Dear Allies,

We began this year with high hopes and detailed plans for stronger community-led health. We embarked on a new phase of growth to triple our reach, and we committed to changing systems and policies to better serve our communities. Halfway through the year, these hopes are being realized.

In a landmark moment for community health, Migori County launched new Community Health Services legislation. Its passage was the culmination of years of advocacy and partnership, and it marks a bold and progressive step by the county government to improve the health of 1.1 million people. The legislation solidifies the county’s commitment to community health workers (CHWs). In 2018, Migori County began paying stipends to CHWs, becoming one of the few counties in Kenya to do so. The new legislation goes a step further, ensuring that CHWs are fully integrated into the community health system, with payment, consistent training, and supportive supervision. The legislation also centers communities in holding the health system accountable by giving due recognition to the work of community health committees. Lwala has been a proud partner to the Migori County government in making this law a reality, but our work is not done. Like any new law, its success lies in implementation—and implementation requires funding. So in the upcoming government budgeting process for 2023-2024, we will work through communities to ensure that budgets are allocated to fulfill commitments.

In another milestone for health access, Rongo Subcounty Hospital officially opened its first operating theater in June after three years of work from Lwala, the Ministry of Health, and other partners. This is significant because there has never been access to surgical services through the public health system in Rongo, and it is one of only two public facilities in the county providing these services. The new operating theater will reduce referrals and lessen the burden on emergency transport, as well as improve health care for pregnant women and other patients in need. On the day of the launch, the first client underwent a Cesarean section and gave birth to a healthy baby boy—she named him Milton after one of our founders.

Finally, Kenya’s general election greatly impacted our work over the past few months. Though ballots were cast on August 9th, Kenya’s history of election-related violence means that people proceed with caution in the weeks following an election, which impacts service delivery. We made plans to keep staff safe, ensured that health facilities and CHWs have 2-3 months of medicines and supplies on-hand, and prepared community-based care to go on uninterrupted. We are hopeful that results will be timely and reactions remain peaceful. And as the incoming administration takes office, we look forward to turning new political leaders into champions of community-led health.

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
214 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

- Early entry
- 6 months into intervention
- 2022 YTD

Increase in contraceptive uptake
As measured by Couple Years of Protection

Increase in childhood immunization rates

- Early entry
- 6 months into intervention
- 2022 YTD

273% increase in contraceptives provided by youth peer providers since the same period in 2021
36% increase in well-child visits at Lwala partner facilities from 2021 to 2022, compared to a 21% increase across comparison facilities
71% increase in post-natal care visits at Lwala partner facilities from 2021 to 2022, compared to a 46% increase across comparison facilities
91% of Migori County’s blood supply needs met through Lwala-supported blood drives
300 hand washing stations and 90 latrines built each month on average

OUR MODEL

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Program spotlight

We can create our own future: adolescents & youth at the center of change

Around the world, access to sexual and reproductive health care remains out of reach for many young people. In Kenya, which has the third highest teenage pregnancy rate worldwide, 1 in 5 adolescent girls is already a mother. “Many young people in Migori County live far from health facilities, some have strict parents who are against family planning, some fear being judged by health workers, while others are worried about side effects,” says Sam Oyugi, Lwala’s head of adolescent & youth programs. “These barriers hinder access not only to family planning, but also to other sexual & reproductive health services.”

When young people know about their bodies, are empowered to ask questions and seek support, and have access to services like family planning, we can unlock the door for better health and gender equality. For many years, Lwala has been supporting young people in our communities to make this a reality. We deploy a cadre of young people to serve their peers, we promote high-quality comprehensive sexual education in schools, and we support girls to return to school post-pregnancy. We also provide information and access to a range of modern contraceptive methods, delivered through youth-friendly access points. As a result, women in Lwala-supported communities are 2.6 times more likely to use modern contraception.

At the center of this work is the leadership and knowledge of young people. “I know my peers are more comfortable talking to people who are their own age,” says youth advocate Odera Vincent Ochieng. “We have the ability to understand each others’ problems, figure out a solution, and advocate for change.”

Reaching young people with sexual & reproductive health services

On a Sunday afternoon, two dozen girls gather for a youth outreach event in South Kamagambo. Most are between the ages of 15 and 24, some bounce babies on their laps, and others have come with friends. “I don’t want to get pregnant while I’m in school,” says one girl. “I came here today to ask questions about preventing pregnancy and maybe even start on family planning.”

Hillary Otieno was responsible for planning this outreach event. As one of Lwala’s 113 youth peer providers (YPPs), he is a trusted source of information on sexual and reproductive health for other young people in his community. In collaboration with his local health facility, Kitere, he visits his peers at their homes and organizes outreach events. “Where I live, many young people cannot go to the facility because of long distances and lack of transportation,” Hillary says. “So we talked to our facility in-charge and CHWs. They suggested that we do more outreach events where people can ask questions and access contraceptives closer to their homes.”

The role of YPPs has expanded over time. First, they developed a program called “Dial-a-Condom,” where peers can discreetly order condoms through a phone call.

Contraceptives provided by young people to their peers have increased 3x since this time last year

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*Contraceptives include oral contraception and emergency contraception
health workers had a negative attitude toward adolescents seeking family planning, while others reported breaches in confidentiality—some parents had even been notified. The youth committee drafted a memorandum documenting their concerns, and they met with the in-charge of Kangeso and the health facility management committee, who promised change. “Today, Kangeso is much more youth friendly,” reports Odera. “Young people no longer shy away from seeking services, confidentiality is a priority, and staff attitudes have improved.”

Youth committees have been established in each of Rongo Subcounty’s 4 wards. Because of their work—and the work of YPPs—there has been a 156% increase in young people under age 25 accessing sexual and reproductive health services at these facilities.

Throughout our communities, more and more young people are adopting a core belief summarized by youth advocate Odera: “We believe that we can change our own future. We are not just the leaders of tomorrow—we are leaders today.”
As a community health worker (CHW), Elizabeth Otieno cares for all the children in her community. During household visits, she checks for malaria, pneumonia, malnutrition, and other threats to a child’s health. But Elizabeth knows that a child’s well-being is about so much more than their health status. For decades, the global concern “was whether a child survives their first five years of life,” Elizabeth says. “Now, we also focus on their well-being—are they reaching developmental milestones? Are they encouraged to play and explore their environment? Do caregivers respond to their needs? Do they feel safe and secure? These are all the things a child needs to thrive.”

What Elizabeth is referring to is nurturing care for early childhood development. This approach brings together 5 interrelated conditions children need to survive and thrive—good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for learning. In the past, early childhood development interventions around the world focused on school-aged children. But now evidence demonstrates that the health system is the best way to reach children in their first 3 years of life, a critical stage of brain development. When CHWs, health facilities, and communities work together, the health system can achieve much more than improving the physical health of the child—it can also promote positive development that will have a lasting impact on their lives.

Since our founding, Lwala has been committed to the holistic development of children—ensuring they survive and thrive. In 2020, Lwala began to pilot the delivery of nurturing care through CHWs and health facilities in North Kamagambo, with a population of 25,000 people. In addition to health and nutrition services, now CHWs and health facilities provide caregivers with information on how to practice responsive caregiving and provide opportunities for early learning. They also focus on the safety and security of the child, help caregivers enroll in health insurance, and ensure children are registered and have birth certificates.

A key venue for this work is CHW-led parenting sessions. Last month, Elizabeth hosted one of these sessions with about two dozen caregivers. She recapped their last session, which focused on breastfeeding practices and children’s nutrition—families have been trained to monitor their child’s nutritional status at home by using a color-coded measuring tape to track upper-middle arm circumference. After the recap, she launched into the day’s topic—play-based learning. During the parenting session, two additional CHWs managed a play area filled with children. One CHW encouraged the younger children to play with toys, while the second CHW engaged older children in singing and dancing.

“Why is play important?” Elizabeth asked the caregivers. “It helps children interact with others and with their environment, strengthens the imagination, makes a child sharp, and enables them to learn new things. It also tells a caregiver if the child is well or sick.” Elizabeth then demonstrated how to make toys like balls and shakers from household materials, and she gave caregivers the opportunity to ask questions. A mother named Hellen shared what she had learned about nurturing care and

“Parents love their children, and they will always want to do what benefits them. That’s why nurturing care has been received well by the community. Nowadays, we see healthy children reaching their full potential.”

- Elizabeth Otieno, CHW in North Kamagambo
the importance of play: “Now I engage my daughter while doing household chores. For example, while I am cooking, I give her a container and a spoon so that she can pretend that she is also cooking.”

Through these parenting sessions and household visits by CHWs, we reach 90% of caregivers in North Kamagambo, nearly 4,000 each month, with nurturing care information. In our midline survey of the pilot, we saw a 60% increase in caregivers who are engaging in storytelling, a 146% increase in counting and drawing with children, and a 106% increase in reading books together.

Lwala’s 10 partner facilities are also incorporating nurturing care for early childhood development into routine services. When a mother comes for antenatal and postnatal care, or when a parent brings a child for well visits and immunizations, health workers are trained to talk about nurturing care. They counsel caregivers on breastfeeding, provide information on age-appropriate play and responsive caregiving, assess developmental milestones, and refer children with developmental delays. This work has helped boost health indicators: in North Kamagambo, the childhood immunization rate is 100%, and 98% of lactating mothers begin breastfeeding after delivery.

It’s also improved birth certificate registration for children and enrollment in health insurance—caregivers are more likely to access quality and affordable health care for themselves and their children when they are enrolled in the National Health Insurance Fund and Linda Mama, Kenya’s free health insurance for pregnant women. 92% of caregivers now participate in Linda Mama, which surpassed our target of 60% participation.

Florence Ochoo, a nurse at Minyenya health center, is one of the biggest champions for nurturing care. “I am a mother of a 3.5 year old girl,” she says. “When Lwala was training us on nurturing care, I applied everything I learned to my young daughter. I’ve seen her develop well and achieve all her milestones.” When asked about a story that has stayed with her, Florence recounts a mother who brought in her 2 year old child who was not yet walking. Florence recognized a physical developmental delay and referred the child to physical therapy at Rongo Subcounty Hospital. After a few sessions, the mother was so happy with her baby's improvements that she came back to thank Florence.

“We ask parents to compare their child’s brain to a path. If a path is not given appropriate care, it will become overgrown and hard to walk through. When cared for, however, it will be clear enough to walk from one level to another.”

- Florence Ochoo, nurse at Minyenya health center

To reach more children across Kenya, Lwala collaborates with government to integrate nurturing care into existing health systems and policies. At the national level, Lwala is working with the Ministry of Health and partners to develop the National Integrated Early Childhood Development Policy and the National CHW Curriculum on Nurturing Care. At every step of the process, Lwala has been a strong voice for CHWs—we helped define the role of CHWs in delivering nurturing care, and we’ve applied learnings from our pilot to policy development.

Lwala’s vision is that every child receives nurturing care— that they are healthy, well nourished, and protected, and that they have every opportunity to learn and grow. When CHWs, communities, health facilities, and policymakers work together, this vision is within reach.
Strengthening the health system

Migori County passes landmark community health law
In a milestone moment for community health, Migori County adopted new Community Health Services legislation. Lwala has been a proud partner to the Migori County government in making this law a reality. Read more [here](#).

Policy changes for women and girls’ health
On June 7th, the national Ministry of Health launched 14 policies and guidelines to improve reproductive and maternal health in Kenya. Lwala was excited to partner with the ministry on writing the Reproductive Health Policy 2022, which now prioritizes commodities that treat obstetric hemorrhage, including the non-pneumatic anti-shock garment (NASG) and the uterine balloon tamponade. We also helped update the National Emergency Management of Obstetric Care (EMOC) Mentorship Guide, which will be used to train health workers across the country on managing obstetric hemorrhage.

Strengthening community-led health
In Kenya, community health units are the foundation of community health. Each community health unit covers a population of about 5,000 people, is linked to CHWs and a health facility, and is governed by a community health committee. This quarter, Lwala supported Migori County to assess the functionality of its 245 community health units. This assessment will guide the county’s plans for resource allocation and capacity strengthening. Additionally, Lwala has trained 90 community health committees on the new national curriculum, launched earlier this year to support communities in leading health initiatives and holding government accountable.

Valuing traditional birth attendants
Women have trusted traditional birth attendants (TBAs) with home deliveries and informal health care for generations. Incorporating TBAs into professionalized CHW cadres is core to Lwala’s model. In partnership with the Migori County government, we helped develop a TBA assessment tool, which will be used to map TBAs across the county and to inform a broader TBA inclusion strategy. If successful, the assessment tool and inclusion strategy could be used to inform national policy.

Delivering health services
Rongo Subcounty operating theater opens
After three years of work from Lwala, the Ministry of Health, and other partners, Rongo Subcounty Hospital officially opened its first operating theater. The fully equipped operating theater will increase access to surgical services (it’s one of only two public facilities with an operating theater in the county), reduce referrals, and improve health care for pregnant women and other patients in need.
Delivering health services (continued)

Strengthening the supply of blood
As part of our work to combat maternal mortality, Lwala has become Migori County’s leading partner in blood availability. So far in 2022, we collected 3,281 units of blood, meeting 91% of the county’s target and more than twice as much as was collected in the same period last year. This quarter, we conducted a situational analysis across Migori County to inform the development of a multi-stakeholder strategy for strengthening blood availability.

Obstetric Hemorrhage Initiative reaches milestone
In Migori County, all 214 health facilities conducting deliveries are now trained on the Obstetric Hemorrhage Initiative! This means that every pregnant woman in the county can give birth in a facility that is well-equipped to save her life. In addition to expanding this initiative in two more counties this year, Lwala is also developing a technical assistance model for other counties interested in scaling up OHI—we’ve already begun to receive requests for support.

Tackling pneumonia at the community level
Pneumonia is one of the leading killers of children under 5 in Kenya, but it is often mistaken by caregivers as a common cold. Through a pilot program, Lwala’s 397 CHWs have been trained and equipped to use pulse oximeters to support identification of children with pneumonia, treat them with amoxicillin dispersible tablets, and make referrals when needed. Though this approach is evidence-based, we saw some initial hesitation from facility-based health workers, who were concerned about an incorrect diagnosis or treatment. To gain their buy-in, we oriented them to global guidelines that support this approach, and we discussed how CHWs can improve timely care for sick children. Following our training, CHW knowledge on pneumonia management increased by 25%.

Improving access to clean water
Clean water is foundational to good health. This quarter, Lwala partnered with Vanderbilt University and the county Public Health Office to assess the quality of drinking water across Rongo Subcounty. We identified bacteria and nitrite as common water pollutants across many water sources. The high pollution rates require a long-term solution, and Lwala has begun response planning. In the meantime, we’ve provided targeted training to households on how to reduce the pollutants and treat water for safe use. This study has also gained the attention of the county Ministry of Health and will be presented at the Annual Scientific Conference for the Association of Public Health Officers.

Lwala Community Hospital sees increase in patients
This quarter, Lwala Community Hospital had its highest-ever patient numbers, up 44% from the same time last year. Notably, we have seen a 25% increase in patient visits related to non-communicable diseases (NCDs) like diabetes, hypertension, sickle cell anemia, and epilepsy. We have increased our focus on NCDs, creating patient support groups, hosting designated clinic days, and deploying patient ambassadors to mobilize their neighbors and networks to seek care. As a result, our clinical staff have observed more NCD clients returning for care, and more NCD clients being stabilized in care.

Mobile tools to improve maternal health
In partnership with Jacaranda Health, Lwala launched a pilot of PROMPTS, a free mobile tool for pregnant women to ask questions and receive information tailored to their stage of pregnancy. In other settings, PROMPTS has resulted in higher rates of antenatal care, improved breastfeeding, and increased postpartum family planning uptake.
Watch two new videos from Lwala
Two new videos, released this quarter, feature our work to save mothers’ lives through the Obstetric Hemorrhage Initiative, as well as our commitment to incorporating traditional birth attendants into the CHW workforce.

Challenges we’re addressing

Addressing stockouts of essential medicines
Migori County continued to experience supply chain challenges this quarter. When our data showed shortages of malaria testing and treatment commodities at facilities and for CHWs, Lwala highlighted this to the county government. County leaders worked with Afya Ugavi, USAID’s global health supply chain program, who redistributed commodities from other counties that were overstocked. Lwala also procured 4,425 malaria test kits for CHWs to bridge a gap in timing. In response to a stockout of other essential commodities for reproductive, maternal, and child health at facilities, Lwala and the county took action together—Lwala procured some essential medicines, while the county government worked to unlock national procurement of others. This came at a critical time as the county prepared for potential election-related disruptions, and now facilities have the supplies they need for the next several months.

Ongoing effort required to sustain operating theater
As we celebrate the opening of Rongo Subcounty’s first public operating theater, we acknowledge the ongoing effort required to sustain surgical care. Through this process, we learned that it’s possible to work with government to complete a large infrastructure project—but that engagement must continue after the opening to ensure adequate staffing, commodities, supplies, and other necessary resources.

Thought leadership on community-led health

New research on CHW services during COVID-19
In June, the Community Health Impact Coalition held a virtual event to launch our joint research on the role of professionalized CHWs in maintaining essential health services during COVID-19. Lwala’s Co-CEO Julius Mbeya and CHW Euniter Nyasita both spoke during the event. Euniter reflected on how she was supported to care for her community: “When I went to visit my clients, I put on my face mask and gloves, packed my hand sanitizer, and always did screening. At that time, routine health services were just continuing because we CHWs had been trained.”

Speech at Africa Health Business Symposium
Co-CEO Ash Rogers gave a speech at the Africa Health Business Symposium in Nairobi focused on the Obstetric Hemorrhage Initiative, the non-pneumatic anti-shock garment, and Lwala’s work in scaling up their use.

Challenging the status quo in funding
Lwala joined 1,000+ signatories in endorsing an open letter from Catalyst2030, An Urgent Invitation to Shift Funding Practices. The letter offers 9 principles for remodeling traditional donor-grantee relationships to more effectively support grassroots organizations.

CHW voices on Universal Health Coverage
During World Health Worker Week in April, Lwala joined Communities at the Heart of UHC in hosting a CHW dialogue on UHC. Millicent Miruka, a Lwala-supported CHW, shared what drives her: “I like joining forces to create change in my community. I became a CHW due to some complications I had when delivering my baby—I didn’t want others to face the same challenges.” Read the event summary here.
When Caroline Atieno Orwa saw the job posting for Lady Security Guard, or “Lady Soldier,” at Lwala Community Alliance in 2016, she applied immediately. Widowed just a year before and a mother of 4 children, Caroline was no stranger to breadwinning for her family. Plus, she had already been trained as a security guard. Securing the post at Lwala meant something of utmost importance to Caroline as the head of her household—the ability to pay school fees for her kids.

Being a woman in this line of work carries extra challenges. Many businesses hold stigmas about women as security guards and don’t believe they can do the job. Additionally, Caroline wanted a position that allowed her to work day shifts—she didn’t want to leave her children alone at night. At Lwala where she works the day shift, she has the space in her life to be available to her children, the oldest of whom is now a senior in nursing school.

As the first female security guard to be employed by Lwala, Caroline is a pacesetter. She has inspired other women to take on this role and to apply for opportunities when they arise. Now, Lwala has two female security officers. “People have come to respect me and my work. I am now a role model to women in my community, because I have proven I can serve in the same job capacity as men. More women will have the confidence to compete for these opportunities,” she says.

Outside of her security team duties, Caroline doubles as a driver when needed, especially during community outreaches in hard-to-reach areas. She was also a key player in Lwala Community Hospital’s Covid-19 pandemic response. “During the height of COVID-19, Caroline was required to keep an orderly flow of all walk-in patients and their relatives,” says Robert Kasambala, Lwala’s Chief of Staff. “She ensured strict observance of the prevention measures we put in place. Reducing the hospital visiting population was one of the security team’s most challenging responsibilities during this time, and yet she managed the situation very well. Caroline’s dedication to her work—during the good times and the tough times—is an example to many. She treats everyone with respect, even as she executes her duties. We are very glad she’s on our team.”

Caroline’s face lights up when she speaks of her work and what it means for her family. “Working at Lwala has put my boy through University! I like working at Lwala, and next I want to be a driver. In my mind, I know I can do all these things—be a driver; be a policewoman. I like wearing a uniform. I’m proud of this work, and I’m proud of myself.”

“Caroline is good at taking care of all the security officers—ensuring that we are all hygienic and look professional in our uniforms, and that our space here is clean. She’s very focused at work; always watching attentively. She has great character.”

- Jorum Odiero, Head of Security Team