Dear Allies,

Since our founding, Lwala Community Alliance has walked alongside our neighbors on the journey to better health. But Lwala doesn’t just serve our community—we are our community. It was community members who, 15 years ago, donated their own land, resources, labor, and expertise to build Lwala Community Hospital, which now serves thousands of patients each year. The dream was simple: to ensure that every person in the Lwala community could access health care.

Over time, that dream grew into a full-scale movement for community-led health—one where professionalized community health workers (CHWs) reach every household, community groups drive change, and health facilities provide high-quality care informed by what their patients want. We could tell countless stories of change—this Insider Report does just that—and our data and research also tell a powerful story. In our communities today, 99% of all births are attended by a skilled provider, children under five are 3 times more likely to receive health services, and women are 2.6 times more likely to use contraception.

Over the past 15 years, we have tested and adapted our community-led health model, replicating from North Kamagambo to all 4 wards in Rongo Subcounty. This year, we expanded to two additional subcounties, Nyatike and Awendo, where we will work with new communities to advance their health and well-being. This scale-up will triple our reach to 420,000 people, while supporting 1,414 professionalized CHWs and working with 61 health facilities on quality improvement initiatives.

As we support more leaders to spark change in their communities, we’re also working to change systems, unlocking better health for millions of people across Migori County and Kenya. We partner with government to make this a reality, and this year, we reached a significant milestone together. Migori County passed the landmark Community Health Services Act, which accelerates CHW professionalization and centers community leadership in improving service delivery.

This legislation further solidifies Migori as a model county for community-led health, and we’re now working with the Council of Governors to create a blueprint for similar legislation in other Kenyan counties. Our vision is that community-led health becomes the norm across Kenya, and through a newly launched CHWs Network, CHWs are stepping into their role as advocates and changemakers and inspiring us with their stories. CHW and advocate Shiela Odongo drove this point home recently: “my experiences are valuable stories that can bring change in my community and beyond.”

As always, we thank you for walking alongside us. Your support allows us to reach further—and enables our communities to dream bigger.

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

262
community health committees equipped to drive change

1,414
professionalized CHWs directly supported

2,670
CHWs trained across Migori County

214
facilities equipped to manage obstetric hemorrhage

OUR IMPACT

Skilled delivery rate

Women attending 4 or more antenatal care visits during pregnancy

Contraceptive uptake
As measured by Couple Years of Protection

Childhood immunization rate

24
policies, guidelines, and curricula designed with government to advance community-led health

85%
of households have a latrine and a hand washing station

27%
increase in well-child visits at Lwala partner facilities from 2021 to 2022, compared to a 10% increase across comparison facilities

98%
of HIV-exposed infants confirmed negative at 18 months

90%
of households visited by a CHW each month

2022 achieved: 60,700
2022 target: 36,050

37
Building better toilets, safer water, and healthier communities

Safe water and sanitation are the most basic of human needs—and are essential to good health. Yet around the world, billions of people lack access to clean water, the ability to wash their hands, or a working toilet. In Kenya, nearly 10 million people drink from contaminated water sources, 5 million people do not have access to a toilet, and just one-fourth of households have soap and water to wash their hands at home.

That’s why water, sanitation, and hygiene (referred to as WASH) are integral to our community-led health model. With the right training and skills, community groups can transform WASH outcomes for their neighbors. They provide information to their communities on the importance of WASH, including handwashing, latrine use, and clean water. Alongside community health workers (CHWs), they also organize action days, during which community members come together to build latrines and handwashing stations and to rehabilitate water sources.

Christine Adhiambo, a member of the WASH committee in North Kamagambo, remembers why she got involved. “Cholera and other waterborne illnesses were common at the time,” she says. “I joined the WASH committee soon after it was founded in 2016 because I wanted to help lessen the disease burden.” After a training from Lwala, the WASH committee began to build awareness among community members on the importance of using a latrine, and they taught their neighbors to treat water with chlorine to prevent illness. They also worked with CHWs to identify households in need of a latrine, or schools and clinics in need of handwashing stations. “As WASH committee members, we lead by example,” Christine says. “We have our own rubbish pits and latrines, and we treat our drinking water.”

Improving access to WASH is also about combating inequity. People living with HIV and other immunocompromised populations are more susceptible to malaria, diarrhea, and other illnesses—meaning access to WASH is of utmost importance in staying healthy. People living with disabilities also face significant challenges in accessing WASH independently, hygienically, and with dignity.

To ensure they are not left behind, Lwala includes vulnerable populations in our WASH work as leaders. Thomas Omollo, for example, led an HIV support group in 2015 when he first heard about ongoing WASH work. He was initially hesitant to get involved because he worried that he and members of the group might have to disclose their HIV status. But after attending a training on WASH, he quickly became a champion—and he helped his village become one of the first communities to reach Open Defecation Free status. “WASH has helped so many people living with HIV to live healthier lives—and it’s also improved my community as a whole,” he says.

Because of the work of WASH committees and local leaders like Thomas and Christine, 3,500 new latrines and nearly 10,000 handwashing stations have been built in Lwala-supported communities. This means the majority of households have the WASH tools they need to keep their families healthy—85% of households now have a functional latrine, a handwashing station, and the ability to treat their drinking water, up from 35% in 2016.

Over the past few years, communities have broadened their mission. “We are moving past the goal of just the presence of latrines in households—we are also focused on their quality so they last longer and are more accessible,” says Peter Nyasita, a community health committee (CHC) member in North Kamagambo. Lwala
began working with community groups on pit lining, which uses trapezoidal cement blocks to reinforce the holes dug for latrines. This prevents soil from collapsing or washing away, especially during the rainy season. WASH committees organize demonstration days, where they train local artisans to make and install the trapezoidal blocks. Peter is a key player in his community—a stone mason by profession, he is a natural teacher and mentor for many artisans. Once trained, artisans are contracted to install the pit lining. “We all feel motivated in our work because we are called on by our community,” says Peter.

In addition to pit lining, WASH committees also work with artisans to install SATO stools, a toilet-like device that sits atop latrine holes. These stools make latrines more accessible for anyone who needs more support—like some pregnant women, older people, and people living with disabilities. Through WASH committee leadership, artisan training, and community action days, Lwala-supported communities have improved nearly 1,700 latrines.

For a woman named Teresa, access to WASH has transformed her daily life. A medical condition caused Teresa to lose the use of her legs, but she quickly learned to move around with her hands. This was a challenge when it came to using the bathroom, however, so her CHW flagged this for the local WASH committee. They mobilized neighbors and resources to build a latrine for Teresa, outfitted for her needs, as well as a handwashing station. Lwala staff also connected Teresa with our partner Village Enterprise, which focuses on income generating activities. She now sells cooking oil from her home. “Today I feel stronger and more confident in my skills,” Teresa says. “I learned that my disability is not an inability.”

In Rongo Subcounty, Lwala has a big vision for WASH access—to solve the sanitation and water crisis for the entire population of 125,000. We recently worked with Vanderbilt University to complete a water quality assessment in Rongo, collecting samples from 93 different water sources. We found the presence of bacteria like E. coli in 98% of water sources, and dangerous levels of nitrates in 25%. We also found that many households were not treating water correctly. In response, we mobilized WASH committees and CHWs to encourage the use of water filters, which CHWs sell for a reduced cost—resulting in the highest number of water filter purchases ever in December. CHWs also recommended alternative water sources for pregnant women and children, who are most at risk. In the longer term, we are exploring larger scale water initiatives, such as piped river water. And at Rongo Subcounty Hospital, we recently rehabilitated a borehole, which now provides water for the facility. This project took place alongside the opening of Rongo’s first operating theater, for which clean water is critical.

As Lwala expands into other subcounties in Migori, our integrated WASH programming is reaching new communities. CHWs remain key allies in identifying households in need, and CHCs are being trained to incorporate WASH into their health improvement initiatives. At the center, is the motivation of leaders like Christine: “I love seeing my community clean. Together, we make sure no one is left behind.”
When it comes to improving health care, Lwala believes that communities should be in the driver’s seat. “Many health programs are driven by donors and technical experts who don’t fully understand the local context,” says Doreen Awino, Lwala’s Director of Health Systems Strengthening. But no one can identify challenges and solutions better than communities themselves. Lwala’s goal is to unlock this community-led change—and community health committees (CHCs) are the engine.

CHCs are the link between their communities and health providers. Their role is to gather their community members’ concerns and requests related to health care, and then work with community health workers (CHWs), health facility staff, and other local leaders to improve services. In Kenya, CHCs are responsible for overseeing and strengthening community health—they hold the government accountable, ensure transparency in how resources and commodities are allocated, and elevate community demands in policy and budgeting processes.

Each community needs a strong CHC to represent their priorities. In Suna Rabour, a community located in Suna East Subcounty, Luke Lwanda recognizes the importance of his role. “The success of health care relies on the ownership of the community,” Luke says. “I’m motivated because I was chosen by my community to serve on our CHC.” This past year, Suna Rabour was one of many communities in Migori County to create, implement, and sustain their own community-led health solutions through CHCs.

Across Kenya, however, CHCs have historically been underutilized and undertrained. Lwala strengthens the ability of CHCs to plan, execute, and evaluate all local health initiatives. Our vision is that every community in Migori County has a skilled, trained, and equipped CHC to represent their priorities and advocate for better health.

In 2021, Lwala conducted Kenya’s first county-wide assessment of CHCs to understand which communities lacked representation—and to assess existing CHCs across six indicators that, together, demonstrate their level of functionality. Informed by interviews with more than a thousand CHC members, Lwala worked with the Ministry of Health to develop a National Community Scorecard. Launched in 2022, this scorecard is now a foundational tool for accountability—it jumpstarts a process where CHCs collect community input, and then share that input with CHWs, health facility staff, and local leaders to develop an action plan for change.

The CHC in Suna Rabour was one of the first groups to pilot the scorecard after being trained by Lwala. Dialogue with community members revealed a few key issues: they felt health workers weren’t responsive enough to their needs, they noted a lack of emergency referral services, and they raised concerns with consistent water and

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- Luke Lwanda, community health committee member in Suna Rabour
Since the CHC Curriculum’s passage in 2022, we’ve trained 105 CHCs across Migori County, preparing them to engage in policy and budget advocacy, drive health initiatives, and mobilize the necessary resources. For example, in Kanyimach, a community in Rongo Subcounty, the CHC learned that during facility outreach events, pregnant women had to lie on the floor for abdominal examination. So they contributed resources and time to construct a bed at the outreach site, which has encouraged more women to seek care.

These success stories have been echoed across Migori County as CHCs strengthen their leadership roles. We recently conducted a second CHC assessment, and between 2021 and 2022, we saw a significant increase in overall CHC functionality. The assessment found, for example, a 94% increase in CHCs that develop annual work plans, a 48% increase in CHC involvement in CHW recruitment, and a 59% increase in CHCs that hold monthly meetings with CHWs to review health data for decision-making. In Rongo Subcounty, where Lwala has worked the longest, we saw the most significant progress. With Lwala’s expansion into additional Sub Counties, we expect to see other CHCs follow Rongo’s lead.

Centering communities as leaders and decision-makers—and not as beneficiaries—is the most sustainable way to improve health care. It’s also the most motivating. “A healthy community is a wealthy community,” Luke Lwanda says. “I feel good when my people are well.”
Strengthening the health system

Advancing Community Health Services Legislation
In June, Migori County adopted landmark Community Health Services (CHS) legislation, which accelerates the adoption of community-led health for 1.1 million people. Since then, Lwala has been working with the national Council of Governors to develop model CHS legislation that can be adapted and adopted by other Kenyan counties. Model legislation is a critical tool in decentralized settings like Kenya, where the responsibility for planning, budgeting, and delivering health services rests on counties. Lwala is also partnering with the Migori County government to develop an implementation plan for the CHS Act.

Including community health in 5-year government priorities
Every five years, counties in Kenya develop a County Integrated Development Plan (CIDP), which outlines government priorities for the next five years. These plans also drive budget allocation and spending. Lwala is supporting Migori County’s CIDP development and ensured the inclusion of CHW payment and CHC training and support, which is crucial for securing government resources.

Mobilizing CHWs as advocates
Too often, CHWs’ voices are excluded from decision-making that impacts their work and the communities they serve. In 2021, Lwala joined the Community Health Impact Coalition (CHIC) and CHWs around the world to develop an advocacy training for CHWs. So far, 191 Lwala-supported CHWs have been trained. Additionally, in Migori County we launched a CHW Network as a platform for CHWs to engage in advocacy—more than 700 CHWs have registered.

Digitizing the community health system
Lwala is helping Kenya achieve its vision of digitizing community health through the development and rollout of eCHIS (the new national Electronic Community Health Information System). After a pilot of eCHIS in Kisumu, Lwala supported a national-level update of the system to incorporate findings. National rollout of eCHIS began late this year, and Lwala has so far trained and digitally enabled 795 CHWs in Nyatike and Awendo. This is the largest deployment of eCHIS to date in Kenya, and it brings us closer to our goal of fully digitizing Migori’s CHW workforce.

Advancing the Obstetric Hemorrhage Initiative
In 2022, Lwala worked with the government to advance national adoption of the Obstetric Hemorrhage Initiative (OHI). With input from Lwala, the national Ministry of Health passed the Reproductive Health Policy 2022, which prioritizes commodities that treat obstetric hemorrhage, including the non-pneumatic antishock garment (NASG) and the uterine balloon tamponade. The National Emergency Management of Obstetric Care Mentorship Guide was also updated to include content on obstetric hemorrhage, and Lwala is part of the national team working to cascade this training to health providers across counties. Finally, we ensured the inclusion of OHI commodities—including the NASG—in the first draft of the revised Kenya Essential Medicines List. This will unlock doors for government procurement and distribution.

Delivering health services
The path to triple our reach
This year, we expanded to two new subcounties in Migori, Nyatike and Awendo, where we will work with government to implement community-led health. This scale-up will triple our reach to 420,000 people, while supporting 1,414 professionalized CHWs and working with 61 health facilities on quality improvement initiatives. We also conducted a baseline household survey, which will enable us to measure improvements in health outcomes over time. This expansion is on the path to bringing community-led health to all 1.1 million people in Migori County.
Delivering health services (cont.)

Improving quality of care at health facilities
Alongside our expansion, we established partnerships with 51 new public facilities to advance quality improvement initiatives (16 in Awendo, and 35 in Nyatike). We conducted baseline health facility assessments, which identify strengths and areas for improvement in high-quality service provision. Armed with this information, facility teams will develop and implement improvement plans, review outcomes, and make adjustments. Facilities in Nyatike and Awendo joined 10 facilities in Rongo Subcounty, who have experienced a 79% average improvement in quality of care since 2018.

Maternal health transformed by community leadership
This year, more women than ever had access to high-quality maternal health care. CHWs continued to identify pregnant women, monitor their health, and encourage antenatal care and skilled delivery. We mapped traditional birth attendants across Migori County, the first step to incorporating them into CHW cadres and transforming them into champions of skilled delivery. Community health committees established emergency referral systems to connect pregnant women with health facilities. And as more women sought care at facilities, trained midwives conducted free ultrasounds, newly built laboratories provided comprehensive testing and screening, and health facilities opened new maternity wards and established 24 hour service delivery to meet demand. As a result, the skilled delivery rate in Lwala-supported communities reached 99%.

Unlocking better health for newborns and children
In partnership with CHWs and facilities, we found new ways to reach children with essential health services, resulting in a childhood immunization rate of 96%. Health facilities increased outreaches, bringing services like well-child assessments and immunizations closer to communities. CHWs helped identify children missing key vaccines, and new data feedback systems helped us flag missing vaccination data. Additionally, through training on possible serious bacterial infections (PSBI) like sepsis, meningitis, pneumonia, and diarrhea, we equipped CHWs and health facilities to identify and treat sick newborns earlier.

Fulfilling the right to sexual and reproductive health
Lwala continued to deliver a full range of contraceptive options through CHWs, health facilities, and youth-friendly services, resulting in a 122% increase in contraceptive provision (as measured by couple years of protection). For the first time, we trained staff at public health facilities to offer permanent methods—including tubal ligation and vasectomies—and we equipped CHWs to talk to their clients about these options. We also expanded access to HPV self-testing alongside training for health workers on screening and treating cervical cancer, resulting in a 24% increase in cervical cancer screenings conducted this year. And through the leadership of our Youth Peer Providers (YPPs), we launched the Roving Provider Initiative, which meets the demands of young people for methods like injectables and implants.

Clinical training initiatives to improve maternal and newborn care
In partnership with government, Lwala has expanded the Obstetric Hemorrhage Initiative (OHI) to every facility in Migori County conducting deliveries—214 in total. This means that every mother in Migori County can give birth in a facility that is well-equipped to save her life. We also launched a partnership with Kilifi and Homa Bay Counties, where we have begun training health providers. To reduce newborn death, we expanded Helping Babies Breathe (HBB), a clinical training on neonatal resuscitation. 118 health facilities are now implementing HBB, and we are planning an impact study to strengthen the evidence base for scaling this innovation.

Lwala Community Hospital serves more patients than ever
This year, Lwala Community Hospital had record patient numbers—an 18% increase since 2021—and more women and children received services like antenatal care and well-child visits than ever before. Amidst this increase, we were successful in keeping patient wait times stable, a key contributor to patient satisfaction. We also strengthened our focus on non-communicable diseases (NCDs) like diabetes, hypertension, sickle cell anemia, and epilepsy, which are often neglected in service delivery. We created NCD patient support groups, hosted designated clinic days, and deployed patient ambassadors to mobilize their neighbors and networks to seek care.
Challenges we’re addressing

Addressing stockouts of essential medicines
While Lwala has closed gaps in essential commodities for reproductive, maternal, and child health this year, we anticipate continued stockouts of key commodities. To address this challenge, we worked with facilities to improve their inventory management—including the removal of expired drugs—and Health Facility Management Committees routinely tracked stock levels. Lwala also supported the transfer of commodities from facilities with an oversupply to facilities with a limited supply. Recognizing this is a systemic issue, Lwala launched a partnership with VillageReach and the Ministry of Health to develop a system that tracks commodity levels, which will improve reallocation and procurement.

Long-term COVID-19 investments pivoting to Cholera prevention
During COVID-19, we worked to strengthen the health system and our own emergency response capacity—and these long-term investments have left us better prepared to respond to a recent cholera outbreak in the region. Lwala swiftly established a preparedness plan, established an isolation room for suspected cases, and conducted a staff training on cholera prevention and management. We are mobilizing CHWs to identify and refer cases, as well as ensuring an adequate stock of PPE and essential commodities like oral rehydration solution (ORS) and zinc.

Thought leadership on community-led health

Elevating CHWs on the International Day of Rural Women
In rural communities around the world, CHWs have long been trusted providers of health care. On the International Day of Rural Women in October, Lwala joined our partner Medic in celebrating CHWs and calling for their professionalization and payment—read our article here.

Spotlighting youth leadership at the International Conference on Family Planning
For the first time since 2018, implementers and advocates came together for the International Conference on Family Planning in November. Lwala joined the gathering, presenting on youth-led sexual and reproductive health, including the Roving Provider Initiative. Alongside community health partners, we also used the platform to advocate for CHW professionalization and payment.

Community health at the US Africa Leaders Summit
In December, the US-Africa Leaders Summit brought together policymakers and experts in Washington DC. Lwala Co-CEO Ash Rogers joined a panel hosted by the Africa Centres for Disease Control and Prevention (Africa CDC) and the International Finance Corporation about health security & equity in Africa.
Spotlight on community change-makers

Caregiving through cooking: the women who feed Lwala Community Hospital

Most Lwala staff would agree that the hospital cafeteria—an open-air meeting space furnished with several picnic-style tables, adjacent to a small kitchen—is the heart of the hospital complex. This is the place where every employee finds themselves at least once a day to take a cup of chai (tea) and a warm mandazi (fried bread) mid-morning, or to sit with colleagues for a hearty lunch. The weekly rotating menu has been fine-tuned, featuring a staff favorite nyama na mchele (stewed beef with rice) on back-to-work Mondays. Throughout the week, other nourishing dishes include ndengu (lentil stew) and chapatis (handmade tortillas), rice and beans with kabichi (cabbage), enormous vats of simmered greens, and the Kenyan staple, ugali. These meals feed patients like laboring and post-delivery mothers, as well as Lwala staff and any visitors who desire a meal.

Cheline Atieno is one member of the four-woman catering team that makes the Lwala Hospital cafeteria a crucial part of high-quality care—and a welcoming social center for staff and visitors. Born in Homa Bay County, Cheline moved to the village of Lwala in 2012 with her husband and 7 children because she wanted to be a community health worker (CHW). “When women were giving birth at home, lots of babies were dying—and mothers too,” Cheline says. “I wanted to prevent that. So I became a CHW and encouraged women to deliver at a hospital.”

At that time, Cheline would accompany women to the hospital for their births, and she often made them tea as she waited with them. Then in 2013, the hospital began taking inpatients and needed someone to provide regular meals. So Cheline stepped out of her role as CHW and into a role as full-time cook.

Over the next few years, as the number of hospital staff and patients grew, so did the kitchen. It became a four-woman team. This structure was working well, but the team wanted to feed even more people. That’s when Lwala connected the women with a finance expert, who helped them establish their own catering business and open up new revenue streams. The women creatively combined their four first names—Grace, Cheline, Mary, and Rosalyne—to title their business Grachel and Maros.

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Grachel and Maros show up every day and make delicious and nutritious food together. They shift roles occasionally and bump into each other often in the small kitchen. “What makes Lwala successful is the management,” Cheline says. “The staff get compensated well, and they know they can receive good health care, so they are motivated to work hard. What I want most is for this organization to grow bigger—to create more jobs for the whole community.”

“Cheline knows how to work quickly, she is good at the budget, and she has many ideas for us. When we have 20 people visiting, she knows how to prepare for that.”

- Grace Anyango, Chef at Lwala Community Hospital