Dear Allies,

For 15 years, we’ve seen the change seeded through community-led health. During that time, Lwala has grown from one health facility in one community to influencing the health system across Kenya. And now, Lwala is embarking on a new phase of growth that will triple our reach. We are extending direct delivery from 125,000 to 420,000 people in Migori County. We’re also expanding our government accompaniment and implementation support into 2 additional counties, with our Obstetric Hemorrhage Initiative paving the way. This will increase our support from 1.1 million people in Migori to 3 million across 3 counties. Our team has been hard at work setting up agreements and infrastructure to make this growth possible.

We anticipate 2022 to be a landmark year for systems change. Community Health Services legislation is being considered at both the national level and in Migori County, meaning big gains for CHWs and for community-led accountability for health. Lwala has been a key ally in the development of both policies, and this quarter, we elevated community input during public participation processes. Additionally, Lwala is helping Kenya achieve its vision of digitizing the community health system, through rolling out the new national data platform to CHWs in Migori County. The result will be the largest county-wide deployment of CHWs using the platform in Kenya—and better data for decision making.

2022 is also an election year. In Kenya, general elections take place every five years, and they are high-stakes, especially for the communities we serve. While election-related disruptions are out of our control, we are aiming to minimize the impact on our work through formal government partnership agreements. We are also using this moment to advocate that all political parties prioritize community health in their platforms.

You may notice our Insider Report looks different this quarter. You’ll still see rich data about our reach and impact, as well as high-level information about our successes. What’s new is the depth of storytelling. We’re excited to share with you two stories—one on combating the leading cause of maternal death in Kenya, and one on communities leading transformational change. We are so glad to have you here.

In solidarity,

Ash Rogers
Co-Chief Executive Officer

Julius Mbeya
Co-Chief Executive Officer
OUR MODEL

Founded by a group of committed Kenyans, Lwala Community Alliance unlocks the potential of communities to advance their own comprehensive well-being. We believe that when communities lead, change is lasting.

4 pillars of community-led health

- **COMMUNITY COMMITTEES**
  - lead local health initiatives and hold health systems accountable

- **PROFESSIONALIZED COMMUNITY HEALTH WORKERS**
  - inclusive of transformed traditional birth attendants, extend care to every home

- **PUBLIC HEALTH FACILITIES**
  - advance dignified, patient-centered care

- **DATA**
  - drives transparency & evidence-based decisions

4,206 community groups advancing comprehensive wellbeing

397 professionalized CHWs directly supported

2,670 CHWs trained across Migori County

167 facilities equipped to manage obstetric hemorrhage

OUR IMPACT

Sustained skilled delivery rate in all Lwala-supported communities

Increase in women attending 4 or more antenatal care visits during pregnancy

Increase in contraceptive uptake

As measured by Couple Years of Protection

Increase in childhood immunization rates

21,500 household visits by CHWs on average each month

300 hand washing stations and 90 latrines built each month

15% increase in antenatal care visits across Lwala partner facilities since March 2021, compared to a 3% decrease across comparison facilities

209% increase in contraceptives provided by youth peer providers since March 2021

83,905 COVID-19 vaccinations administered per month in 2022, more than doubling our pace from 2021
Most health providers have a story about obstetric hemorrhage that stays with them. For Carren Siele, the Head Nurse at Lwala Community Hospital, it was in 2017, when a woman came to deliver late at night. She began to bleed, and the facility didn’t have the right tools or enough blood for a transfusion. Carren wanted to refer the patient to a higher-level hospital, but violence had broken out following a contested presidential election, and travel was risky. So instead, Carren stayed with the woman all night and did everything she could, checking her vital signs and adding fluids to her IV. Luckily, the bleeding stopped, and the mother survived.

“We have seen too many near misses and deaths,” Carren says, “so we are working to make a change. I know this is possible.”

In partnership with government, Lwala is expanding access to OHI across Migori County. Since the start of the program, we have provided training and mentorship to thousands of staff at 167 facilities. We will reach 47 additional facilities in 2022—meaning that all 214 facilities in Migori conducting deliveries will be equipped with OHI knowledge and tools. We are also laying the groundwork for OHI expansion to 40 facilities in new counties this year, focusing on geographies in Western Kenya with the highest burden of maternal mortality.

Meshack Wafula, who coordinates OHI training at Lwala, has seen “so much motivation and enthusiasm from health workers, because they all have a story like Carren’s.”

Preliminary data from a study of Lwala’s program led by the University of California San Francisco found a 49% reduction in maternal case fatalities when OHI was operational. The study also revealed critical lessons for OHI scale-up. First, of all obstetric hemorrhage cases eligible for the NASG, 56.5% received it. Second, tranexamic acid (another OHI commodity that reduces bleeding) was out of stock in many facilities. If we are able to further increase NASG use and address supply

A technology designed for astronauts, deployed to save lives at birth.

The non-pneumatic anti-shock garment (NASG)—originally designed by NASA to help blood flow in space—is a low-cost, easy-to-use compression suit that wraps around the abdomen and legs. This proven technology redirects blood away from the uterus and toward vital organs, and provides 72 additional hours to get the patient to advance care. Lwala led the first county-wide NASG scale-up in Kenya.
chain issues for tranexamic acid, we could see further reductions in maternal death. Final data analysis and journal submissions are underway, but in the meantime, we are sharing these findings with the Ministry of Health to inform the scale-up of OHI to mothers far beyond Migori County.

At the national level, Lwala is working to ensure that OHI is adopted across the country. After a year of advocacy and technical input, the revised Emergency Obstetric Care Training and Mentorship Guide now includes OHI—meaning that every health provider should learn about OHI protocols and interventions during routine in-service training. The guide was officially adopted in April 2022, and the national Ministry of Health already asked Lwala to support training on OHI components. Lwala is also partnering with the Kenya Medical Training Colleges to include OHI in the nursing school curriculum.

Yet training is only effective if health providers have the right supplies—so Lwala is advocating for OHI commodities to be added to essential medicines lists that unlock procurement. In March, Lwala and partners wrote a memo to the Ministry of Health on this issue, and we will also generate demand for action from the Council of Governors. Ultimately, we want to make it easier for counties to order OHI commodities so that every facility is fully equipped.

Underneath this data are the stories of women whose lives have been changed. Lillian Akello safely delivered her third baby at a nearby health facility last year. But soon after birth, she began bleeding and collapsed in the bathroom. Trained staff leapt into action. They used the NASG and uterine balloon tamponade, giving Lillian critical time to reach a higher-level facility, where she received a blood transfusion. Lillian’s community health worker, Pamela, was by her side in the ambulance. It was because of Pamela’s encouragement that Lillian chose skilled delivery in the first place. “If she didn’t go to the facility,” Pamela says, “she may not have made it.” Today, Lillian and her 1-year-old son are both healthy, and Pamala continues to check up on their family.

“Saving a woman from obstetric hemorrhage means so many things coming together,” says Wycliffe Omwanda, Lwala’s Manager for Clinical Excellence. “Motivating women to deliver at a facility, increasing the knowledge and skills of health workers, changing policies and guidelines to make training systemic.”

When we put these pieces together, we can make sure that every woman has the safe, dignified childbirth she deserves.
When communities lead, change is lasting: how South Kamagambo is transforming

In South Kamagambo, it’s not uncommon for families to travel 10 kilometers on foot to the nearest health facility. Of Lwala’s four implementation sites, communities here are the most remote. When Lwala began to work in South Kamagambo in 2019, health indicators reflected this challenge—many women gave birth at home, nearly one-third of children were not receiving immunizations, and health facilities were underutilized. But just three years later, the data tells a different story—a story of community health workers (CHWs) reaching every household, community health committees tackling problems affecting their neighbors, and health facilities improving the quality of services. It’s a story about the community-led health model driving change.

Last month, ten Lwala-supported CHWs in South Kamagambo gathered to discuss these changes. Attached to Ongo health facility, many have served as CHWs for more than a decade and have seen a major shift in their role over time. In the 2010s, their mandated focus was issue-specific. A CHW named Daniel recounts, “At first, CHWs only had two roles—to encourage people to get tested for HIV and to educate on water, hygiene, and sanitation. We didn’t have kits or commodities, so we didn’t treat, we only referred.” Then another organization brought different priorities—this time focused on child health.

It wasn’t until Lwala entered that CHWs began to focus on health for all. “The first thing was training, training, training. Now we are called village doctors. We have the knowledge and skills to treat people at home, but we also know when to refer them to the health facility,” another CHW says.

Critically, Lwala ensures that increased responsibility is met with compensation, bucking a global trend—only 14% of CHWs in Africa are paid. Beyond motivation, CHWs in South Kamagambo say payment allows them to spend more time visiting households, and less time holding other jobs to make ends meet. This translates to tangible benefits—in January 2020, just 33% of households in South Kamagambo were being visited by a CHW every month. As of March 2022, household visits have increased to 79%. And because Lwala incorporates traditional birth attendants into CHW cadres, many of them are now the most active champions of skilled delivery. “One traditional birth attendant was once delivering more babies than the facility,” a CHW named Teresa says. “But now she advises women, walks with them to the facility, and encourages them during delivery.”

Community health committees—who are responsible for overseeing and improving community health—are also an engine of change in South Kamagambo’s transformation. The Kanyawanga community health committee, which serves the same community as the CHWs above, knew that distance and lack of transportation barred many women from delivering at Ongo health facility 10 kilometers away. So they came up with a plan to hire a motorbike to provide emergency transportation for women in labor. They gained the support of the local Chief, who called a baraza meeting to secure community buy-in. Each household agreed to pay KSH20 (less than US20 cents) per month to fund the effort, and Lwala is providing a matching grant.
Since last August, CHWs and the community health committee have worked together on implementing the emergency referral system. During household visits, CHWs encourage pregnant women to develop an individual birth plan, which includes saving money for emergency transport. But it's not affordable for everyone. Because of their community knowledge, CHWs are best placed to identify women in need and connect them with emergency transportation when the time comes. In many cases, CHWs physically accompany women to Ongo for delivery. This effort is new, but it’s already creating change. When the Kanyawanga community health committee was asked who knows someone who has benefited, five people raised their hands—emergency transport meant a safer delivery for a sister, a daughter-in-law, a neighbor, and others.

But the work doesn’t stop there—a community referral is only as strong as the services on the other side. In 2019, Ongo health facility had low rates of immunization, antenatal care, skilled delivery, and family planning uptake. Supported by Lwala’s quality improvement initiative, Ongo’s facility committee implemented a series of changes. Through increased training of health providers, as well as supportive supervision and mentorship, staff are better able to provide respectful, high-quality care. For example, health provider knowledge on antenatal care guidelines has increased by 12 percentage points since December 2019.

Additionally, many women hesitated to go to Ongo for antenatal profiling (which assesses the mother’s health and identifies underlying conditions that put her baby at risk) because they knew they might be referred to a different facility, meaning additional travel time and costs. Now Ongo has the laboratory requirements, commodities, and staff training to conduct antenatal profiling. These improvements translate to happier clients—Ongo’s most recent patient satisfaction score was 96%, higher than all other facilities.

Ongo’s facility committee has also tackled big infrastructure projects. To improve its water supply, they wanted to collect rainwater from the roof. The old roof, however, contained asbestos and was unsafe for use. So in partnership with local government, they secured funding to replace the roof, and new water tanks were installed this year.

In South Kamagambo, community leadership has led to better health outcomes—since early 2020, childhood immunization has increased by 31%, and family planning uptake has more than doubled. Of all these improvements, however, skilled delivery is perhaps the clearest example of the community-led model in action. At the community level, CHWs conduct home visits encouraging antenatal care and skilled delivery, traditional birth attendants champion skilled delivery, and community referral systems provide emergency transportation. At the facility level, open maternity days enable women to visit the facility and ask questions, well-trained providers build women’s confidence in high-quality care, and consistent services like antenatal profiling and ultrasounds keep women coming back. Finally, community committees consistently engage with their neighbors through dialogue to understand gaps in services and advocate for change. As a result, South Kamagambo’s skilled delivery rate is now 100%.

Stories like this reinforce Lwala’s core belief: that when communities lead, change is lasting. For far too long, politicians, donors, and technical experts have driven a top-down approach to health care, often determining priorities for communities, not with communities. But when CHWs, community groups, and health facility teams work together, they are drivers of change who create better health for everyone around them.
Q1 2022 highlights
A snapshot of Lwala's work this quarter

Strengthening the health system

New tools for community accountability
On February 7th, the national government launched a package of policies to advance primary health care in Kenya. This included two tools that Lwala helped develop and pilot—a scorecard for community health and a curriculum to train community health committees. These tools will support communities in assessing health care, implementing community-led solutions, and advocating for change. Next up is supporting their rollout and implementation in Migori.

Next steps in CHW professionalization
National Certification Guidelines for CHWs, which set standards for accrediting CHWs, were also launched in February. Lwala worked to ensure that these guidelines do not exclude less literate groups, like traditional birth attendants. After the launch, Lwala supported Migori County to count and register all CHWs—2,670 in total. 40 CHWs, mainly traditional birth attendants, who were active but uncounted, were added to the roster.

Progress on Community Health Services Bill
Migori County's Community Health Services Bill is making its way through the County Assembly, and public participation is an important step. In March, Lwala supported CHWs, community health committees, and others to discuss the legislation and give their input. This legislation provides a framework for CHW professionalization, and its passage will kick off advocacy to ensure it's implemented and funded.

Political commitments to community health
With national elections upcoming in August, political parties are preparing to publish their positions on key policy issues. Lwala participated in a forum that brought together Community Health Units 4 Universal Health Coverage (CHU4UHC) and other partners to develop a memo asking political parties to prioritize primary health care in their manifestos.

Sharing findings from the Lwala household survey
In March, Lwala met with the Migori County Ministry of Health to share results from our latest household survey and to discuss how we can act together on the findings. The ministry expressed eagerness to collaborate and will be joining Lwala in developing manuscripts for publication.

Delivering health services

CHWs combating neonatal death
Lwala, the Ministry of Health, and other partners have piloted an intervention to improve management of possible serious bacterial infection, which accounts for 20% of neonatal deaths in Migori County. The pilot integrates new protocols into the CHW service delivery package and strengthens infection management for infants at health facilities. We have now extended the pilot to learn more about improving referral loops between CHWs and facilities, which will ensure that every child with a possible serious bacterial infection receives appropriate care.

An integrated approach to child nutrition
With support from the CRI Foundation, Lwala provided Migori County with KSh30 million in ready-to-use therapeutic food to treat severe malnutrition in children under 5. This nutrient-dense, pre-packaged food complements Lwala’s integrated nutrition approach, which also includes nutrition screening during CHW home visits, referral to health facilities when needed, formation of parental support groups, and community gardening. Additionally, Lwala is piloting an intervention where caregivers monitor their child’s nutritional status by using a color-coded measuring tape to track upper-middle arm circumference.
Thought leadership on community-led health

Global tools to advance CHW professionalization
In January, the Community Health Impact Coalition (CHIC) launched two important resources to advance CHW professionalization, both with Lwala’s input. The first-ever global implementation guidance on CHW registries supports national governments—and their technical and financial partners—to create and maintain a master list of all CHWs. The CHW Advocates Training, co-designed by CHWs around the world, equips CHWs to advocate for changes that advance their profession and the health of their community.

Finalist for F.M Kirby Impact Prize
Lwala was thrilled to be selected as a finalist for the F.M Kirby Impact Prize. Read why they’re excited about our work.

Partnerships for adolescents and youth
At this year’s KEMRI Annual Conference, our Adolescent & Youth Team, led by Sam Oyugi, presented on multisectoral approaches to promote young people’s health and wellbeing—they won the award for Best Oral Presentation.

Lwala on USAID webinar
Co-CEO Julius Mbeya spoke at a USAID-organized webinar on the role of civil society in building resilient health systems: “there is no way to solve problems in a community without finding solutions from that community.”

Co-CEOs featured in bestselling book
Ash Rogers and Julius Mbeya were both featured in Donato Tramuto’s latest book on cultivating compassionate leadership in the workplace, “The Double Bottom Line.”

Challenges we’re addressing

Widespread stock outs
Lwala and our partners in Migori County’s Ministry of Health have noted widespread stockouts of key commodities. Some facilities have reported stockouts of measles antigens, which could impact vaccination targets, while CHWs have flagged a shortage of malaria commodities. Lwala is monitoring closely and working to purchase commodities as a stop-gap measure, while also exploring long-term supply chain solutions with the Ministry of Health.

Preparing for general elections
In August, the country will hold general elections, which take place every five years. Elections in Kenya are high-stake, especially for the communities we serve, and we are preparing for any potential disruptions. In Migori County, a change in administration may alter our working relationships, so we are heavily engaging non-political technical teams, as well as advancing a signed partnership agreement with Migori County before the election.

Delivering health services (continued)

A new tool to track blood products
Last month, Lwala and Jacaranda Health launched a website that shows the real-time availability of blood products across Migori County. Before the Blood Tracker, health workers had to call other hospitals to see where a specific blood type was available. After training at 24 facilities, staff can now use Blood Tracker filters to find blood products online and arrange for their delivery. This enables faster access to lifesaving blood transfusions for people across Migori. We also supported blood drives to collect 1,656 units of blood for the county this quarter, five times more than the same period last year.

Access to voluntary surgical contraception
To expand access to permanent family planning methods, we trained 17 health providers in Migori County on Voluntary Surgical Contraception—resulting in 16 tubal ligation procedures, as well as our first vasectomy!

Mental health support for young people
In partnership with the Mennonite Central Committee, Lwala has expanded our adolescents and youth mentorship program to include mental health. We adapted an existing curriculum to fit our context, and we trained 27 teachers to provide support on trauma, resilience, and mental health. We are also strengthening referrals through pro-bono professional counselors who work with young people. Through these services, we aim to combat a global increase in mental health challenges among youth seen during the pandemic.

WASH access for people living with disabilities
To better reach vulnerable populations with water, hygiene, and sanitation (WASH), Lwala and the Ministry of Health developed a new training curriculum, which supports WASH committees to identify and respond to challenges faced by people with disabilities. This will inform community action days, where community members step in to build more accessible latrines or improve water sources for their neighbors.
Spotlight on community change-makers

A son of Lwala, driving people and driving change

Samwel “Onyango” Ogada has worked for Lwala Community Alliance since 2012. Born and raised in the village of Lwala, Onyango grew up a short walk from where our hospital now sits. For the first half of his life, before the hospital existed, Onyango experienced first-hand what life was like without access to health care.

As a young boy in the village, Onyango knew the Ochieng’ family—he looked up to Milton and Fred, the brothers who founded Lwala Community Alliance as a tribute to their father’s dream. Onyango’s parents and grandparents took part in the community groundswell effort to send both Ochieng’ brothers to the US for college. Little did he know that the chickens sold by his own family to support the Ochieng’ brothers’ paths to medical school would seed a thriving hospital and a successful community-led health model, reaching far beyond the village where it began.

Onyango dropped out of high school because his parents simply couldn’t continue to pay the school fees. “What can I do?” he remembers asking himself. Onyango moved to Nairobi to pursue driving as a career but realized it was difficult to earn enough as a driver in a big city. When he moved back to his home village, he secured a job as a driver for Lwala Community Hospital.

Every day on the job is different, and between his regular driving duties, Onyango steps in to help in other ways—landscaping on the hospital grounds, performing maintenance tasks, organizing storage spaces, and hosting high-profile government officials and other visitors. He’s always ready, at a moment’s notice, to drive the ambulance if needed. During his 10 years at Lwala, the organization has supported him to take courses, including in first aid and ambulance operation, which better equip him for special circumstances on the job. Onyango’s curious nature means that he’s always asking questions, taking in every opportunity to listen and learn. He’s exceptional at handling every kind of passenger—medical staff, first-time visitors, patients, and of course, women in labor.

“I use my torch to help others,” he says, sharing a recent story of driving back to the hospital late one night in the ambulance. He saw a woman on the road, clearly having labor pains. “I was already trained—I put on gloves and a gown, got out to examine her, and confirmed she was at the final stage of labor. I was alone in this endeavor, but I was not scared. I delivered the baby, clamped the cord, and wrapped the baby up. Then I removed the cord and the placenta, and I helped the mother and baby into the ambulance. We drove to the nearest hospital from there. In that moment, I was so thankful that I ask questions of nurses and doctors whenever I have the chance.”

Onyango dreams of training to become a nurse’s aide at the hospital. “I consider Lwala a blessing. It is a privilege to be here, to support my wife and two young boys while also supporting my community. I’m proud to connect with so many people—I consider anyone who enters my vehicle and shares a story with me to be a friend.”

“We come from the same village—everyone around here knows Onyango, his grandparents, his family. Onyango is a role model to many people in Lwala—kids, teenagers, adults—they want to achieve what he has achieved.”

– Steve Okong’o, Program Coordinator, Maternal and Child Health