. Thank you for believing in our vision and joining us on this journey.

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Finally, I want to recognize our RA's and communications teams for their behind-the-scenes brilliance. From building digital platforms that tell our story to creating tools that enhance service delivery, your creativity and dedication have elevated our work and visibility. Together, we are writing a powerful story of change, one innovation, and one life, at a time.

# Thank you!