

The GHI Review

Quarterly Insights from Global Health Innovations Kenya



Theme: "Resilience at the Heart of Impact"

INSIDE, WE ALSO TALK ABOUT:

- Highlights of The Quarter
- Program & Research Updates
- Field Reports & Community Stories
- Admin, Staff & Team Spotlights
- Partnerships & Collaborations

Executive Message

May Maloba, Chief Executive Director

Dear Colleagues, Partners, and Friends,

As we cross the midpoint of 2025, I find myself deeply moved by the resilience that continues to define our work and our people. The last Quarter presented no shortage of challenges; funding cuts, staff shortages, supply disruptions, and even moments of industrial action that stretched the health system to its limits.

Yet, in the midst of these pressures, GHI's staff, our county partners, and the communities we serve stood firm. You demonstrated, once again, that resilience is not merely about surviving difficulties, but about adapting, innovating, and growing stronger in the process.

Despite the hurdles, we celebrate significant milestones. Our cervical cancer screening outcomes remain encouraging, mentorship sessions for health workers flourished, and our stakeholder engagements deepened, even under stress.



Counties like Busia, Siaya, and Kilifi reminded us of the power of collaboration, showing that when commitment is shared, disruptions do not define the outcome, resilience does.

I want to commend every team member who, despite uncertainty, chose to move forward with hope and determination. Each action, whether mentoring a nurse, ensuring a referral is completed, troubleshooting system downtime, or standing shoulder-to-shoulder with county leadership, represents the heart of GHI's impact. These quiet yet profound acts of dedication make all the difference.

The last Quarter tested us. But it also revealed that our strength lies not in avoiding difficulties, but in navigating them with courage and creativity. As we look ahead, let us carry this spirit of resilience into the months to come. Together, we will continue to adapt, to lead, and to ensure that our vision of healthier families remains within reach for the women, children, and communities we serve.

With gratitude and resolve,
May Maloba
Chief Executive Director

1. Highlights of the Quarter

This quarter, GHI advanced impact through County CHMT meetings, Study disseminations, and the girls' basketball camp, among other activities.

CATSystem site visits strengthened our partnerships, while mentorship sessions and stakeholder engagements, highlighted our commitment to resilient, community-centered health solutions.





Maosa, May, and Caroline - during Stacy's groundwork research visit to Kenya.



GHI and Mombasa County Health Management Team, at the Coastal Region, Kenya.



Shadrack Babu led the GHI Team during the HITSystem dissemination sessions in Mombasa County.



GHI Team with Siaya County Health Management Team in Siaya, Kenya.



Hoops 4 Her basketball campers receive certificates led by Finna Kessler in Eldoret, Kenya.



Hoops 4 Her basketball camp in Eldoret, Kenya.



CATSystem site visit, Bondo CRH



Dolleen, Research Assistant chatting with Sarah, Katie, and Elise.



CATSystem site visit, Akala SCH



What drove my work this quarter is witnessing resilience firsthand, in health workers adapting to shortages, in county teams keeping services running, and in communities embracing solutions despite challenges. Each mentorship session, CHMT meeting, and site visit reaffirmed that our collective efforts are making care more accessible and effective.

I am grateful for the dedication of our partners and proud of the strides we've made together. The progress achieved this quarter sets a strong foundation for even greater impact ahead.

With gratitude,
Nick Maosa
Research Coordinator

2. Program & Research Updates

This quarter, CATSystem supported cervical cancer screening and mentorship sessions, with site improvements boosting reliability and data quality. HITSystem continued strengthening PMTCT outcomes, complemented by dissemination forums in Kilifi. Our research team advanced manuscripts and abstracts, while the Kilifi qualitative study provided valuable insights into social support for treatment adherence.



2.1 CATSystem

7,823

Total number of women screened for cervical cancer across all study sites.

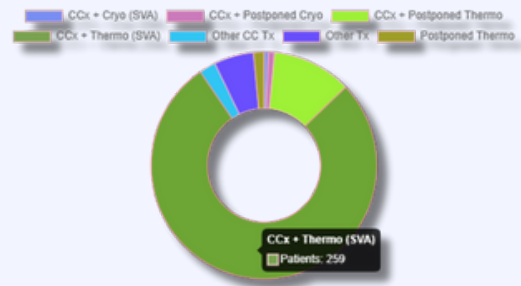
4,059

Total number of women screened at CATSystem intervention sites.

1,823

Next appointment and missed appointment SMS reminders sent.

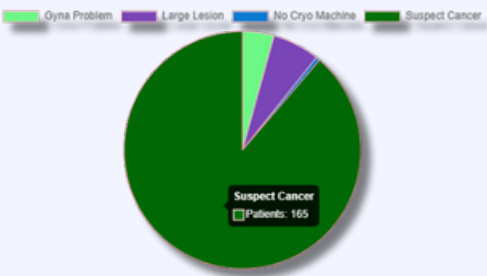
Cervical Cancer Treatments



Most women (259) were **treated immediately** through the *Single Visit Approach* with *thermocoagulation*, ensuring quick and effective care. A smaller number required cryotherapy or had their treatment postponed.

Cervical Cancer Referrals

The majority of referrals (165) were due to **suspected cancer**, with others linked to large lesions, gynecological complications, or lack of cryotherapy machines. This highlights both effective screening and timely referral for advanced care.



CATSystem Data Quality Findings

Key Insights	Actions Moving Forward
<ul style="list-style-type: none">Improved completeness and consistency across most facilities.Notable gaps in referral follow-up documentation.Data checks confirmed quick responsiveness to feedback by facility teams.	<ul style="list-style-type: none">Continue routine monitoring and feedback loops.Prioritize targeted support for referral tracking.Strengthen shared accountability for data quality across all sites.

Kevin Oyowe
IT Programmer/Manager

2.1.2 Cervical Cancer Mentorship Sessions: Bridging The Competency Gap

By Nick Maosa, Research Coordinator

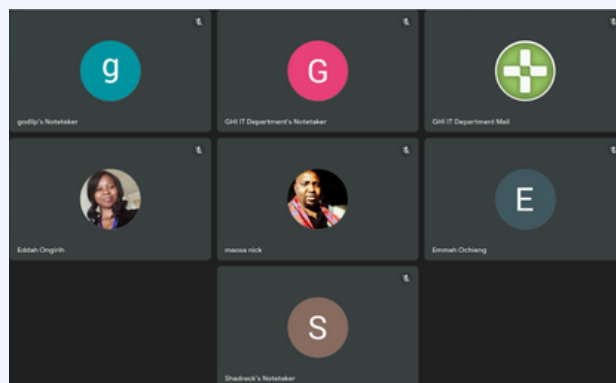


Although preventable, cervical cancer remains the leading cause of cancer-related deaths among women in Sub-Saharan Africa, with East Africa recording the highest incidence. In Kenya, it accounts for more than 80% of all reproductive tract cancers, a sobering reality that underscores the urgency of improving screening and care.

Through ongoing research using the **Cancer Tracking System (CATSystem)**, early data revealed a critical gap: misinterpretation of screening results following Visual Inspection with Acetic Acid (VIA). This emerged from data analysis, site visits, and focus group discussions, with some facilities reporting unusually high numbers of abnormal results later contradicted by referral rescreening and biopsies.

In response, GHI convened reproductive health experts and county leaders to co-design an **8-week virtual mentorship program**, led by Dr. Gregory Ganda (Gynaec-Oncologist) and Dr. Jane Rose Ambuchi (Obstetrician/Gynaecologist).

The program attracted broad participation across cadres and covered essential topics, including *cervical anatomy, HPV pathogenesis, VIA/VILI simulation, colposcopy basics, communication in pre-cancer care, and updated national screening guidelines.*



While the sessions significantly improved provider confidence, participants strongly recommended follow-up practical, hands-on training to cement theoretical knowledge. Achieving this next phase will require mobilization of resources to support onsite mentorship and simulation-based learning.

Strengthening provider competencies remains central to reducing preventable deaths and ensuring accurate, timely cervical cancer screening for women across Kenya and the region.



2.2 Research

By Shadrack Babu, Research Associate



2.2.1 HITSystem – Strengthening PMTCT Follow-Up

The HITSystem continues to play a vital role in the prevention of mother-to-child transmission (**PMTCT**) of HIV by enhancing follow-up and supporting the full continuum of care. Over the past quarter, GHI has sustained national, county, and facility-level engagements to encourage wider adoption of the platform.

These engagements have highlighted HITSystem's strength in ensuring timely

reminders, improved data use, and accountability in the PMTCT cascade. By linking mothers, infants, and healthcare providers across facilities, the system not only improves retention in care but also ensures that no patient is lost in transition from diagnosis to treatment and follow-up.

Through these collaborative efforts, HITSystem remains an anchor in strengthening Kenya's HIV response, demonstrating how digital health tools can deliver practical, lasting impact in maternal and child health.

2.2.2 Abstract & Manuscripts

During this quarter, the team finalized and submitted the scoping review on the **Perceived feasibility of integrated breast and cervical cancer screening in East Africa**.

The manuscript, which synthesizes current evidence and highlights opportunities for strengthening integrated screening models, is now under peer review. Once published, it is expected to inform both program design and policy discussions on expanding access to comprehensive cancer prevention services in the region.

In addition, qualitative research activities are progressing with ongoing transcriptions of CATSystem provider and patient interviews.

These narratives will offer deeper insights into user experiences, barriers, and opportunities for improvement in cancer screening and follow-up.

Once transcription is complete, the next stage of coding and thematic analysis will commence, allowing the team to generate evidence that will guide system enhancements and inform broader discussions on patient-centered digital health solutions.

2.2.3 PMTCT Viral Load Monitoring Dissemination Report

By Shadrack Babu, Research Associate

This quarter, we successfully held the end-of-study dissemination meeting for our project:

“Evaluating the Impact of the HIV Infant Tracking System (HITSytem) on Retention in Prevention-of-Mother-to-Child Transmission Services and Maternal Viral Suppression in Siaya and Mombasa Counties, Kenya.”

The **HITSytem** is an innovative online platform that improves communication between clinics, laboratories, and mothers through automated text reminders for **PMTCT** follow-up, and *dashboard alerts* that prompt for timely clinical action by providers.

The collaborative randomized control study, conducted by **GHI** in partnership with **KUMC** and **KEMRI** from 2020–2025 and funded by **NIH**, evaluated the impact of HITSytem 2.1 in real-world clinical settings.

Primary outcomes included:

- **Retention in PMTCT services through six months postpartum**
- **Maternal viral suppression within the same period**

The study also examined *implementation outcomes* and *cost-effectiveness*.

The Results were presented to County and Hospital managers by the **Lead PI, Dr. Sarah Kessler (KUMC)**. The findings sparked rich discussions on the role of electronic systems in improving HIV/PMTCT services, the importance of adoption and interoperability, and opportunities for future collaborations with county governments and their research units.



Shadrack Babu
Research Associate

2.2.4 Outcomes of Kilifi Qualitative Study – Social Support for Treatment

By Shadrack Babu, Research Associate



During the HITSystem dissemination meeting in Kilifi on 14 August 2025, we had the opportunity to share preliminary results from the qualitative pilot study:

“Developing Strategies to Increase Cervical Cancer Treatment Support in Kenya.”

The study discussions with **Kilifi County Hospital** in-charges underscored systemic challenges that continue to affect service delivery, such as *frequent staff turnover*, *shifting national guidelines*, and *constrained resources*. Participants emphasized the importance of ongoing capacity building and on-the-job training (OJT) to ensure consistent quality of care despite these disruptions. Strengthening provider confidence and knowledge was highlighted as a key factor in sustaining screening and treatment services.

To complement these insights, a focus group discussion (**FGD**) with patients and treatment supporters was conducted to validate round-one interview findings. The FGD revealed the critical role of social support in improving adherence to treatment, from emotional encouragement to practical assistance with transport and follow-up appointments. Patients stressed how reassurance from family members and peers transformed fear into determination to complete care.

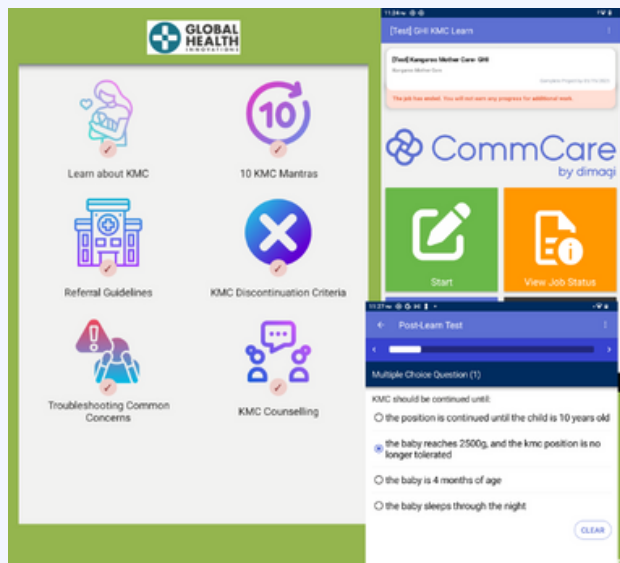
These perspectives are now shaping the design of a more patient- and supporter-centric platform for treatment support, aimed at bridging gaps in adherence and improving overall outcomes. The Kilifi experience illustrates how research not only uncovers barriers, but also builds the foundation for practical, community-informed solutions.

Shadrack Babu
Research Associate

2.3 Dimagi Partnership Progress Report

By Godlip Ocholi, Program Officer

In early August, **GHI** in partnership with **Dimagi**, launched the **CommCare Connect** – **Kangaroo Mother Care (CCC-KMC)** pilot project, signaling a crucial advancement in community-driven neonatal care.



Designed to address the high mortality risks faced by preterm and low-birth-weight infants, the initiative is already showing promise, with **over 30 babies enrolled** across **10 CHPs** within the first weeks.

At its core, CCC-KMC leverages digital tools to bring evidence-based Kangaroo Mother Care into the home.

The **CommCare Connect** mobile app, enables frontline health workers (**FLWs**) to guide mothers through continuous skin-to-skin care, exclusive breastfeeding, and danger sign identification, all essential components for improving newborn survival.

Each FLW supports up to 10 mothers over two months, conducting regular visits while using the app to monitor infant growth, counsel caregivers, and refer urgent cases to health facilities.

More than a digital solution, CCC-KMC pilot project represents a resilient response to the structural barriers that often limit access to facility-based neonatal care.

By anchoring support within families and communities, and standardizing interventions through digital platforms, this pilot creates a blueprint for scalable, high-impact newborn health programming. GHI's early successes with this pilot reflects a strategic fusion of innovation, community trust, and public health expertise.

About The Partners



GHI

A health tech nonprofit transforming how care is delivered in vulnerable settings across Africa.



Dimagi

A global leader in digital health solutions and creators of CommCare.



What inspired me this quarter is witnessing how our tools and programs adapt under pressure, remaining reliable even when systems are strained. From refining CATSystem features and ensuring uptime, to supporting mentorship sessions and strengthening data quality, every improvement reflects resilience in action.

Together, we are shaping solutions that last.

I'm encouraged by our progress and excited for the innovations still ahead.

With appreciation,

Kevin Oyowe

IT Programmer/Manager

3. Field Reports & Community Stories

We would like to celebrate the resilience and commitment of our teams and communities on the ground. Through the voices of our Research Assistants and county partners, we bring you real stories of adaptation, perseverance, and impact.

From health facilities finding solutions amidst shortages, to communities embracing innovative tools, these reports highlight the human side of our work, the determination that sustains progress even in challenging times.



Kevin Oyowe with Caroline Otieno and Siaya County Reproductive Health Officials

3.1.1 Eveline's Journey of Early Detection and Hope

By Otieno Caroline, Research Assistant (Akala Health Centre)



At 34, Eveline Akoth, a wife, mother of two, and a teacher, made a life-changing decision after hearing from a colleague about the importance of cervical cancer screening. Together with other women at her workplace, she visited Akala Health Centre, where she underwent Visual Inspection with Acetic Acid (VIA).

The result came back positive. Though frightened, especially given her family's history of cancer, Eveline chose courage. She underwent further biopsy tests, which confirmed severe **cervicitis rather than invasive cancer**. Guided by the clinical officers, she received treatment promptly and recovered without the need for additional interventions.

Reflecting on her journey, Eveline says: "Early treatment has a positive impact. I am grateful I chose to act swiftly."

Today, she has become a passionate cervical cancer screening ambassador, encouraging colleagues, family, and her community to prioritize early and repeated screening.

**"Cervical cancer is not a death sentence – early detection saves lives."
– Eveline Akoth**

Her message to women is clear: "Cervical cancer is not a death sentence. Early detection saves lives." Eveline continues to thrive at work, attend her follow-up appointments, and inspire others to take charge of their health.

Otieno Caroline
Research Assistant

“Knowledge and outreach are saving lives in Ukwala”

3.1.2 Voices from Ukwala

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



A Health Education Session at Ukwala Sub County Hospital

Beryl Ochieng – Championing HPV Vaccination

During a recent HPV vaccination outreach at Ukwala Sub County Hospital, Beryl Ochieng encountered both eager parents and others hesitant to allow their children to be vaccinated. Through open health talks, she and her team addressed concerns and dispelled misconceptions, ultimately reaching a large number of families.

For Beryl, this work is deeply personal.

“If only I knew earlier about cervical cancer, so many lives would have been saved. I lost my mother too early to this deadly virus,” she reflects.

Today, she channels that loss into advocacy, determined to protect others from preventable tragedy.

Clarice Anyango
Research Assistant

Eunice Magero – Educating and Empowering Communities

As a Community Health Assistant working closely with Global Health Innovations, Eunice Magero has seen how knowledge transforms lives. Through her outreach at Ukwala Sub County Hospital, she has helped women understand the importance of cervical cancer screening and family planning.

“Most women showed great interest in screening after our health talks. Even those coming for rescreening were motivated by what they learned,” Eunice shares.

She credits GHI’s support for building her own knowledge and making it easier to explain cancer screening to communities.

Eunice’s takeaway:

“Cervical cancer screening through outreaches helps detect cancer early. With the right information, people are more open and empowered to act.”



3.1.3 Lucy's Path to Prevention

By Otieno Caroline, Research Assistant (Akala Health Centre)

“Women in Akala are turning personal experiences into powerful advocacy for early screening”

Lucy Otieno, a young woman in her twenties, came to Akala Health Centre for cervical cancer screening. The test revealed abnormal cells in her cervix, but **thanks to early detection**, she received timely treatment that prevented the progression to cancer.

Today, Lucy shares her journey as a survivor, determined to encourage other women to seek screening before it's too late.

Relieved and hopeful, Lucy also ensured her **daughter received the HPV vaccine**, protecting her from potential future risk. She now advocates widely for screening and vaccination, reminding women that *“cervical cancer can be prevented – don't miss your chance.”*

Otieno Caroline
Research Assistant

“Cervical cancer can be prevented – don't miss your chance.” – Lucy Otieno

Lucy's story reminds us that prevention is within reach, and that timely screening and vaccination save lives.



3.1.4 Hope Restored in Ukwala

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

At Ukwala Sub County Hospital, Research Assistant Clarice Anyango has been leading follow-ups, community outreaches, and client enrolment into the CATSystem.

Her efforts have resulted in **over 700 women screened for cervical and breast cancer**, with positive outcomes in treatment and rescreening. Many women who **initially feared screening** are now embracing it, encouraged by testimonies from peers who successfully underwent treatment.

One such story is that of Alice Adhiambo, a 49-year-old widow and mother of two. Alice was screened and found **VIA positive**. She received thermocoagulation treatment and, **at her six-month rescreening, was overjoyed to test negative**.

Overcome with gratitude, she exclaimed: “Oh Lord Jesus, have mercy on me.” Alice now shares her testimony widely, encouraging other women to get screened, treated, and protected from cervical cancer.

These stories are transforming both clients and healthcare providers. Where once myths and misconceptions discouraged screening, there is now growing confidence and demand. Healthcare workers, too, have strengthened their skills and commitment through GHI-supported training, making screening a routine and valued service in the facility.

Clarice Anyango
Research Assistant



**“I am a living testimony –
early screening saved my life.”
– Alice Adhiambo**

3.2 County Impact Report – Strengthening Partnerships for Cervical Cancer Screening

By Nick Maosa, Research Coordinator



At the heart of sustainable health programs lies **strong collaboration** between county departments of health, frontline providers, and implementing partners. **Global Health Innovations (GHI)** continues to demonstrate this through intentional engagement with County Health leadership to improve cervical cancer prevention and control.

One of the most impactful strategies has been **mentorship and joint support supervision**. By working side-by-side with county teams, GHI **strengthens the skills of healthcare workers** while ensuring quality standards are maintained across facilities. This approach builds confidence, promotes accountability, and leaves behind stronger county-led systems.

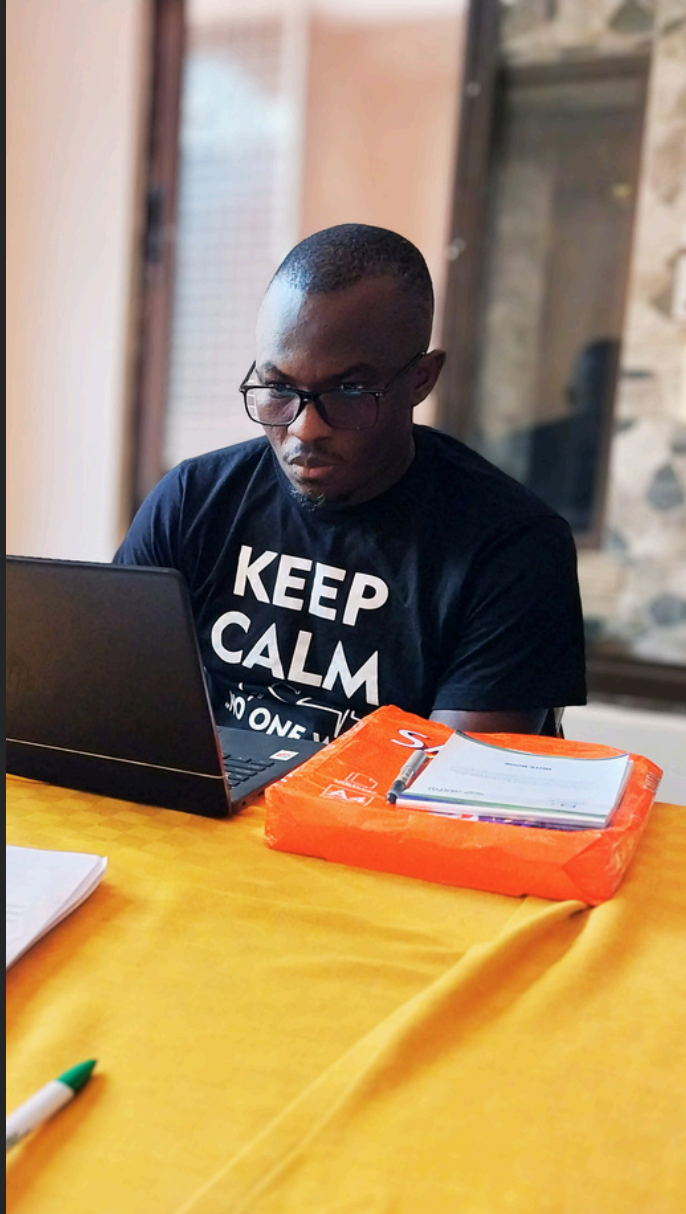
GHI also champions collaborative and implementation research, **co-designing studies with counties** to ensure findings are locally relevant and actionable.

This has created space for innovations like the **CATSystem**, enabling counties to rapidly adopt interventions that directly improve service delivery.

Another cornerstone is the **use of data for decision-making**. Counties are supported to collect, analyze, and apply health information to guide planning, allocate resources effectively, and track progress in scaling up cervical cancer screening.

In addition, GHI provides **resource support**, complementing county investments with equipment, supplies, and technical expertise to expand access to screening and treatment services, especially in hard-to-reach areas.

Ultimately, GHI's model is about **building capacity and ownership at the county level**. Through eHealth systems, mentorship, supervision, research, data use, and resource mobilization, counties are better positioned to lead the fight against cervical cancer and safeguard women's health for the long term.



What inspires me this quarter is seeing how strong systems and teamwork sustain our mission, even in the face of challenges. From streamlining operations to reinforcing accountability, each step ensures our staff remain supported and equipped to deliver impact where it matters most.

I am proud of the resilience and commitment shown across the organization this quarter, and I look forward to continuing to build structures that empower our teams and strengthen GHI's mission.

With appreciation,

John Odhiambo

HR, Finance & Administration Manager

4. Staff & Team Spotlights

This section highlights the people who keep GHI moving forward, from those working tirelessly in the field to the teams supporting operations behind the scenes. Their reflections remind us that resilience is not only seen in outcomes but also in the dedication, adaptability, and creativity of our staff. Each voice offers a glimpse into the daily commitment that fuels our mission and ensures our impact endures.



4.1 Voices of Resilience



Caroline Atieno, Research Assistant

To me, resilience is the ability to adapt, cope, and bounce back from adversity without being overwhelmed by it. Challenges will always exist in the workplace, but I choose to focus on the positives and turn obstacles into opportunities.

When we first launched the study at BCRH, the environment was not favorable, communities didn't know who I was, nor the organization I represented. I had to go the extra mile to build trust and create a smooth, friendly environment.

One defining moment came when Dumisha issued a memo that caused real confusion at the CCC department. I stepped in to support triaging and worked alongside government nurses to ensure clients continued to receive services.

What keeps me motivated is my love for this work and the opportunity to deepen my knowledge in cervical cancer and data interpretation, always striving to make an impact.

This past quarter has tested my resilience in ways I never expected. When my desktop failed after a power surge, I could have given up. Instead, I turned to my phone, making slow but steady entries for nearly six months. It reminded me that resilience also means asking for help and finding alternatives rather than quitting.

Downsizing at the facility brought even more pressure, with fewer staff and scarce resources like speculums. Convincing women to get screened, only to find no equipment, was discouraging.

But each challenge pushed me to build problem-solving skills, strengthen collaborations with coordinators, and remain calm under pressure.

I've also faced the emotional weight of seeing colleagues lose jobs. In those moments, I reminded myself: *"Every storm has an expiration date."* These experiences have taught me to trust in God, keep hope alive, and believe that even in difficulty, we can rise stronger.



Janice Kola, Research Assistant

Voices of Resilience



Otieno Caroline, Research Assistant

Resilience, to me, is the quiet strength of teams who keep showing up, even when the system seems stacked against them. During some of the most difficult times when funding cuts, policy shifts, and resource shortages made our work nearly impossible, our staff still found ways to serve women who trusted us with their lives.

I remember days when Pap smear kits were unavailable, and clinical officers improvised with visual inspection methods. Power would fail, but someone always carried a flashlight so screening could continue.

Even with only two staff left after downsizing, we triaged the most urgent cases and made sure no woman was left unseen.

As one colleague put it: *“Resilience means protecting women’s dignity when the system would not protect their health.”* These voices remind me that resilience is not just about adapting, but about creating new ways to keep women safe.

Resilience, to me, is the ability to keep going even when circumstances force you to start again. At Bondo, we faced a major challenge when several nurses from the MCH unit were transferred, leaving gaps in cervical cancer screening services. Numbers began to drop, and it was discouraging.

Instead of giving up, I reached out to colleagues from other departments to see if they could step in whenever possible. Their willingness to support was inspiring. Within weeks, a clinician from CCC and a PMTCT nurse began offering regular assistance.

Soon, other departments joined in by ensuring that all eligible women were referred for screening.

From March to June, screening numbers rose significantly because of this collective effort. For me, resilience showed up in teamwork, colleagues coming together to ensure women in our community continued to receive vital services, no matter the challenges.



Dolleen Adhiambo, Research Assistant

Voices of Resilience



Clarice Anyango, Research Assistant

In Ukwala, resilience often means finding solutions when resources are scarce. For example, when our facility lacked key testing machines for HPV and biopsy, I worked with colleagues to establish a partnership with Matibabu Foundation Hospital. This collaboration ensured that women continued to access the tests and follow-up care they needed, proof that resilience is not just endurance, but also innovation.

Resilience also shows up in daily teamwork. By taking on routine health talks during family planning and postnatal services, I helped shift attitudes toward cervical cancer screening among both staff and clients. What was once seen as an added burden is now integrated into routine care, motivating more mothers to get screened.

The results speak for themselves: 774 women screened, 12 VIA positives treated, 200 co-infections managed, and 220 clients already back for one-year rescreening. For me, resilience is about turning obstacles into systems that last.

At Port Victoria, resilience has guided our cervical cancer screening efforts despite funding shortages and limited supplies. What inspires me most are the patients who turn their experiences into advocacy, sharing stories in workshops and encouraging others to prioritize screening. Their strength motivates us to keep going.

To bridge resource gaps, we partnered with local NGOs to establish mobile clinics, bringing screening closer to underserved communities. These efforts show that resilience thrives in unity, when staff, patients, and communities stand together with a common goal.

Within the hospital, regular debriefings and teamwork have helped us adapt, celebrate small wins, and support each other. Education remains central, transforming fear into proactive engagement. The resilience of both patients and staff pushes us forward toward a future where every woman has access to the care she needs.



Emmah Ochieng, Research Assistant

4.2 Staff Reflections On Capacity Building Sessions

Our recent staff training needs survey highlighted both strengths and areas for growth. Staff reported moderate proficiency in word processing, spreadsheets, presentations, and email/calendar tools, but showed the greatest need for support with project management platforms.

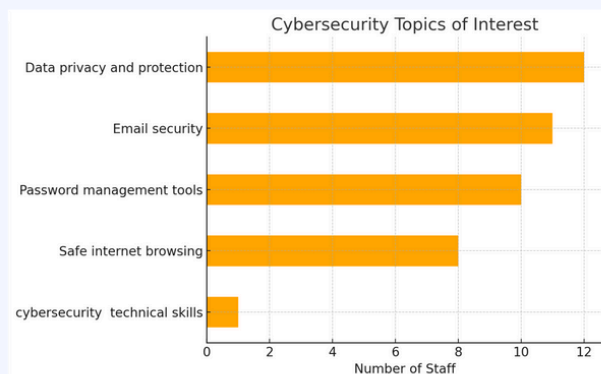
When asked about **training priorities**, the most requested topics were:

- Optimizing work productivity with IT tools
- Troubleshooting common IT problems
- Using AI tools effectively
- Basic data analysis
- File management and organization

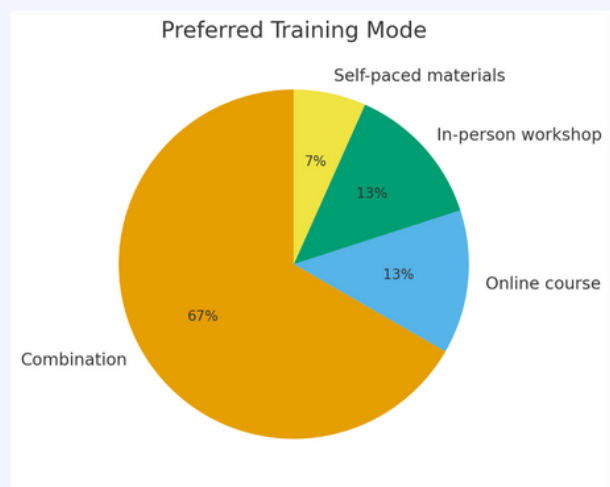


On Top Training Topics of Interest – staff want training in productivity tools, troubleshooting, AI tools, data analysis, and file management.

On Cybersecurity Topics of Interest – highest demands were for data privacy, email security, password management, and safe internet browsing.



On Preferred Training Mode – two-thirds prefer a blend of online, in-person, and self-paced learning.



While on **Preferred Training Times** – afternoons and early evenings were the most commonly suggested slots

This feedback continues to directly guide our design of future capacity-building sessions, ensuring they are practical, relevant, and responsive to staff needs.

Kevin Oyowe
IT Programmer/Manager

4.3 New CATSystem Features

This quarter, several exciting upgrades were rolled out to make CATSystem more reliable, user-friendly, and interoperable:

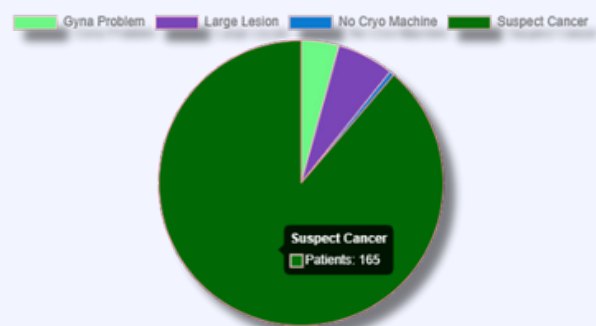
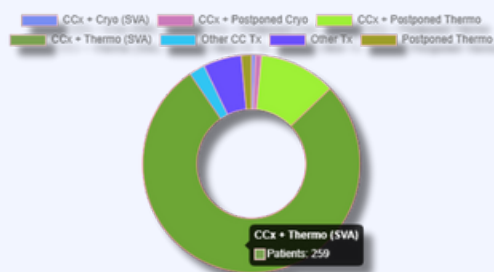
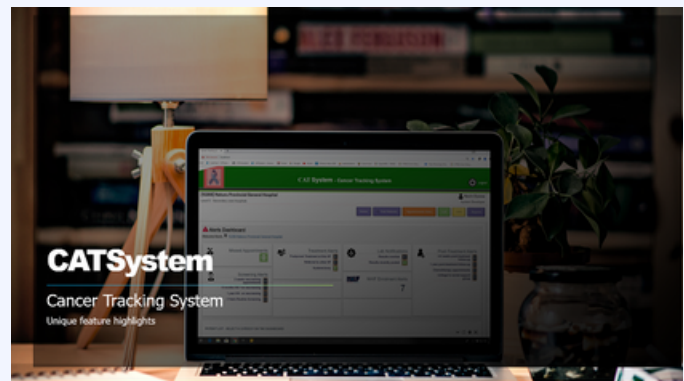


SMS Overhaul – Appointment reminders (upcoming and missed) and provider notifications are now sent directly from our own phone rather than third-party gateways. This has greatly reduced delivery failures and improved reliability.

FHIR Integration (in progress) – Work is underway to build an HL7 FHIR API that will enable seamless interoperability between CATSystem and other EMRs.

Alerts Dashboard – Now enhanced with enrollment stats, clearer tabulation of patient line lists, and easy export/print functions.

Charts Dashboard – Admin users can now filter data by all sites, intervention sites only, or control sites only. Chart colors can be randomized, and each chart can be expanded into a larger, detailed view.



Patient Dashboard – A new rich-text notes feature allows providers to add formatted notes with links and images, improving patient record-keeping and communication.

These upgrades reflect our ongoing commitment to building systems that are responsive to user needs, interoperable with broader health systems, and practical for frontline staff.

Kevin Oyowe
IT Programmer/Manager

4.4 Pillars of Global Health Training Program





We're excited to introduce the **Pillars of Global Health Training Program**, an ongoing, self-paced, online course offered by **KU Medical Center** in partnership with **Child Family Health International (CFHI)**, and graciously sponsored for GHI staff. Developed by CFHI, drawing on over 30 years of experience in ethical, community-based global health education, the program covers eight core competencies:

- Global Health Definitions & Discourses
- Planetary and One Health
- Global Health Ethics
- Social Determinants of Health
- Diversity, Equity & Health Disparities
- Cross-Cultural Effectiveness & Adaptability (including GlobeSmart access)
- Global Burden of Disease
- Health Systems



This **fully asynchronous program** typically takes 8–10 hours to complete and concludes with a **certificate** of completion, awarded once participants pass the final quiz. Thanks to KU Medical Center, CFHI, and the *Office of International Programs*, the enrollment fee has been waived for our team, a generous opportunity we encourage you to take advantage of.

A note of appreciation to Dr. Sarah Kessler and the KU Office of International Programs for championing this initiative; it's a valuable investment in our collective capacity to engage in global health with equity, integrity, and informed compassion.

 **Enroll Now!**
Take advantage of this fully sponsored opportunity to build your foundation in global health.
 **Self-paced (8–10 hours)**
 **Free enrollment (fees waived)**
 **Certificate awarded upon completion**
Don't miss out: complete your modules and grow with the Pillars of Global Health Training Program!

For more information, please check staff mail

Kevin Oyowe
IT Programmer/Manager

4.5 Field Hacks & Digital Health Lessons

By Casey Owillah, IT Assistant

This quarter has been a mentorship journey for me in GHI's IT department, supporting colleagues in the office, troubleshooting challenges in the field, at health facilities, and learning to maintain our website. Each step has reinforced one lesson: resilience in digital health is about adaptability, creativity, and teamwork.



In the field, small hacks often make a big difference. Here are some of the few hacks I've learnt to be really helpful in my line of duty this quarter:

- **Offline First Mindset** – In the Dimagi CCC-KMC app, capturing data when internet is down such as when a provider is out in the field, then syncing it later can help prevent gaps in records and maintain regular workflow.
- **Power Solutions** – Normalize carrying power banks or using a backup phone to ensure you are always able to capture data even in remote areas with unpredictable transport and power infrastructure.
- **Local Tech Champions** – We have identified 'tech-capable' staff members in each facility where we operate and are training them for basic troubleshooting with the app. This will reduce downtimes and boosts users confidence because help will now be within reach.
- **Visual Data Use** – I encourage providers to print alerts or display charts directly from their devices during meetings as it helps facility to act on data immediately.

I've also grown into new responsibilities as one of the focal people for the Dimagi CCC-KMC pilot. My role now includes digital setups, provider training, and app updates. This work has taught me the importance of listening to users and building trust.

Looking back, I see how far I've come on this mentorship path. What began with troubleshooting small issues has expanded into a role where I can guide others, help shape digital solutions, and contribute to the bigger vision of stronger health systems. The biggest lesson I've learnt is that **technology only succeeds when it empowers people**.

Casey Owillah
IT Assistant



What motivated me this quarter is seeing our research move beyond data into action, shaping conversations, informing county decisions, and strengthening service delivery. From dissemination forums to ongoing studies, each activity underscores how evidence can drive meaningful change for the communities we serve.

I am encouraged by the way GHI continues to value collaboration and integrity in research. Working alongside colleagues and partners who are committed to turning findings into solutions makes this work deeply rewarding.

With purpose,
Shadrack Babu
Research Associate

5. Partnerships & Collaborations

Strong partnerships remain at the core of GHI's ability to scale impact and sustain change. This quarter, our collaborations with county governments, national institutions, and global partners have continued to expand opportunities for innovation and service delivery. From co-leading mentorship sessions to strengthening data use and advancing digital health solutions, these partnerships ensure that our work is not only impactful but also deeply rooted in shared ownership.



5.1 New MOU's And County Level Engagements

By Godlip Ocholi, Program Officer



The early momentum of the **CCC-KMC pilot** has been anchored in **strong county partnerships**. In **Busia**, GHI worked closely with the County Health Committee to secure approval and technical alignment, ensuring the pilot was not just introduced but **fully integrated** into local health systems and priorities. These engagements went beyond formalities; they were genuine planning sessions that underscored the county's ownership and long-term commitment to community-based newborn care.

Key champions in this process included **Dr. Grace Midambo**, County RCO and KMC Coordinator, **Dr. Nina Rabare**, County Medical Services, **Mr. Joseph Oprong**, Department of Preventive and Promotive Health, **Mr. Emmanuel Luvai**, County Community Strategy Coordinator, and **Ms. Magdaline Ikaal**, County Reproductive Health Coordinator. Their insights and strategic support have been vital in adapting the pilot to real-world contexts, ensuring that implementation is practical, collaborative, and sustainable.

This partnership model not only builds trust but also strengthens the foundation for future scale-up of integrated maternal and newborn health interventions.

Godlip Ocholi
Program Officer

5.2 Partnerships & Collaborative wins

By Kevin Oyowe, IT Programmer/Manager



This quarter, **GHI** continued to strengthen its **collaborations** with both national and county partners, building on relationships that are essential for sustaining and scaling our work.

At the facility level, our engagement with **JOOTRH** and **MTRH** has remained strong, providing critical platforms for mentorship, data sharing, and refining cancer screening workflows. With **KEMRI** and the **Ministry of Health**, we advanced dialogue around research integration and policy alignment, ensuring that lessons from our interventions inform national guidelines.

Our county-level partnerships in **Busia**, **Siaya**, **Kisumu**, **Mombasa**, and **Kilifi** have been vital in scaling up cervical cancer screening and mentorship activities. Through joint planning and resource mobilization, these counties continue to demonstrate ownership and commitment to making screening accessible to women in their communities.

We also deepened our academic and training partnerships. The **KU Cancer Center** has remained an important ally in specialized consultation, while **KU Medical Center**, in collaboration with **CFHI**, launched the Pillars of Global Health Training Program for our staff, an investment in resilience, global health competencies, and capacity building.

These partnerships reflect our commitment as **GHI** to collective action, aligning efforts across institutions, government, and global partners to drive sustainable impact in cervical cancer prevention and health systems strengthening.

Kevin Oyowe
IT Programmer/Manager

5.3 Events Recap & Upcoming

By Godlip Ocholi, Program Officer



From **August 4th to 8th**, GHI hosted the **Hoops 4 Her Basketball & Empowerment Camp** at Moi University, Eldoret. **Over 50** adolescent girls gathered for **five days** of sport, mentorship, and personal growth. What unfolded on the courts was more than just basketball, it was resilience in action, expressed through movement, teamwork, and learning.

Participants trained in **basketball fundamentals** while also engaging in critical conversations on **reproductive health, leadership, and life skills**. Guided by Moi University's female basketball players and supported by GHI facilitators, the girls left with stronger confidence, knowledge, and connections that extend beyond the court.



This year's camp reaffirmed the power of sport as a tool for transformation, **breaking systemic barriers**, nurturing resilience, and opening doors to possibility.

A special thank you to Fina Kessler, the young visionary behind **Hoops 4 Her**. Drawing on her own passion for basketball and inspired by her visits to Kenya, Fina created this movement to empower girls through sport. Discover more about the initiative at hoops4her.net

Looking ahead, **GHI** will continue to build on this momentum through upcoming trainings, workshops, and dissemination forums designed to share lessons learned, strengthen capacity, and expand impact across communities.

Acknowledgements & Thank You



By Kevin Oyowe

As we close this edition of *The GHI Review*, I want to extend my heartfelt appreciation to everyone who has made this quarter's work possible. To our dedicated staff, from the field to the office, thank you for your resilience, creativity, and commitment in the face of challenges. Each success story, mentorship session, and innovation shared here is a direct reflection of your hard work.

To our donors, we express our deepest gratitude. Your continued generosity and

trust make it possible for us to sustain essential services, strengthen partnerships, and expand innovations that save lives. In a time of funding constraints, your support represents not just resources, but belief in the mission of healthier futures for women, children, and families.

To our U.S based colleagues, Dr. Sarah Finocchiaro-Kessler, Associate Professor at the University of Kansas Medical Center; Catherine Wexler, MPH, Research Associate at KU; Dr. Natabhona Mabachi, Ph.D., MPH, Director of Evaluation at DARTnet Institute; among other exceptional leaders current and before, thank you for your steadfast leadership, research expertise, and mentorship. Your vision and partnership remain vital in shaping the strategies and systems that drive impact here in Kenya.

To our Kenya program team, under the leadership of our CEO, **May Maloba**, and the management team, we celebrate your tireless dedication. Your resilience in steering operations, supporting staff, and engaging with counties has been the backbone of every achievement this quarter. Together, you have kept our programs strong despite obstacles, and ensured that the spirit of resilience lives at every level of GHI.

We are also grateful to our county partners, national collaborators, and academic institutions for their continued trust and commitment to shared impact. Finally, to the communities we serve: your courage, trust, and advocacy remain our greatest motivation. Together, we are proving that resilience not only sustains impact, it multiplies it.

Thank you!