Lwala Community Alliance

2025 Strategy
Overview

MISSION

To build the capacity of rural communities to advance their own comprehensive wellbeing.

VISION

Wholeness of life in Lwala and beyond

VALUES

COMMUNITY-DRIVEN
EXCELLENCE
DIGNITY
INNOVATION
INTEGRITY
NEIGHBORLINESS

OUR VALUE PROPOSITION

We match community innovation with university-backed research and evaluation to push remarkable improvements in health in communities in Western Kenya and beyond.
**Goals**

1. Elevate Lwala Community Hospital as a Center of Excellence, a hospital modeling, teaching and advancing dignified, holistic, patient-centered primary health care
2. Support Migori County, Kenya to adopt and implement community-led health principles & deliver high-quality health care for all
3. Package, measure, disseminate, and train on community-led health models for use by peers, government actors, and the global health community
4. Partner with communities to improve education, environment, and social factors that contribute to better life, health, and learning outcomes for children

**GOAL 1**

Elevate Lwala Community Hospital as a Center of Excellence, a hospital modeling, teaching and advancing dignified, holistic, patient-centered primary health care

**Key Performance Indicators**

- Achieve third-party quality care certification
- Improve patient outcomes
- Act as a training ground for the next generation of frontline health workers, training at least 1,000 frontline health workers

**GOAL 2**

Support Migori County to adopt and implement community-led health principles & deliver high-quality health care for all

**Key Performance Indicators**

- Reduce under-5 mortality, increase skilled delivery rates, and increase contraceptive access across Migori County
- Reach 1 million people with high-quality community-led health systems through a combination of direct implementation and technical assistance
- Support Ministry of Health to adopt and implement core community-led health principles, including: payment & supervision of community health workers, incorporation of traditional birth attendants, championing of community committees, and improving frontline quality of care

**GOAL 3**

Package, measure, disseminate, and train on community-led health models for use by peers, government actors, and the global health community
Key Performance Indicators

- Support additional Kenyan counties to implement community-led health principles
- Develop community-led health modules codified and packaged for government scale-up in Kenya
- Support peer organizations to demonstrate quality implementation of community-led health module
- Publish and disseminate studies which meaningfully contribute to the global movement for health equity
- Work through coalitions to positively change national & global recommendations for community health systems

GOAL 4

Partner with communities to improve education, environment, and social factors that contribute to better life, health, and learning outcomes for children

Key Performance Indicators

- Center communities in the initiation, design, implementation and evaluation of new initiatives
- Promote holistic interventions through seeking and attracting excellent partnerships aligned with the capacities, needs, and values of our communities
- Iterate solutions, measure impact, and document learnings
- Establish a sustainable strategy to increase transition to and graduation from secondary education

Key Capabilities

1. Develop and model best practices in community-driven development, ensuring community leadership in the design, implementation and evaluation of our work
2. Develop mature and aligned governance structures poised to support growth, represent our communities’ interests and ensure strong systems
3. Build a diverse, durable, and flexible revenue portfolio & strong financial and risk management systems to support growth
4. Become a model employer demonstrating principles of equity, inclusion, transparency, and high-performance
5. Test our model to better understand and continually drive impact, while engaging with the global research community and key stakeholders to share what we are learning about successful community-based health programming
KEY CAPABILITY 1

Develop and model best practices in community-driven development, ensuring community leadership in the design, implementation and evaluation of our work

Key Performance Indicators

- Continually move programs along the “participatory continuum”
- Build representative community committees appropriate to match each program strategy
- Support communities to engage with governance systems and advocate for their own development
- Establish strong structures for organization governance and leadership to communicate with communities

KEY CAPABILITY 2

Develop mature and aligned governance structures poised to support growth, represent our communities’ interests and ensure strong systems

Key Performance Indicators

- The governance structure will be comprised of the US 501c3 and Kenya NGO boards and jointly referred as the Global Council
- The Global Council is increasingly focused on policy, oversight, resource development, and elevating the profile of the organization
- The Global Council and its subcommittees are comprised of members aligned with the strategic needs of the organization
- Governance systems avoid redundancy, promote efficiency, and reduce unnecessary administrative burden to board and staff members across entities
- At least 50% of US 501c3 board seats held by members who also serve on the Kenya NGO board
- All Kenya NGO board seats held by members who also serve on US 501c3 board
- The gender composition of our board will represent that of our constituents
- US 501c3 and Kenya NGO board strategies, committees and bylaws are aligned
- Maintain 100% board giving
- Maintain an evergreen board recruitment process

KEY CAPABILITY 3

Build a diverse, durable, and flexible revenue portfolio & strong financial and risk management systems to support growth

Key Performance Indicators

- Maintain a 1-month operating cash buffer and a fully-funded 3-month operating cash reserve in a board-restricted fund and build to a 4-month cash reserve
• At least 30% of funding is recurring / multi-year
• No revenue sources makes up more than 30% of budget in a 3-year period
• Maintain 30% of our budget as unrestricted funds
• 3-year budget projections aligned with operational strategies
• Finance systems prepared to meet standards of high-compliance, technical funders
• Strong financial systems to include accounting & reporting, strategic finance, internal control, treasury management, and risk management
• Develop a long-term strategy for financing Lwala Community Hospital, including a cost efficiency framework

KEY CAPABILITY 4

Become a model employer demonstrating principles of equity, inclusion, transparency, and high-performance

Key Performance Indicators

• Workforce and leadership reflects the diversity and experience of our patient population
• Implement best-practice employer standards to support, motivate, and invest in our team
• Develop systems for clear communication & feedback loops between board, leadership, staff, and community
• Ensure a workplace free from harassment or discrimination
• Maintain a talent pipeline of emerging leaders and updated strategy for executive leadership

KEY CAPABILITY 5

Evaluate our model to better understand and continually drive impact, while engaging with the global research community and key stakeholders to share what we are learning about successful community-based health programming

Key Performance Indicators

• Design a 5-year implementation science strategy “map” for Lwala to streamline program-level learning and best practice as a foundation for scaling.
• Co-design, conduct and share results of new research areas with an expanded cadre of partner scientists and practitioners.
• Ensure our data collection system for CHW is adapted to expansion and scale, which includes tracking quality and speed in addition to impact.
• Finalize our current program evaluation and share lessons learned in dissemination formats appropriate for our local community and in peer-reviewed publications.
• Maintain a continuous-learning culture that prioritizes: active M&E feedback cycles and cost-effectiveness analysis for data-driven program decisions and improvement; commitment to high data quality; and an ethos of radical inclusivity and humble curiosity as we seek knowledge in, about and for our communities.