Dear Allies,

We are halfway through 2023, and the potential for Kenya to achieve health care for all has never been higher—from the development of Primary Health Care legislation at the national level to the advancement of community health worker (CHW) professionalization in Migori County, resulting in more people with access to health care. As we reflect on the progress we’ve made and the road we have left to travel, one thing becomes clear—it’s the power of partnerships fueling this change.

In Migori County, Lwala has united a group of high-quality partners around the government’s health agenda. On the journey to reach 1.1 million people across the county with community-led health, this year we have expanded sexual and reproductive health services, from one subcounty in 2022 to six subcounties today. Population Services Kenya (PSK) has been a key partner in this work, and as a result, more adolescents and young people have the information and tools they need to take charge of their own reproductive health.

At the same time, the expansion of community-led health in Migori relies on the availability of life-saving medicines and supplies—too often, health facilities experience stockouts, leaving patients without care. Additionally, many CHWs are unable to refill their kits with medicines and tests because of stockouts. While Lwala has often stepped in to fill supply gaps in the past, we rallied the Ministry of Health and VillageReach around finding a systemic solution—we recently conducted an assessment of the county’s supply chain and have agreed on joint actions to reduce stockouts.

At the national level, Lwala co-founded Community Health Units for Universal Health Coverage (CHU4UHC) to center community leadership in health care and to advance CHW professionalization. CHU4UHC brings together community health partners—including Amref, Living Goods, UNICEF, Financing Alliance for Health, ENAI Africa, and many others—around a common agenda. By uniting as a coalition, we have gained legitimacy and made our voice louder, especially when it comes to strengthening legislation like the Community Health Services (CHS) Bill, which seeks to legitimize the role of communities in health.

Partnerships have also been critical in advancing the digitization of the community health workforce. In the ongoing deployment of the electronic Community Health Information System (eCHIS), the Ministry of Health has relied on partners like Living Goods, Medic, and Lwala to help design and grow the platform, ultimately reaching 100,000 CHWs nationwide. Partners have helped coordinate support for various counties, which has prevented duplication and resulted in a wider reach for the digitization effort.

Additionally, we are collaborating with partners to prevent obstetric hemorrhage and expand access to life-saving technologies to mothers across the country. Alongside organizations like PATH, Jacaranda Health, and KMET, we advocated for the inclusion of obstetric hemorrhage initiative (OHI) technologies and protocols into national training tools. We are now working to include these commodities in the national Essential Medicines List, which would unlock widespread distribution and use. In Kilifi County, Lwala and Jacaranda also worked together to expand OHI, which prepares health workers to provide emergency obstetric care.

Too often, development actors approach their work with a scarcity mindset—more resources for one partner means less for another. But in the community health space, we are showing that partnership raises all boats, for our organizations, for our government, and for the community members we serve.

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

### OUR IMPACT

#### Skilled delivery rate

**Rongo, Awendo, Nyatike**

- 2013: 25%
- 2021: 75%
- 2023 YTD: 100%

#### Contraceptive uptake

*As measured by Couple Years of Protection*

- 2019: 20,000
- 2020: 40,000
- 2021: 60,000
- 2022: 80,000
- 2023 YTD: 1,325

- **YTD progress**
  - 2019: 80,000
  - 2020: 60,000
  - 2021: 40,000
  - 2022: 20,000
  - 2023 YTD: 0

#### Percent of households visited by a CHW each month

*In our expansion subcounties, Nyatike and Awendo, household visits have increased over the year*

#### Childhood immunization rate in Rongo

- **Early entry**: 95%
- **6 months into intervention**: 51%
- **2023 YTD**: 26%

#### Viral suppression among people enrolled in HIV care at Lwala Community Hospital

- **2X**: number of ultrasounds provided across 10 partner facilities in Rongo from 2022 to 2023
- **18%**: increase in units of blood collected from 2022 to 2023, surpassing the county’s target
- **26%**: increase in well-child visits at Lwala partner facilities from 2022 to 2023, compared to a 19% increase across comparison facilities
- **51%**: increase in family planning visits after implementation of Lwala’s sexual and reproductive health program in 5 new subcounties
- **95%**: increase in family planning visits after implementation of Lwala’s sexual and reproductive health program in 5 new subcounties

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*in Rongo and Awendo Subcounties*
In the fight against malaria, a new vaccine has been a breakthrough in saving lives, especially for children, who are most vulnerable to the disease. Kenya’s successful pilot of the RTS,S vaccine, coordinated by the World Health Organization (WHO), marked a turning point in the country’s long-running battle to eradicate one of the deadliest illnesses in the world. This year, Kenya began expanding vaccine delivery to high-risk areas.

Lwala is partnering with Migori County’s Ministry of Health to increase access to the vaccine as part of routine childhood immunization. Migori is located near Lake Victoria in a malaria-endemic zone, where prevalence rates are more than two times higher than the national average. In recent years, the rise in malaria transmission due to changes in the climate has led to a surge in cases. Studies indicate that there is a higher prevalence of malaria in poor and rural areas, where living conditions often favor mosquito breeding—including poor-quality housing structures, stagnant water, and limited availability of malaria prevention measures. The world’s first approved malaria vaccine offers hope. RTS,S can reduce malaria cases by more than 50% in the first year after vaccination in regions of moderate to high transmission.

**CHWs bridging the gap in the fight against malaria**

Community health workers (CHWs) are trusted caregivers in rural communities all over the world, and they are important agents in the fight to eradicate malaria. In Migori County, Lwala trains and equips CHWs to manage cases of malaria during routine household visits. They identify sick children, test for and treat malaria, and make referrals when needed. CHWs also educate their communities about malaria prevention and management, and they encourage use of insecticide-treated bed nets and indoor residual spraying. Following implementation of this malaria intervention, our research found that the percentage of children with a fever being tested for malaria increased from 24% to 88%, and fever prevalence decreased.

As Migori County rolls out the malaria vaccine, CHWs are playing a crucial role in spreading the word. Lwala is supporting 1,325 CHWs across Rongo, Awendo, and Nyatike subcounties to provide information and connect children with health workers who can administer the vaccine, either at a health facility or at a community outreach event. They also follow-up with families to ensure children stay on the 4-dose schedule.

“In my ten years as a CHW, I’ve seen many cases of malaria, some of which have resulted in death. Now we can raise awareness within the community about the new malaria vaccine. This has made a huge difference in the fight against malaria.”

- Christine Auma, CHW, Central Kamagambo, Rongo Subcounty

Lwala is also equipping all CHWs in Migori with digital tools to support malaria vaccination. As we work with Migori County to rollout the electronic Community Health Information System (eCHIS), we have added indicators and prompts on the malaria vaccine. For example, CHWs can now collect information on a child’s vaccination status and help caregivers make a plan for seeking out subsequent doses. The data also helps CHWs identify and follow-up with children who may be behind on their vaccination schedule.
I first heard about the malaria vaccine at a Lwala outreach event in my community. The information caught my attention because one of my children had suffered badly from malaria. I opted to vaccinate both children when our CHW informed me that the new vaccine could considerably minimize the impact of malaria.

- Grace, mother of two children

In some of our implementation areas, we have seen malaria vaccine hesitancy due to religious beliefs, misinformation about side effects, or prior negative experiences with other vaccines. Some caregivers were unable to adhere to the 4-dose schedule, which resulted in lost vaccination opportunities for their children. As a result, we are using targeted messaging and proactively engaging caregivers to overcome barriers to uptake. We are doing this by conducting targeted dialogues, health talks, and counseling sessions with caregivers. In partnership with Dimagi and Digital Medic, we are conducting a study that aims to investigate vaccine hesitancy in Kenya and develop digital tools to help CHWs address the issue.

Community-facility linkages to increase uptake and coverage of malaria vaccine
In addition to training CHWs, Lwala is working with Migori County to ensure facility-based providers have the information they need to administer the new vaccine—we have supported sensitization for health workers across facilities in Rongo, Awendo, and Nyatike. Additionally, we are supporting health facilities across all of Migori County to incorporate the malaria vaccine into health outreach events, whereby health care workers bring services to hard-to-reach communities, or communities with a high number of vaccine defaulters. CHWs then help mobilize households to attend these events.

Over the past 3 months, Lwala supported 262 integrated outreach events across Rongo, Awendo, and Nyatike. CHWs and facility-based providers also conducted door-to-door visits to boost malaria vaccination in hard-to-reach areas. These visits gave us an opportunity to screen children who might not otherwise visit health facilities and provide any other missing immunizations. As a result of this work, more than 17,000 children have received their first dose of the vaccine across Rongo, Awendo, and Nyatike, and more than 2,000 are already fully immunized.

“In the future, I no longer see malaria being a primary concern for our clients in the community. My inspiration is seeing my clients healthy. Seeing more and more caregivers bringing their children for vaccination promises a healthy future for our communities.”

- Mackline Auko Awuor, Nurse at Lwala Community Hospital

Looking toward a malaria-free future
This is a historic moment in the fight against malaria in Kenya. Most malaria prevention approaches in prior decades have centered on insecticide-treated bed nets and indoor residual spraying, which are effective but have long-term constraints. And while malaria testing and medicines are essential, children can live healthier lives if they never fall ill with malaria in the first place. The malaria vaccine is a critical tool for prevention that will increase chances of survival for children, and hasten the journey to Universal Health Coverage.

Some caregivers after receiving one or two malaria vaccine doses for their children, do not return for additional doses. So we share a list of defaulters with CHWs, who follow up with clients during home visits and address the reasons for defaulting and any concerns

- Mackline Auko Awuor, Nurse at Lwala Community Hospital
Community-led health spotlight

Digitizing Kenya’s community health workforce

For decades, community health workers (CHWs) like Mary Odhiambo have kept track of their clients using a paper register. “I used to bring my book from house to house, about 8 to 10 in one day,” Mary says. “I wrote down information about children’s immunization records and pregnant women’s antenatal care visits, but the books would get so heavy, and sometimes caused errors.” But now Mary has access to a new digital platform, which guides her through household visits, prompts her when to refer clients for services like immunization and antenatal care, and allows her to enter client data into her phone. “It has made my job so much easier,” Mary says.

In the future, every CHW in Kenya will share Mary’s experience. The electronic Community Health Information System (eCHIS), a new digital platform owned by the national government, was developed to digitize Kenya’s community health workforce and advance Universal Health Coverage. Using the eCHIS platform, CHWs can manage caseloads from their phones, and information can be aggregated at the local, county, and national levels to be used for decision-making. Lwala was a key partner in developing eCHIS at the national level, and we are also supporting its rollout in Migori County.

“eCHIS aims to eliminate the need for community health workers to carry heavy paper records from house to house. It also brings to an end a paper-based system that was prone to errors and data quality issues. With eCHIS, data can be aggregated and used for timely decision-making—this can help the government identify health trends, respond to outbreaks, and allocate resources appropriately.”

- Dr. Adrian Ochieng, Lwala’s Product Manager

Ending fragmentation in community health data

For years, community health partners in Kenya have tried to solve this challenge by equipping CHWs with various mobile solutions. While many of these digital tools have made the work of CHWs easier, it also created fragmentation—different mobile solutions were deployed across counties, and in some cases, within counties. This made it impossible to aggregate data at county, regional, or national levels, limiting the ability of the government to track community health outcomes and plan for service delivery. To end this fragmentation, a group of partners including Living Goods, Medic, and Lwala supported the government in developing eCHIS, which incorporates best practices from the mobile health space. It will be used across the country—meaning that all CHWs will report into the same system, allowing national and local governments to make data-informed decisions.

The process of developing eCHIS began in 2021, when the government and partners agreed to work toward a common community health data system. The National eCHIS Technical Working Group was established, and together, we created a roadmap for system development and conceptualized the digital modules that would train CHWs and their supervisors. Lwala provided input based on Lwala Mobile, a customization of Dimagi’s CommCare platform, used by the CHWs we support in Migori.

A central tenet of this work was designing a system with all of the end-users in mind—we wanted to make it as easy as possible for CHWs to use eCHIS throughout household visits and to enter data. We also knew CHWs’ supervisors needed to be able to view the data, work with CHWs to improve data quality where needed, and create summaries at the end of the month. Finally, government stakeholders—from Subcounty Health Management Teams up to the national Ministry of Health—needed to be able to consume aggregated data for decision-making, policy development, and budgeting.
After multiple rounds of input and iteration, as well as a pilot in Kisumu, national rollout of eCHIS began at the end of 2022. Lwala supported the government in developing a plan for deploying the initial 25,000 mobile devices to 7 counties, conducting a training of trainers at the national level, and setting up a “service desk” to provide technical support to counties.

**Digitizing CHWs in Migori County**

As eCHIS was being finalized nationally, Lwala supported Migori County to develop a rollout plan, including strategies for training CHWs and supervisors, as well as partner coordination. We began rolling out eCHIS in Awendo, Suna West, and Nyatike Subcounties, where we have trained 1,191 CHWs to date. Throughout this process, our digital systems experts at Lwala are documenting what we learn.

**Human-centered design is the most sustainable**

We spent time assessing the workflow of CHWs, identifying potential pain points, and understanding what infrastructure was required. We knew that poor connectivity is often unavoidable, so we changed the network settings of the mobile devices to optimize performance. We also upskilled county information and communications technology staff to handle basic troubleshooting and user management. These actions led to a system that was user-friendly, but also technically feasible.

**Digital tools must be adaptable**

Government priorities and health needs shift. For this reason, eCHIS was designed with the ability to add new prompts or indicators. For example, we plan to integrate prompts for drug distribution for neglected tropical diseases, which were previously not included, while equipping CHWs with additional commodities.

**Government-led training and mentorship is key to adoption**

Initially, we worked to address hesitation among some CHWs in transitioning from a paper-based to an electronic system. Mentorship and support are key, so we increased our emphasis on training for CHW supervisors. 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.

These lessons will be used in Migori and beyond as the government works to scale eCHIS. Over the next 12 months, we will equip CHWs in the remaining 5 subcounties with digital tools, advancing Migori County’s goal of digitizing the full community health workforce.

**A bold vision for CHWs in Kenya**

The national rollout of eCHIS is part of a much larger vision for professionalizing CHWs in Kenya—meaning they are paid, trained, supervised, and equipped with digital tools and commodities. Earlier this year, the President and county governors 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. Additionally, the government will equip each CHW with a kit of commodities and medicines used for daily services.

To accelerate these goals, Lwala’s role is threefold. First, we will advocate and ensure that these Presidential commitments come to fruition. Second, we will support implementation planning and rollout, especially in counties without existing community health partners. And finally, 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. Together, digitization, payment, and equipment will advance professional CHWs, who can provide better care for their communities.
Strengthening the health system

Momentum builds with Primary Health Care Legislation
Momentum for community health continues to grow with the development of Kenya’s Primary Health Care (PHC) Bill at the direction of the President. This legislation will guide the National Health Insurance Fund, rollout of Primary Care Networks, health system digitization, and professionalization of CHWs, including payment, commodities, and digital tools. Through Community Health Units for Universal Health Coverage (CHU4UHC), we wrote a memo to direct the energy of community health stakeholders to this effort. We are also working to ensure that all content originally developed for the Community Health Services Legislation, which supports CHW professionalization and community-led accountability, is incorporated into the PHC Bill.

A roadmap for implementation in Migori
Last August, Migori County passed the landmark Community Health Services (CHS) Act, a significant step forward for strengthening community health. Since then, Lwala has supported the development and reviews of complementary CHS Regulations, which serve as a roadmap for implementation. Central to this work was establishing the processes and mechanisms behind CHW payment—how to ensure money makes it into the pockets of CHWs—and financing community units. We also advocated for the government to set a minimum amount for CHW stipends, rather than a ceiling. Next up in the process is public participation, where we will be mobilizing communities and CHWs to provide input.

Strengthening community-led health
In Kenya, community units are the foundation of community health. Each community 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 (CHC). This quarter, Lwala supported Migori County in forming 30 new community units, each with a newly activated and trained CHC—bringing the total number of CHCs in Migori to 292 (90% coverage). These CHCs are critical in ensuring that health services meet the needs of their communities, and they also engage in government priority and budget setting. For example, this year CHCs across Migori actively engaged in the development of annual work plans for their community units, which will be rolled up into subcounty and county work plans.

Committing to community health in 5-year government priorities
Every five years, counties in Kenya develop County Integrated Development Plans (CIDP), which outline government priorities. These plans also drive budget allocation and spending. Lwala supported CIDP development in Migori, Kilifi, and Homa Bay Counties. As a result of our advocacy, county governments committed to invest in and track CHW payment and commodities, CHC functionality, and training for health workers on emergency obstetric and newborn care. CIDPs have been approved in all 3 counties and will guide health priorities over the next five years.

CHW advocacy network grows in Migori
In Migori County, we helped initiate a CHW Network as a platform for CHWs to advocate for themselves and their communities—the membership has grown to 1,200 since its launch last year. Through the network, CHWs are increasingly engaging in advocacy around government processes like the development of the CIDP, CHS Regulations, and budgets. More than 450 CHWs have also been trained on advocacy, through a curriculum we helped develop with Community Health Impact Coalition and CHWs around the world. Initially, Lwala was leading these advocacy trainings in Migori, but now trainings are being led by fellow CHW advocates.
Delivering health services

Households receiving care from CHWs on the rise
Late last year, Lwala expanded to two additional subcounties in Migori County, Nyatike and Awendo, where we are now working with new communities across a population of 420,000. In partnership with subcounty governments, we ensured that CHWs were trained, supervised, digitally empowered, paid, and connected to health facilities. Over the past 6 months, we have seen CHW household visits steadily improve—in January, just 14% of households in Nyatike and 29% of households in Awendo were visited by a CHW each month. In June, household visits rose to 40% in Nyatike and 61% in Awendo. This means that more families are receiving care at the community level and being referred to health facilities when needed.

Expanding access to sexual and reproductive health
This year, we are rapidly expanding our sexual and reproductive health services across the county, from one subcounty early last year to six today. This meant recruiting and training 422 youth peer providers (YPPs) to counsel their peers, provide short-term contraceptives, and connect their peers with health providers when needed. To improve facility-based care for young people, we trained facility staff on youth friendly service provision and conducted mystery client assessments to identify gaps. Together, this work has led to a 51% increase in family planning visits across 5 new subcounties since expansion.

Clinical training initiative to reduce newborn death
In partnership with government, Lwala is expanding Helping Babies Breathe (HBB), a clinical training initiative to improve neonatal resuscitation in low-resource settings. We are also conducting an evaluation as we expand to build the evidence base. After baseline data collection, we have now trained 179 facilities on HBB and equipped them with HBB commodities. This work revealed two challenges: first, many facilities were not reporting on HBB regularly, so we switched from an onerous paper-based reporting system to a digital system called Kobo. Second, we noticed significant staff turnover at private and faith-based facilities, so we have increased mentorship and support at these facilities. Ultimately, we aim to ensure that every facility across Migori County has the supplies and training to stimulate breathing in the first minute of life.

Strengthening the blood supply
Lwala continues to support Migori County in improving its blood supply, which is especially critical in reducing maternal mortality and in providing care for patients with sickle cell anemia. So far this year, Lwala-supported blood drives have yielded more than 3,800 units of blood, outperforming the same period last year by 18%. We built momentum for blood donation around World Blood Transfusion Day and World Sickle Cell Awareness Day—at one school blood drive, more than 900 students donated.

Lwala Community Hospital digitizes health services
At Lwala Community Hospital, we are celebrating the digitization of outpatient and inpatient services. Our plan to move from a paper-based system was carefully considered—we assessed six different digital platforms and conducted site visits to other facilities who had made the transition. Launched in May, the new digital system helps staff members keep accurate patient records, manage patient flow, track and triage emergency cases, and send prescriptions from health providers to the pharmacy. We have already heard from staff that the system is improving their workloads and helping them capture every client.
Delivering health services (cont.)

A systems-level solution for drug stockouts
To close gaps in essential commodities for reproductive, maternal, and child health, Lwala, VillageReach, and the Ministry of Health established a partnership to tackle systemic stockouts. We recently conducted an assessment of the supply chain in Migori, which revealed a number of findings and recommendations. First, the stockout rate for essential medicines was 45%, including many commodities required for community health services. As a result, future forecasting and quantification will include community health commodities, ensuring that the county adequately projects stock levels required for service delivery. Additionally, the assessment found gaps in stock management, revealing the need for training and mentorship for CHWs and facility-based providers. Finally, Migori County will be developing a Supply Chain Management Strategic Plan, which will improve planning and budgeting for commodities—Lwala and VillageReach will support. Ultimately, these actions will help reduce stockouts of essential, life-saving medicines.

Thought leadership on community-led health

CHWs on the global stage
The International Maternal and Newborn Health Conference, hosted in Cape Town in May, featured a video from Lwala-supported CHW Euniter Nyasita, where she spoke about the role of CHWs in improving maternal and infant health. Her remarks also included a call for professionalization.

Podcasts featuring Lwala
Lwala Co-CEOs were recently featured on two podcasts. On the first podcast with Vital Strategies, Julius Mbeya and Ash Rogers discuss funding trends in public health and transforming philanthropic giving to benefit community-led organizations. On the second, Julius joins Philanthropod to talk about Lwala’s founding story, our impact, and our growth.

Sharing lessons from Lwala at global conferences
Lwala leadership joined a number of panels at global events over the past few months: a panel at the Segal Family Foundation Annual Meeting on managing large gifts and organizational growth, a conversation at the Skoll World Forum on local organizations leading change, and a panel at Vanderbilt University’s School of Medicine on the intersection of medicine and business.

Challenges we’re addressing

Protests and demonstrations disrupt health services
The past year has been politically and economically difficult for many Kenyans. Economic burden and political marginalization have resulted in protests and demonstrations, as well as reactions from government, causing violence and disruptions in service delivery. Lwala has a security plan in place to keep our staff safe, and while protests impact the mobility of some project staff, CHWs and field-based staff are able to continue their work. Additionally, we have supported emergency transport for 4 gunshot victims, who were injured during demonstrations.

Flooding in Nyatike Subcounty
In April and May, one of our new expansion sites, Nyatike, experienced heavy rains and major flooding. Because of this, most facilities were closed or inaccessible, leading to a reduction in service delivery—antenatal care visits, for example, declined by 8% since the same period last year. This also delayed recruitment of YPPs and implementation of outreaches. Additionally, flooding resulted in a cholera outbreak, which shifted health resources toward emergency response. We supported the subcounty in responding to the outbreak, and we also pushed forward with YPP recruitment and outreaches.
Every day, Tobias Masara wakes up motivated. In his role as Mothers and Children Officer for Lwala, currently working in Awendo, Tobias is in charge of coordinating care for community members. This work involves supporting the deployment of over 400 community health workers (CHWs), as well as planning and facilitating community committee meetings—spaces where community members come together to solve health challenges. His passion stems from his belief in community-led health: “Community members understand their own problems,” he says. “Our process is to understand these issues so we can ensure that even the most vulnerable, hard-to-reach people receive care.”

Tobias is proud to explain that Lwala’s model is sustainable because it’s not just providing services—it’s about building community ownership of health. “We don’t take a top-down approach,” Tobias says. “We don’t go into communities and just start building latrines. Instead, we build an understanding of why they need latrines. Once the knowledge is there, community members are empowered to work together to solve their own issues.”

For example, there was a pregnant mother who was hesitant to seek antenatal care at the clinic—she was preparing to give birth at home, supported by a traditional birth attendant (TBA). She was HIV positive but didn’t know home deliveries increase the risk of mother to child transmission of HIV. Hearing her story, Tobias took action that resulted in two positive outcomes. First, during a community meeting, he created space to address the mother’s concerns. Community members chimed in and helped her understand the care that was available to her throughout her pregnancy, during a hospital birth, and after delivery, which could prevent HIV transmission and still allow her to breastfeed. Meanwhile, Tobias also sought out the TBA who was making visits in this area, and he connected her with the training she needed to become a CHW.

As a result of Tobias’s work, the mother delivered her baby boy at her nearest health facility. Because she is now taking medication, her viral load is down, and her baby is HIV-free. Additionally, her TBA is now a trained and equipped CHW who regularly brings women to the hospital for their births. These tangible changes in his community are what keep Tobias motivated day to day.

Tobias was raised by his family to value hard work. Born in a small village not far from the communities he serves in today, Tobias’ earliest memories are of trailing along behind his mother on her daily chores. He always found ways to lighten her load, from escorting her to the market and carrying fish, to hand washing and hanging the laundry. A natural leader with an ability to build up others, Tobias trained his siblings to help out, and to love doing so. This work ethic, instilled early on, has stayed with him, and he approaches his work with joy.

Tobias’ formal schooling began in 1982. He went on to become a nurse and worked for 3 years in Tanzania before coming back to Kenya to register as a nurse here. He then decided to pursue community health at the undergraduate level at Jaramogi Odinga University in Bondo, finishing in 2019. Next, he plans to pursue a masters in community health at Mt. Kenya University.

In Tobias’ heart and mind, Lwala is an influencer—provoking changes at the national and global levels that go far beyond the organization’s original dream. He points to the digitization of CHWs, the expansion of the Obstetric Hemorrhage Initiative, and advocacy for CHW payment as examples. “Lwala is catalyzing profound changes in the health care system,” Tobias says. “Seeing those lasting changes motivates me to get up every day and do more.”