Dear Allies,

As we begin 2023, a big moment for community health is unfolding in Kenya. From Presidential commitments and the unlocking of new funds, to the rollout of new digital tools for community health workers (CHWs), so much promise hangs in the air—and Lwala is working with our partners to turn these commitments into action.

Since the establishment of Community Health Units for Universal Health Coverage (CHU4UHC), a coalition co-founded by Lwala to advocate for community health across Kenya, we’ve been reiterating the same messages: pay CHWs, give them the tools, training, and support to do their jobs well, and include community priorities in health decision-making. During last year’s elections, we successfully advocated for the inclusion of CHW payment and digitization in party manifestos, which outlined their priorities should they get elected. We continued this advocacy post-election, and we celebrated when President Ruto mentioned CHWs on three separate occasions this year, reiterating his government’s commitment to investing in their professionalization as a way to reach Universal Health Coverage. To move this forward, the government has set three ambitious goals: paying the stipends of all 100,000 CHWs in Kenya, equipping them with CHW kits, and enabling their use of digital tools.

In terms of payment, the President and county governors have agreed to a cost-sharing arrangement where the national government will provide conditional grants to counties to pay CHWs, in addition to the counties’ own resources. This is significant because conditional grants are earmarked for a specific purpose—CHW stipends in this case—and can’t be used for other reasons. Of course, CHWs cannot be paid if counties do not know who or where they are—so our work with counties to develop CHW Registries over the past years will pay dividends in ensuring payment is actually passed on to CHWs.

Simultaneously, the national government developed a new electronic Community Health Information System (eCHIS), which Lwala supported. eCHIS will allow CHWs to manage caseloads from their phones, and it will enable this information to be aggregated at the local, county, and national levels to be used for decision-making. As part of the government’s goal to digitize all CHWs, Lwala is partnering with Migori County on eCHIS rollout, as well as using these lessons to inform updates to the national system.

To accelerate digitization and payment, Lwala’s role is twofold. First, to support rollout and implementation planning, especially in counties without existing community health partners. And second, we recognize that digitization and payment both rely on training, especially on the basic CHW and technical modules—and this hasn’t happened to a large extent across the country. The most effective way to close this gap is through training of trainers, where we establish a pool of qualified trainers for counties to tap into.

These commitments hold so much promise, yet the road from commitment to implementation can be long. Alongside our partners, we will rise to the challenge because we know that community health is the only pathway to health for all.

In solidarity,

Letter from Lwala's Co-CEOs

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.

OUR IMPACT

Skilled delivery rate

![Graph showing skilled delivery rate over time.]

Contraceptive uptake

As measured by Couple Years of Protection

![Graph showing contraceptive uptake over time.]

Women attending 4 or more antenatal care visits during pregnancy

![Graph showing women attending antenatal care visits.]

Childhood immunization rate

![Graph showing childhood immunization rate.]

<table>
<thead>
<tr>
<th>Metric</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Higher immunization rates among children supported by professionalized CHWs</td>
<td>15%</td>
</tr>
<tr>
<td>Enrollment of newly diagnosed HIV patients into support services</td>
<td>100%</td>
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<tr>
<td>Increase in post-natal care visits at Lwala partner facilities* from 2022 to 2023, compared to an 8% increase across comparison facilities</td>
<td>33%</td>
</tr>
<tr>
<td>Increase in family planning visits at Lwala partner facilities* from 2022 to 2023, compared to a 35% increase across comparison facilities</td>
<td>42%</td>
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<tr>
<td>Of households visited by a CHW each month</td>
<td>80%</td>
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*in Rongo and Awendo Subcounties
Communities take the lead: transforming health care in Awendo and Nyatike

For the past 15 years, Lwala has worked with communities to innovate, test, and adapt our community-led health model. Over time, we brought more communities into the fold, and our roots in Lwala Village grew to all of Rongo Subcounty, where we have been delivering health services to 125,000 people. In 2022, we expanded to two more subcounties in Migori County, Nyatike and Awendo, where we are now working with new communities, across a population of 420,000. This scale-up is part of our larger strategy to reach all of Migori County, a population of 1.1 million by 2025.

Awendo neighbors Rongo and is similar in geography, population size, climate, and economic activities. Like Rongo, Awendo is mostly rural with an urban center. Conversely, Nyatike is located on the coast of Lake Victoria and covers a wider geographical area, so communities are further spread out. It has a semi-arid climate and rough terrain that is prone to flooding when it rains. The mobility of the fishers who occupy the shores of the lake and its terrain pose a challenge in providing consistent health services in Nyatike.

In the last year, we built deep partnerships with these local governments, developed joint work plans, and conducted a baseline household survey to understand the unique health challenges in Nyatike and Awendo and measure change over time. Alongside government, we trained 868 CHWs who registered households and began providing services, and we mobilized 55 youth peer providers (YPPs) in Awendo to increase access to sexual and reproductive health for their peers. We also began work with 51 new public facilities to advance initiatives that improve quality of care.

These activities unlocked new learnings, as we established different ways of working with government, adapted our community health services to the needs of new populations, and uncovered new challenges and opportunities faced by health facilities.

Adapting our model for government support

With this expansion, we are using a different approach to government partnership. In Rongo, Lwala directly delivers many services with the support and direction of local government. In Awendo and Nyatike, however, we are making a further shift toward co-implementation.

This means we develop work plans together, but the government leads all service delivery—like training and mentorship for CHWs, for example—while Lwala supports activities, offers thought partnership, develops tools, and provides supplemental resources. “We usually convene forums with Lwala where we brainstorm and explore the best possible solutions tailored to the needs of our community members,” says George Magolo, the Public Health Officer and Subcounty Focal Person in Awendo. “Then we work together in implementing and monitoring activities to achieve common objectives in our communities and health facilities. I am happy that we are already seeing improvements in service delivery.”

“One of the most rewarding parts of our partnership with Lwala is the co-creation and co-implementation of activities. I see a bright future for Nyatike Subcounty with improved health services and outcomes.”

- Evans Abonyo, Public Health Officer, Nyatike Subcounty

Because this approachrests heavily on collaboration and joint activity planning, it can often take more time than direct implementation. It also requires more nimbleness and flexibility on our part to support government, aligned with their plans and priorities. Though we may have less control over timelines, we know that ceding power to government is the path to sustainability in the long run.
Community health services rely on household reports generated by CHWs. Initially, our CHWs were demotivated and this affected their work. We had low coverage at the household level with poor indicators. With our CHWs receiving a stipend now, they perform better.”
- Evans Abonyo, Public Health Officer, Nyatike Subcounty

Equipping the community health workforce

As an early joint activity, we worked with the governments in Nyatike and Awendo to ensure that CHWs were trained, supervised, digitally empowered, paid, and connected to health facilities. We also partnered with communities to identify 59 women serving as traditional birth attendants, who have now been incorporated as CHWs. One challenge that emerged during training was the high caseload of CHWs in Nyatike—some CHWs had been assigned as many as 100 households. We worked with government to map households and recruit more CHWs to reduce and standardize caseload. Additionally, we began to institute monthly review meetings, a critical venue for CHWs to meet regularly to discuss challenges and validate data.

Once trained, CHWs began to register households, provide services during routine visits, and organize outreach events and open maternity days. We found that in Awendo, which borders Rongo, many community members were already familiar with Lwala, so community acceptance was high and household registration went smoothly. In Nyatike, which is further from Rongo, we had to spend more time building buy-in through community dialogues, hosted with government early in our entry process. Because Nyatike is so vast and has higher rates of poverty, we found that once we engaged with communities, the desire for more community-level health care was high. The result in both subcounties is that the majority of households have been registered—meaning they are included in a CHW’s digital tool to ensure that no family slips through the cracks.

CHW household visits, health outreach events, and open maternity days are already increasing visits to health facilities as more patients are referred—according to facility data, postnatal care visits have increased by 17% in Awendo compared to early 2022. We have not seen the same increases in Nyatike, a more challenging environment where it may take longer to shift health outcomes. We also expect it is an issue with data. In 2022, Lwala partnered closely with Awendo’s Subcounty Health Management Team (SCHMT) to ensure that community health data was being included in facility registries—we will do the same with Nyatike’s SCHMT this year, which will yield a clearer picture of health improvements.

This work is supported by digitizing CHWs through the electronic Community Health Information System (eCHIS), a digital platform owned by the national government to advance Universal Health Coverage (UHC). Lwala supported the development and rollout of eCHIS nationally, and at the county level, Lwala was part of the team that developed Migori County’s digitization strategy to ensure a reliable flow of CHW data between the community, county, and national levels. We rolled out the platform in Awendo and Nyatike, and trained 868 CHWs on eCHIS.

We learned that many CHWs need ongoing support and mentorship to use the platform, so we also trained community health assistants (CHAs)—who already provide ongoing support supervision for CHWs—to increase use of the platform and help solve problems. These activities were always done in partnership with government so that CHWs and CHAs buy into eCHIS as a government-owned platform that will be used in the long run—and not a partner-driven solution that might phase out in a couple of years. We have already started seeing improvements in CHW data quality, reporting, supervision, and commodity management.
Finally, we worked with Health Facility Management Committees to select and train quality improvement coaches in every facility. The leadership of these committees in this process is central to success, as they know the staff who are best placed to drive this work forward. Together, we are strengthening the capacity of quality improvement coaches and empowering them to sustainably champion initiatives in their facilities that improve service delivery.

As we forge ahead with our plans to bring lasting change and impact to 1.1 million people in Migori County, these lessons will inform our expansion to Migori’s remaining subcounties. We will continue to partner with government to strengthen support for CHWs and co-create models that are flexible and responsive enough to deliver meaningful impact to the communities that we serve.

“The eCHIS tool has made my work more effective. As CHWs, we carry out all our work in one platform that has a function that reminds us of our tasks. Our supervisors can also verify our data in real-time.”

- Rose Ogude, Community Health Worker, Nyatike Subcounty

“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 service provision. The assessment found gaps in governance, supply chain, service delivery, and finance, and facility teams developed improvement plans tailored to these gaps.

Across facilities in Awendo and Nyatike, we saw the need to strengthen channels for community oversight. In response, we are working with the government to reconstitute and strengthen the Health Facility Management Committees, which are responsible for resource mobilization, oversight, and management of health facilities. This also connects to Lwala’s work with community health committees, which are government mandated bodies that provide oversight in community health. Just 28% of facilities across both subcounties had a fully formed and active CHC. These community accountability mechanisms are important for ensuring that health facilities provide high-quality care that meets the needs of the community, and Lwala will support their strengthening.

Secondly, the assessment found that commodity stockouts were undermining service delivery and patient satisfaction at the facilities. This challenge was reflected in facility data for antenatal care visits, which declined by 3% in Awendo since early 2022—when government facilities lack the reagents for ANC profiling, patients here are more likely to seek care at private facilities, or they may forgo ANC altogether.

To mitigate stockouts, we are working with the government and the facilities to redistribute commodities and improve inventory management processes, including disposing of expired drugs. Additionally, we are partnering with Village Reach in conducting a study that will assess the supply chain status in Migori County and ultimately lead to an improvement plan for commodity supply chain management that will be driven by the county.

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Community health workers (CHWs) are the caregivers of their communities. They reach every household in their village with essential health services, they make referrals to facilities, and they are a trusted source of information for their communities. Yet CHWs are often under-equipped and under-supported, and only 14% of CHWs in Africa are salaried. Lwala is committed to professionalizing CHWs, ensuring they are paid, trained, supervised, equipped, and digitally enabled. We advance the professionalization of CHWs through policy and systems change nationally, and we partner with the Migori County government to strengthen service delivery through the county’s 2,751 CHWs.

Professionalization unlocks the door for more accessible, higher quality health services. With the right training and tools, professional CHWs visit more than 3 times as many households as under-supported cadres. This is aided by payment—when CHWs are paid, they can spend more time delivering health services and less time finding other ways to financially support their family. Additionally, a recent study from Lwala found that when visited by professionalized CHWs, children were 15% more likely to be fully immunized, and pregnant women were 14% more likely to attend 4 or more antenatal care visits. Professionalization is also an issue of gender equity—more than 70% of CHWs worldwide are women, meaning that health systems are built on the backs of unpaid women’s labor.

Through Lwala’s recent expansion into Nyatike and Awendo Subcounties, we are now directly supporting 1,414 CHWs. Paris Odhiambo is one of those CHWs, and she has been serving her community in Awendo for nearly six years. “I worked 5 years without payment,” she says. “We carried around heavy books with information about our patients. It was really difficult because I didn’t know if anyone was aware of the work I was doing.” Now, Paris and her peers have been trained and equipped with commodities and digital tools to track their patients. She is also getting paid.

Lwala is part of a global movement through Community Health Impact Coalition (CHIC) committed to change the status quo for CHWs like Paris. We don’t just advocate for change—we offer solutions based on programmatic experience, joint research, and most importantly, the voices of CHWs themselves. Consolidating these lessons, members of CHIC and the World Health Organization (WHO) developed a tool called the CHW Assessment and Improvement Matrix (CHW-AIM), which supports governments and donors to build and sustain strong CHWs cadres. When government policies and systems align with these 10 proCHW principles (see text box), both communities and CHWs reap the rewards.

**ProCHW principles to strengthen community health**

1. **Role and recruitment**: there is clarity on the role of CHWs and how they are selected.
2. **Training**: CHWs have the necessary skills and knowledge to provide high-quality care through pre-service and routine training.
3. **Accreditation**: the knowledge and competencies of CHWs are assessed, and they are certified to practice.
4. **Equipment and supplies**: CHWs have the supplies and commodities needed to deliver services.
5. **Supervision**: CHWs are supervised and supported to grow their skills and review their performance.
6. **Incentives**: CHWs are financially compensated with a salary, as well as non-financial benefits.
7. **Community involvement**: communities are involved in the design and maintenance of CHW programs.
8. **Opportunity for advancement**: pathways for career advancement exist for CHWs.
9. **Data**: Community-level data enters the health system, and feedback is provided to the community for quality improvement.
10. **Linkages to the national health system**: government passes and implements policies that include CHWs in health systems planning and budgeting.

Source: Community Health Worker Assessment and Improvement Matrix Toolkit (CHW-AIM), developed by Community Health Impact Coalition and the World Health Organization.
An investment that saves lives and improves gender equity

The status quo in health care is that hard-to-reach and vulnerable populations must spend precious money and time—hours or days—to receive services. Meanwhile, many governments and donors seek to fill the gap with the unpaid labor of CHWs, often women stepping up to help their communities because they see the deadly impact of inaccessible care. Lwala combats this status quo by ensuring that every CHW we support is paid. This improves health outcomes and livelihoods: “Payment motivates us,” says Paris. “It enables me to be independent. I am capable of supporting myself, my family, and my community.”

Lwala is working to make this a norm across Kenya, ensuring that governments own the payment of CHWs. In 2021, we supported Migori County to establish its first CHW Registry, a key step toward getting CHWs paid and supported. Last year, Migori County passed a milestone Community Health Services (CHS) Act, which solidifies the county’s commitment to professionalizing and paying CHWs. In addition to supporting the development of this legislation, we have partnered with the government to align other county policies and priorities with proCHW principles. Recently, for example, Migori County developed a new County Integrated Development Plan, which will drive priorities and budget for the next 5 years—and it includes indicators around CHW payment as a result of Lwala’s inputs.

At the national level, we have worked through Community Health Units for Universal Health Coverage (CHU4UHC), a coalition co-founded by Lwala, to elevate community health and CHW payment as a requirement for reaching bold UHC goals. We advocated for CHW payment to be included in party manifestos during last year’s election, and we met with the new administration post-election to develop a way forward. As a result of this momentum, the government has made a commitment to pay stipends to all 100,000 CHWs in Kenya, and the President and county governors have agreed to a cost-sharing arrangement. Coupled with national CHS legislation that will be re-introduced this year, we are supporting Kenya in fostering a proCHW ecosystem that values community voice and women’s labor.

Power in a defined role

“I was chosen by my community as someone who could serve their health needs,” Paris says, explaining how she became a CHW. This reflects a key tenant of professionalization: CHWs should be recruited from their community by their community. This increases acceptance, ownership, and sustainability. Additionally, government guidelines should clearly define the role of CHWs, as well as the knowledge and experience necessary to fulfill the role. In many cases, however, these guidelines don’t exist—without clearly defined roles and selection criteria, it’s impossible to build a professionalized community health workforce. To change

“Being paid has given me dignity in doing my work. The training has equipped me to serve and teach my community well, and now that we have mobile phones to collect data, we no longer have to carry heavy books. It helps me feel recognized for my work and supported by the community.”

- Paris Odhiambo, Community Health Worker, Awendo Subcounty
members. They are working to secure official recognition from the county government, which will add legitimacy and open doors for engagement and advocacy.

At the global level, many of our CHWs are making their voices heard, demanding recognition, payment, training, and opportunities for career advancement. In March, Maureen Wasodi from Awendo traveled to Kigali, Rwanda for the Africa Health Agenda International Conference (AHAIC), and Millicent Miruka from Rongo spoke at a USAID-hosted meeting on maternal and child survival, both sharing their stories while advocating for the professionalization of CHWs.

An investment in CHWs is an investment in communities—in their health, their wellbeing, and in undoing structural inequities that bar them from high-quality health care. Together, we will ensure that CHWs in Kenya and around the world are paid and supported to keep their communities healthy.

Lwala’s research, however, shows that professionalization and experience are more reliable predictors of CHW knowledge and performance than formal education and literacy. So in the development of the National Certification Guidelines for CHWs, we worked to reverse exclusionary eligibility requirements. We also developed a tool alongside the Migori County Ministry of Health to identify existing TBAs, incorporate them as CHWs, and add them to the CHW registry—149 TBAs in total. Together, we are committed to honoring the work of women who have decades of experience in providing care.

Creating a movement, with CHW voices at the center

Too often, CHWs’ voices are excluded from decision-making that impacts their work and the communities they serve. In 2021, Lwala joined CHIC and CHWs around the world to develop an advocacy training for CHWs. So far, 300 Lwala-supported CHWs have been trained. Additionally, in Migori County we helped initiate a CHW Network as a platform for CHWs to engage in advocacy—within one year, it’s already grown to 900

“There is power in speaking out and telling our stories so that we can take the lead in fighting for CHWs’ rights and for our communities.”

- Lawrence Onyango, Community Health Worker

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Strengthening the health system

Collaboration between national and county governments advances CHW payment
Building on Lwala's advocacy work through Community Health Units for Universal Health Coverage (CHU4UHC)—first to include CHW payment in party manifestos during last year’s election, and then through post-election engagements with the new administration—the government has made a commitment to pay stipends to all 100,000 CHWs in Kenya. The President and county governors have agreed to a cost-sharing arrangement where the national government will provide conditional grants to counties to pay CHWs, in addition to the counties’ own resources. Lwala and partners are working to ensure that the CHW registry is up to date and that the framework for enabling this payment to proceed is finalized.

Unlocking funds for community-led health facility improvement
When health facilities in Kenya want to improve quality of services, they often face a critical roadblock: lack of funds. Under current law, all money earned by health facilities must be turned over to the county government for redistribution. With Lwala's input, the Council of Governors has developed model legislation for a Facility Improvement Fund (FIF), which would enable health facilities across the country to keep the money they earn and reinvest it as they see fit, including in community health. Once adopted, Lwala through CHU4UHC will influence counties to adapt. In Migori, Lwala will be advocating for FIF alongside the implementation of the Community Health Services Act. This will be a significant win for community-led health, as Health Facility Management Committees will have much more control over how money is spent to improve quality of care.

Digitizing the community health workforce
Lwala is helping Kenya achieve its vision of digitizing community health through the rollout of eCHIS (the new national electronic Community Health Information System). Lwala supported the development and revision of the platform, and national rollout began late last year. In Migori, we partnered with county government to train the first 868 CHWs and identify and solve challenges. We’ve worked, for example, to address hesitation among some CHWs in transitioning from a paper-based to an electronic system. Mentorship is key, and so we’ve increased our emphasis on training for CHW supervisors so they can provide the appropriate support. It’s also critical for local government to lead training, to ensure that CHWs appreciate eCHIS as a government-owned platform that will be used in the long term. We are documenting our lessons learned for national and county governments to accelerate digitization of all 100,000 CHWs across the country.

Delivering health services

The world’s first malaria vaccine is introduced in Migori
The world’s first approved malaria vaccine, called RTS,S, can reduce malaria cases by more than 50% in the first year after vaccination in regions of moderate to high transmission. After a national launch of the vaccine in March, Lwala is working with Migori’s Ministry of Health to plan for county-wide rollout. We will support training for CHWs in the three subcounties we directly support, as well as training for health workers across the county. Similar to our work on the COVID-19 vaccine, we will also support community outreach events and campaigns to build awareness of the vaccine and its benefits. Migori County has seen increasing malaria cases over the past few years, so this new vaccine is a critical tool for reducing childhood illness and death.
Delivering health services (cont.)

New strategies for improving access to contraception
Alongside our expansion, we are adapting our approach and decentralizing services to meet the demand for contraception. In both Rongo and Awendo (where we recently expanded our adolescent and youth programming), we are hosting mini-outreach events—instead of one large outreach per month with four providers, we are holding smaller outreaches with one provider in four different locations. This enables us to serve more clients, especially in Awendo where there are fewer health facilities and poor road infrastructure. We have similarly decentralized youth clinics, and we are leveraging youth peer providers (YPPs) to mobilize their peers in advance. Additionally, some YPPs are now stationed at health facilities to make young people more comfortable in seeking services. Finally, we are increasing workplace outreaches, including at local gold mines, as well as among domestic workers. As a result of these efforts, family planning visits have increased 48% in Rongo and 32% in Awendo since the same time last year.

Obstetric Hemorrhage Initiative moves to Homa Bay and Kilifi Counties
After building partnerships and identifying health facilities last year, Lwala began training on the Obstetric Hemorrhage Initiative (OHI) in Homa Bay and Kilifi Counties. In March, we trained 76 trainers attached to 42 health facilities, who will cascade the training to 340 additional health workers and facility support staff. As we established partnerships with new counties, we saw the importance of co-creation: establishing MOUs helped us identify existing resources in the county to build upon, and the development of co-implementation plans helped us align partners and reduce duplication. While these processes take time, they are critical in ensuring county ownership and sustainability. Our shared vision is that Homa Bay and Kilifi Counties reach the same milestone as Migori, where all 214 health facilities conducting deliveries are trained to save a woman’s life from obstetric hemorrhage. By the end of 2025, our target is 240 facilities implementing OHI across both counties.

Strengthening the supply chain in Migori County
While Lwala routinely closes gaps in essential commodities for reproductive, maternal, and child health, this year, we are tackling commodity shortages with a systems-level approach. In the last few months Lwala, VillageReach, and the Ministry of Health established a partnership to close these gaps, and together, we are designing a study protocol to assess the health supply chain in Migori, conduct a situational analysis, and measure improvements over time. The early results of this study will help us design new and improved systems for commodity tracking, reallocation, and procurement.

Emergency response to prevent cholera
Kenya’s recent dry season (December to March) was characterized by severe drought, which reduced water availability and brought a surge in cholera cases. Most cases were reported in the arid region bordering Somalia and Ethiopia, but an outbreak also occurred in Homa Bay, close to the border of Rongo Subcounty. Leveraging investments in our emergency response capacity during COVID-19, we responded quickly—we disseminated messages on good hygiene and sanitation through local media, we deployed CHWs to promote the use of water filters, and we worked with the county surveillance team to track and manage cases of diarrhea. As a result, there have not been any cases originating in Migori County, nor have we recorded secondary cases from those treated within the county.

A new plan for Lwala Community Hospital
As we reported last year, Lwala Community Hospital continues to see record numbers of patients seeking services at our facility. At the same time, part of our 2025 strategic plan is that Lwala Community Hospital serves as a center of excellence, conducting clinical training for providers across the region. To help us meet these needs, we are working with an external consultant to develop a new master plan for the hospital, which will guide the development of additional space for training and service provision, as well as water resource management and waste management. This is a long term project, but one that will enable the hospital to meet community demand for health services for generations to come.
Thought leadership on community-led health

New study from Lwala explores predictors of CHW performance

Common selection criteria for CHWs—such as literacy tests and formal education requirements—risk excluding women, traditional birth attendants, and other marginalized groups. A new study from Lwala and our partners at Vanderbilt University, just published in Frontiers in Public Health, explores predictors of CHW performance in Lwala-supported communities and comparison communities. It found that professionalization and experience were more reliable predictors of CHW knowledge and performance than formal education and literacy. Additionally, when supported by professionalized CHWs, children were 15% more likely to be fully immunized, and pregnant women were 14% more likely to attend 4 or more antenatal care visits.

Dimagi High Impact Podcast elevates Lwala-supported CHWs

Lwala partnered with Dimagi to elevate the voices of CHWs in the most recent High Impact Podcast episodes. In part 1, our Co-CEO Julius Mbeya talks about the vital role of CHWs in delivering health care to their communities, and in part 2, three Lwala-supported CHWs—Millicent Miruka, Lawrence Onyango, and Jared Ogola—tell their stories about why they became CHWs and share a call to action for their professionalization and payment.

A regional agenda for health

In March, Lwala participated in the Lake Region Economic Bloc (LREB) 11th Summit, which brought together its 14 member counties and was hosted by Migori. Health is a core element of LREB’s social programs—in his speech, the LREB Chairperson, Governor Professor Anyang’ Nyong’o, highlighted the summit’s commitment to prioritizing health within the region. LREB is working closely with partners on formulating policies that improve service delivery in health and promote the achievement of sustainable development. On the sidelines of the LREB Summit, Lwala joined other organizations from various sectors in exhibiting their products and services.

Challenges we’re addressing

Addressing gaps in blood supply

Lwala remains Migori County’s leading partner in blood availability, but earlier this year, we experienced delays in blood donation screening because the regional screening center lacked critical reagents. As a result, public health facilities were not receiving screened blood on time, which disrupted blood transfusion services—patients were being referred to other counties and private facilities in Migori. When we learned that Kisii, a neighboring county, takes blood donations to Nairobi to be screened instead of the regional center, we quickly pivoted our approach, ensuring timely screening and a more consistent blood supply. This year, we have supported the county in collecting and screening 80% of its target.
Spotlight on community change-makers

A mother-daughter duo: two generations of stigma fighters

Less than a 5 minute walk down the road from Lwala Community Hospital is the home where Leah Oyugi, a Lwala-supported community health worker (CHW), lives. Her daughter Winnie Oyugi, who also works for Lwala as a Program Officer, visits her there several times per week. They talk for hours, sharing news of beloved friends and neighbors, and of course, talking about their work.

Their mother-daughter journey with Lwala began before its founding, when Leah was delivering babies in the community as a traditional birth attendant (TBA), after her husband died. Like most TBAs, Leah was trained on the job by women who came before her. She learned properties and locations of medicinal herbs as a treatment for postpartum hemorrhage, she knew how to breathe into a baby’s mouth to encourage its first breath, and she saw firsthand how common it was for women and babies to die during childbirth. Leah was also cognizant that when she helped women deliver babies at home without protective equipment, she was at risk for contracting diseases such as HIV.

After Lwala’s founding, Leah and several other TBAs in the community joined together to design Lwala’s CHW model. Leah was eager to lower the death rate of mothers and babies, and she was also driven by the payment incentives Lwala was offering to bring laboring women to the hospital. Leah saw her transition from TBA to a professionalized CHW as a significant step in the right direction. Ten years in, she still makes rounds of health visits to households during pregnancy and after delivery, visiting 15 to 20 households per week—but now she accompanies women to the hospital for safer births. Before Lwala began working with CHWs, 26% of women gave birth in hospitals compared to 99% today, a change Leah is proud to be a part of.

Finding strength in her interactions with Lwala Community Hospital’s clinical staff, and buoyed by the support of her daughter Winnie, Leah decided to get tested at the clinic to learn her HIV status. She tested positive. Soon after that, she decided to go public about her status to fight the stigma of being HIV positive, for herself and for other women. Doing so has contributed to a new acceptance of HIV care and treatment in her community. As a result, people who are HIV positive are more likely to get care, enabling them to live full lives, as well as prevent transmission of HIV to their children.

When Winnie completed secondary (high) school, Leah encouraged her daughter to volunteer with Lwala. For 6 months she supported the public health team collecting data and then went on to work on issues of education and economic development. After 10 years with Lwala, Winnie is now a Program Officer, where she focuses on sexual and reproductive health for youth through education sessions, community outreaches, and facility-based care.

As an educator on the topic of reproductive health, fighting stigma and challenging gender norms are daily work for Winnie, who has become a stalwart source of information and a symbol of access and upward mobility for women. “I feel passionate about my work with Lwala, and I work with all my heart. I learned that from my mother, because she taught me to believe in change. Some moments in life and work are so difficult to overcome, but my mom taught me how to navigate through them. She gives me the strength to do what I’m doing every day.”

“When people ask Winnie for help, she does it. A lot of people look up to her. She’s more than a daughter. More than a friend or neighbor or employee. She’s a great woman and a true leader in the community.”

- Leah Oyugi, Community Health Worker