Dear Allies,

Nearly 17 years ago, a village in Western Kenya was grieving the deaths of two beloved leaders, Margaret and Erastus Ochieng’. They were kind and generous neighbors who helped orphaned children with school fees, invited hungry families to share a meal, and seeded a vision for a hospital in their village—while raising six children of their own. Tragically, they died of HIV because of a broken health system that wasn’t designed to reach them. Out of this grief, their community—alongside two of their sons, Milton and Fred—created something new, a way to ensure that all of their neighbors could access health care.

Through this community-led movement, the relationship between Lwala communities and the health system is changing. We have seen community committees advocate for funds to build new maternity wards and new laboratories at their local health facilities. We have seen villages launch campaigns to build latrines, declare their villages open defecation free, and construct safe wells for clean water. We have seen community health workers organize and advocate for more government funding of health commodities, equipment, and services. We have seen neighbors encouraging each other to deliver at health facilities, seek HIV care, and get a COVID-19 vaccine.

As trust and accountability build, health outcomes improve. Our research shows that children in our communities are 3 times more likely to access health services, and women are 2.6 times more likely to use contraception. Child mortality rates are declining, while skilled delivery and immunization rates are increasing.

We believe that this community-led change is uniquely positioned to transform the health system in Kenya and beyond. The status quo of concentrating resources on top-down technical solutions to specific diseases misses the root cause of poor health. We can create powerful technologies and innovations, but without justice, participation, and accountability, their impact is limited. As our Co-Founder, Fred Ochieng’ stated, “Inequity is a disease, and empowering communities is an integral ingredient in the cure.”

This year, Lwala hit key milestones in elevating our impact to the health system level, bridging the gap between communities and policymakers. We’ve done this through building coalitions with communities, frontline health workers, civil society, university researchers, and government. We contributed to 16 policies, guidelines, and curriculum—at the county and national levels—that improve community-led accountability, strengthen the community health workforce, prevent maternal deaths, and promote child health and development.

In this review of the year, we invite you to discover what is possible when communities lead. Together, we are breaking cycles of inequity to advance health for all. In solidarity,

Ash Rogers
Co-Chief Executive Officer

Julius Mbeya
Co-Chief Executive Officer
When Communities Lead, Impact Is Amplified

Delivering Community-Led Health, Reaching 125,000 People in Rongo Subcounty

- 397 professionalized community health workers
- 98% of clients on HIV care with suppressed viral load
- 98% skilled delivery rate
- 96% childhood immunization rate
- 156,377 COVID-19 vaccine doses administered
- Women are 2.6 times more likely to use contraceptives
- Children under five are 3 times more likely to receive health services

Transforming the Health System, Reaching 1.1 Million People in Migori County

- 2,700 community health workers trained and supported
- 1,173 community members participated in an assessment to strengthen community-led accountability
- Established Migori County’s first community health worker registry

Advancing Community-Led Health in National Policy and Practice

- 16 policies, guidelines, and curricula designed
- Supported creation of new national curriculum and tools for community-led accountability
- Helped develop Kenya eCHIS, a new, national system for collecting and using community health data
Lwala bridges the gap between communities and policymakers, ensuring that local solutions are translated into policies and systems at the county, national, and global levels. **This year, we strengthened the health system across all four pillars of community-led health.**

**COMMUNITY COMMITTEES**
Informed by interviews with more than a thousand community committee members across Migori County, Lwala worked in coalition to develop the National Community Scorecard. The scorecard will be used by community committees throughout Kenya to assess the quality of health services, share feedback with decision-makers, and drive positive change.

**PROFESSIONALIZED COMMUNITY HEALTH WORKERS**
At the national level and in Migori County, Lwala informed Community Health Services Legislation, which provides a framework for community health worker (CHW) recruitment, training, accreditation, payment, and supervision. We also co-designed a digital training course, CHW Advocates, with a global network of CHWs and our partners at the Community Health Impact Coalition. The training equips CHWs to advocate for themselves and their communities.

**PUBLIC HEALTH FACILITIES**
After scaling the Obstetric Hemorrhage Initiative to 167 facilities, Lwala advocated for the inclusion of these lifesaving approaches into two national training tools, which will prepare health workers to provide emergency obstetric care. We are charting the course toward a big vision: every mother across Kenya has access to lifesaving technologies to prevent maternal death.

**DATA**
In partnership with government and allies, we are developing and piloting a national system for collecting and using community health data—the Electronic Community Health Information System (eCHIS). It will create a reliable flow of CHW data between community, county, and national levels. Lwala is working with Migori County to digitally empower and link 2,700 CHWs to this new system.
Community health workers (CHWs) are the backbone of the health system. Yet CHWs are often under-equipped and under-supported, and only 14% of CHWs in Africa are salaried. At the same time, traditional birth attendants (TBAs), have been providing health services to communities for generations, but they are often blocked out of CHW cadres by discriminatory literacy and education requirements. Lwala’s research demonstrates that education credentials are not a predictor of a CHW’s work-related knowledge, and well-supported CHW cadres, inclusive of TBAs, can improve health outcomes.1,2

Lwala maps all active TBAs in a community, incorporates them into existing government CHW cadres, and ensures they are all paid, trained, supervised, digitally empowered, and connected to community committees.

WHEN COMMUNITIES LEAD, HEALERS ARE VALUED

INCLUSION
We partnered with the Ministry of Health to develop National Certification Guidelines for CHWs. The guidelines reverse eligibility requirements—like formal educational attainment and literacy—that have barred many TBAs from becoming CHWs.

RECOGNITION
We allied to develop the first-ever global implementation guidance on registering CHWs and supported government to establish Migori County’s first CHW Registry. Counting CHWs is a key first step toward getting CHWs paid and supported.

SUPPORT
In partnership with Migori County, we reformed how CHWs are supervised, supported, and mentored. We equipped CHW supervisors with new tools and skills to successfully mentor CHWs, observe their work, and provide feedback for growth.

Partnering with government and global allies to recognize and support CHWs

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WHEN COMMUNITIES LEAD, CHILDREN THRIVE

Professionalized CHWs—inclusive of transformed TBAs—track children’s growth, ensure on-time immunization, diagnose and treat the most deadly childhood conditions, and connect children and families to local health clinics. Lwala works with community committees and government to support local clinics to have the resources, training, and systems to provide quality care—ensuring that no child slips through the cracks.

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STUDY DEMONSTRATES POWER OF PROFESSIONALIZED CHWS TO IMPROVE HEALTH ACCESS FOR CHILDREN

A peer-reviewed study examined the health seeking behaviors of households in Lwala-supported communities and comparison communities. It found:

- Households in Lwala-supported communities were 3 times more likely to seek care for a child with a fever.
- Households visited by CHWs were 2 times more likely to seek care for a child with respiratory symptoms.
- The percentage of children with a fever being tested for malaria increased from 24% to 88% following the implementation of a CHW-led initiative.


Lwala supports community groups to lead the planning, execution, and evaluation of local initiatives. The focus of these groups is varied—they work to improve health services at the community level and at health facilities, they improve schools for their children, they ensure access to clean water, and they elevate the rights of women and girls. With leadership from community members, change is equitable and lasting.

**EXEMPLARS OF COMMUNITY-LED CHANGE**

Two community committees located far from a health facility worked together to purchase motorbikes and design a community-based referral system. This enables remote patients—especially laboring women—to more quickly access lifesaving care. At Kangeso Health Center, a community committee mobilized resources to renovate their laboratory, resulting in better antenatal care for pregnant women and a reduction in maternal complications. At Kadiang’a primary school, lack of space forced many classes outside, with frequent interruptions from street noise and bad weather. A community committee worked with parents and teachers to build a new classroom.

**WHEN COMMUNITIES LEAD, CHANGE IS LASTING**

Community health committees are the link between communities and the health system. In Kenya, community health committees (CHCs) provide leadership and oversight for community health services. Lwala strengthens the capacity of CHCs to elevate community demands, ensure transparency, and hold government accountable. This creates a constituency with increased expectations for health services and the social capital to organize and advocate.

Our vision is that every person in Migori County is represented by a community health committee—and we’re working with the county government to make this a reality. Lwala interviewed over a thousand CHC members in Migori County to understand the capacity of CHCs. Then we worked with the county government to design tools and plans to strengthen CHCs, and to improve their ability to represent community voice.

And we’re using these lessons to inform national policy and practice. Lwala supported the Ministry of Health in developing a National CHC Curriculum and a National Community Scorecard, which we piloted with CHCs in Migori County. These tools will be used across the country, bolstering the ability of Kenyans to demand for their rights to high-quality health care.

In Ofwanga village, the main source of water was an unprotected well—and community members feared for the safety of their neighbors, especially children who were often sent to fetch water. Following a two-year community-led process to build latrines and end open defecation, the local community committee turned their attention to the well, deciding they could make it safer. With their leadership, community members donated resources and mobilized labor and materials, including sand and gravel that they collected locally. Lwala provided support and coordinated with technicians at the county level, who assisted in the rehabilitation project.

Today, the well has a covering and a pump, so now more than 200 community members can safely access water.
When Euniter, a community health worker, visited Doris, she could tell something was wrong. After a long conversation, Doris eventually opened up and told Euniter that she recently had two miscarriages. This had created a rift between her and her husband, and her mother-in-law had declared her unable to carry a baby, which devastated Doris. Doris also said that both miscarriages had happened at home—she had never considered seeking medical care at a facility.

After encouragement from Euniter, Doris agreed to visit Lwala Community Hospital, where she hoped she would learn the cause of her miscarriages. During the visit, Doris agreed to take an HIV test—and it came back positive. She was immediately initiated on antiretroviral treatment, and she also received counseling and was connected to an HIV support group. While it certainly wasn’t the health outcome she wanted, Doris was cautiously hopeful that once her viral loads were suppressed, she could carry a baby to term.

“I have known Euniter for many years—she is my neighbor and my friend. She helped me overcome one of the greatest challenges of my life.” —Doris

Today, Doris has two children that were safely delivered at a health facility. She enrolled in a program that prevents mother-to-child transmission of HIV during pregnancy, childbirth, and breastfeeding, and because of her dedication, both of her children are HIV free. Doris is also a member of her local parenting group. Euniter continues to visit Doris and her family, where she checks on the health and development of Doris’s children. The best part of this story for Euniter is the trust Doris put in her—and that it led to a healthier mother and a healed family. 

All names of clients and their home locations have been changed to protect individual privacy.
**WHEN COMMUNITIES LEAD, FACILITIES DELIVER HIGH-QUALITY CARE**

Lwala unites community committees, facility-based health providers, and community health workers across a network of 10 public facilities. Together, we continuously improve the quality of care across the 6 building blocks of the health system: service delivery, health workforce, information systems, supply chain, finance, and governance.

This year, the COVID-19 pandemic continued to strain the health system, disrupt supply chains for medicines and supplies, and overwhelm health workers. Our network of facilities responded to the pandemic—providing screening, testing, treatment, and vaccination—while maintaining essential health services.

**At Kochola Dispensary,** the number of patients had outgrown the facility. Labor and delivery was sharing a space with antenatal and postnatal care, and many women felt there was no privacy.

Hearing these concerns, the Health Facility Management Committee—a community committee that oversees health services at Kochola—set out to change this. They used skills from Lwala’s training on leadership, resource mobilization, and accountability, and they worked closely with the head of the health facility to draft a budget.

As a result, they secured $40,000 from the county government to build a new maternity wing, which opened this year. To provide a full range of maternal health services, they also set up laboratory space to conduct antenatal testing. This will ensure that high-quality, dignified care is available to every woman who visits Kochola.

**SAVING MOTHERS’ LIVES AT SCALE**

Severe bleeding during childbirth—known as obstetric hemorrhage—is the leading cause of maternal death in Kenya. Though this condition is treatable, health providers often lack the training, equipment, medicines, and blood required to save lives.

In response, Lwala partners with the Ministry of Health to advance the Obstetric Hemorrhage Initiative (OHI), which is a bundle of protocols and tools that can treat obstetric hemorrhage and prevent maternal death. The bundle includes: misoprostol, the uterine balloon tamponade, and the non-pneumatic anti-shock garment (NASG). The NASG is a simple, reusable tool that gives hemorrhaging women an additional 72 hours to get further treatment, and it has been shown to reduce mortalities related to obstetric hemorrhage by 67%.

**FROM MODEL COUNTY TO NATIONAL SCALE**

In partnership with the Ministry of Health, we added OHI technologies and protocols to national training tools, which will prepare health workers to provide emergency obstetric care. Lwala trained 160 national trainers and 5 peer organizations, who can now be deployed across the country to train facilities on OHI.

We are also working to unlock doors for government procurement and widespread distribution of the NASG and other OHI technologies. By influencing national policies and guidelines, our impact in Migori has the potential to reach women across Kenya.
Women and girls have unique health needs at every stage of their life—from family planning, pregnancy, and childbirth, to ensuring the health and wellbeing of themselves and their families. Lwala improves the health of women and girls across the life course, and we strengthen their representation in decision-making so that they receive the health care they want.

The COVID-19 pandemic had an outsized effect on women and girls, limiting access to health facilities, closing schools, and reducing access to preventative care.

In response, Lwala launched a qualitative evaluation to learn more about the barriers women were facing in accessing maternal health services. Through a community-led design process, community committees launched new transportation systems for laboring women, CHWs designed new tactics to identify pregnant women and follow-up after delivery, and facilities opened new maternity wards. Lwala also supported supply chain solutions to ensure facilities could conduct comprehensive testing and screening at antenatal care visits, and we greatly expanded access to free ultrasound services.

To address the unique challenges of young women, Lwala provided mentorship, family counseling, and financial support to 240 adolescent girls who had dropped out of school during pregnancy, enabling them to return to the classroom. We also doubled down on community-based sexual and reproductive health services, running open-air outreaches at the village level and delivering contraceptives directly to homes. As a result, more women than ever in our communities accessed contraceptives, despite the pandemic.

And in a time when women’s health has been deprioritized, Lwala expanded its fight against cervical cancer—a leading cause of cancer-related death for women in Kenya—through mass HPV vaccination campaigns and routine screening at health facilities.
It was a busy year for Gordon Mito. As a Youth Peer Provider (YPP), he is a trusted source of information on sexual and reproductive health for other young people in his community. He is also trained by Lwala to provide family planning methods—including condoms, emergency contraception, and oral contraceptive pills. But because of COVID-19, he had to go the extra mile to ensure his peers were able to access services.

One weekend morning, Gordon stopped by Atieno’s house. Atieno, who had given birth to a baby boy as a young teenager, told Gordon that she was interested in using family planning. She was now 16 and didn’t want to get pregnant again, especially because she had recently gone back to school. He offered to walk with Atieno to the health facility so she could receive counseling from a health worker on what her options were. But because of COVID-19, she was hesitant.

Gordon assured Atieno that the health facility was safe, but he also gave her a second option—in a few days, Lwala was hosting an outreach event for youth at a nearby school. She agreed to attend. When she arrived, she received counseling on various family planning methods and selected the five-year implant as the best option for her.

“I wanted a method that will protect me until I finish my school,” Atieno said.

Gordon and his peers are a critical bridge between young people and health services. For years, YPPs have implemented Dial-a-Condum, where peers can order condoms on-demand without having to travel to a health facility. More recently, after a learning pilot and extensive focus group discussions to understand youth preferences, Lwala added emergency contraception and oral contraceptive pills to YPPs’ service package. As a result, more young people have access to the commodities they need to make their own reproductive health decisions, even during a pandemic.

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

—Gordon Mito, Youth Peer Provider
WHEN COMMUNITIES LEAD, PANDEMIC RESPONSE IS STRONGER

The second year of the COVID-19 pandemic brought new challenges—like more acute illness associated with the Delta variant, the need to rapidly deploy vaccines, and an exhausted workforce constantly asked to do more.

Throughout the pandemic response, Lwala has been unwaveringly focused on protecting health workers, reducing the spread of the virus, maintaining essential services, and providing the best treatment to community members who fall ill.

We recommitted to maintaining essential health services—because a pandemic doesn’t stop the need to immunize children, ensure safe pregnancy and delivery, treat illnesses like HIV and malaria, and deliver routine care. As a result, we saw advances in reproductive, maternal, newborn, and child health services where global experts predicted a decline.

We built new infrastructure to protect health workers at all costs. Lwala custom built new mobile tools for our cadre of CHWs, enabling them to perform self-wellness checks, monitor PPE supply, and pre-screen households for COVID-19. If any CHW reported symptoms, a COVID-19 exposure, or a shortage of PPE, their supervisors are alerted via text to provide support. We implemented routine testing for all health workers, including CHWs, and we supported Migori County to expand its COVID-19 testing regime. Together, we kept health workers safe, while ensuring they could continue to provide essential services.

We enabled health facilities to better care for critically ill patients. As cases surged, bed capacity and oxygen availability were extremely limited, leading to delays in treatment. In partnership with government, we equipped facilities with critical care beds, ventilators, patient monitors, and oxygen supplies, which strengthened their capacity to treat patients with COVID-19. Importantly, these supplies will be used to improve health services beyond the pandemic.

We rolled out vaccines, a game changer in stemming the spread of the virus. We supported the Migori County Ministry of Health in developing a vaccine distribution plan, and we advocated for CHWs to be included in the first round of eligibility. We administered vaccines to tens of thousands of people through our network of health facilities, mass vaccination sites, and other outreach events. We also built trust among our communities in the vaccine’s safety and benefits.

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Community-led health has been the foundation of our pandemic response. It enabled us to combat the worst effects of COVID-19 and continue to provide the health services our communities rely on.”

- Pauline Amolo Muga, Chief Officer for Public Health, Migori County

98% OF CLIENTS ON HIV CARE WITH SUPPRESSED VIRAL LOAD
96% OF CHILDREN RECEIVING ROUTINE IMMUNIZATIONS AGAINST CHILDHOOD ILLNESSES
156,337 COVID-19 VACCINES ADMINISTERED
80% OF MIGORI COUNTY CHWS HAVE RECEIVED THEIR FIRST VACCINE DOSE
155,000 CLIENTS SCREENED FOR COVID-19 AT PARTNER FACILITIES
8 MILLION MASKS SECURED FOR KENYA’S CHWS IN PARTNERSHIP WITH THE COVID-19 ACTION FUND FOR AFRICA
18 ADDITIONAL CRITICAL CARE AND OXYGEN-ENABLED FIRSTLINE TREATMENT BEDS
97% OF CHWS FULLY PROTECTED BY PERSONAL PROTECTIVE EQUIPMENT ON AVERAGE EACH DAY
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OUR TEAM

120 full-time professionals and 397 community health workers bring together expertise in global health, community development, policy development, research, and operations management.

Co-CEOs: Ash Rogers and Julius Mbeya

Co-Founders: Dr. Fred Ochieng’ and Dr. Milton Ochieng’

Leadership Team: Caroline Linda Awour, Daniele Ressler, Doreen Awino, Elizabeth Owino, Hellen Gwaro, Robert Kasambala, Rose Adem, Vincent Okoth, and Wycliffe Omwanda

Global Council: Dr. Jessie Adams (Chair), Melissa Muyengi (Vice Chair), Stephen Carr (Treasurer), George Srou (Secretary), Dr. Fred Ochieng’ (Co-Founder), Dr. Milton Ochieng’ (Co-Founder), Dr. Constance Shumba, Glady Onyango, Dr. Richard Wamai, and Thomas Glenfield

Lwala Village Development Committee: Gervasse Nykinye (Chair), Shem Ooko, Charles Obong’o, David Odwar, Perpetua Okong’o, Charles Obunga, John Obunga, Rose Onyango, Samson Mbori, Robinson Mbori, and Musa Odhiambo

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