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

Contraceptive uptake
As measured by Couple Years of Protection

Percent of households visited by a CHW each month

On track to reach 2023 target of 175,000

Childhood immunization rate

10,000
young people reached with sexual and reproductive health information and services during Better Breaks this quarter

31%
increase in the number of ultrasounds provided across 10 partner facilities in Rongo from 2022 to 2023

22%
increase in patient visits at Lwala Community Hospital from 2022 to 2023

66%
increase in family planning visits after implementation of Lwala's sexual and reproductive health program in 5 new subcounties

2,385
pit latrines built or improved in Rongo from 2022 to 2023
As Kenyans commemorated Mashujaa Day on October 20th—where we celebrate the heroes of our nation’s past—we were met with hope for the future through President Ruto’s launch of Universal Health Coverage (UHC). After a decade of planning and commitment-making, Kenyans will now realize the promise of health for all—meaning high-quality essential health services available to everyone, without financial hardship.

Strong community health systems are at the center of achieving health for all. The launch of UHC therefore brings significant changes to how health services are provided at the community level, through lower level facilities, and through community health workers (CHWs).

Lwala has long been committed to strengthening the community health system, professionalizing CHWs, and enabling community accountability to improve health. We applaud President Ruto and the government for passing programs and laws that will transform health care for Kenyans, including efforts to pay and equip 100,000 CHWs across Kenya, as well as legislation on primary health care and financing for health facilities.

Lwala is committed to reverse this status quo, and we’ve worked with our community health partners to offer solutions rooted in programmatic experience, research, and the priorities of CHWs themselves. During last year’s election, we advocated for CHW payment to be included in party manifestos, and we met with the new administration post-election to develop a way forward. Earlier this year, the national and county governments of Kenya agreed to a cost-sharing system to pay CHWs a monthly stipend, as well as provide them with health insurance.

These commitments were solidified in September at a national launch event, where the President kicked off the distribution of standardized kits to equip 100,000 CHWs with supplies and medications needed for daily services. This historic moment marked a turning point and the beginning of a new era for community health in Kenya, where the focus of health care widened its lens to include prevention, promotion, and protection delivered by CHWs at the household level.

These efforts align with the rollout of the electronic Community Health Information System (eCHIS), a new digital platform owned by the national government that was developed to digitize Kenya’s community health workforce and advance UHC. 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 and eventually 4 additional Kenyan counties.

“Our advocacy efforts have always been geared toward achieving proCHW principles. It’s a great milestone that CHWs are now recognized as health care workers, and we now have county and national government commitment to pay them. Our next step is to ensure that they are paid consistently and on time.”

- Doreen Baraza Awino, Director of Health Systems Strengthening
Legislation to advance Universal Health Coverage
Ahead of the UHC launch on October 20th, President Ruto signed additional bills into law, including two that will significantly impact community health:

Primary Health Care Act
This law further strengthens the role of CHWs within the formal health system—alongside our partners at Community Health Units for Universal Health Coverage (CHU4UHC), Lwala championed specific provisions related to CHW professionalization and payment, including a memo we presented to the Senate Committee on Health. Additionally, the law establishes Primary Care Networks (PCNs), which use a “hub and spoke” model that connects a subcounty hospital to multiple health centers, dispensaries, and community health units. These networks share information and resources, pool commodities, and strengthen referrals.

By improving the quality of care delivered at lower level health facilities, clients can have the confidence to seek care closer to home. This model was introduced in 2021, and the 18 implementing counties reported improved integration of service delivery, better teamwork among different cadres of health workers, and stronger monitoring and evaluation.

Facility Improvement Financing Act
When health facilities in Kenya want to improve quality of services, they often face a critical roadblock: lack of funds. Under the previous law, all money earned by health facilities had to be turned over to the county treasury for redistribution. The new Facility Improvement Financing Act enables health facilities across the country to keep the money they earn from patient fees and other sources and reinvest it as they see fit, including in community health. This is a significant win for Lwala’s strategy to support counties to adopt community-led health, as Health Facility Management Committees will have much more control over how money is spent to improve quality of care.

It takes a village
In 2020, Lwala and our partners co-founded CHU4UHC to advance community health and ignite system change for UHC—from professionalizing CHWs to supporting community-led accountability. The coalition brings together community health actors in Kenya to work alongside and support the Ministry of Health.

Together, we have reiterated the same message: pay CHWs, give them the tools, training, and support to do their jobs well, and include community priorities in health decision-making. This drumbeat is paying off—the policies and strategies we developed with the Ministry of Health laid the groundwork for what we’re seeing today. Lwala will continue to walk the journey toward UHC with our government, our partners, and most importantly, our communities.

“The evidence that we are generating from the work we do is solidifying the proof that community health does change health outcomes. We have a larger responsibility to community health and to the CHWs who make this work happen. We will continue to scale the impact that we have achieved in Migori County with the ultimate aim that we can see progress in community health outcomes in Kenya.”

- Julius Mbeya, Co-CEO
A baby’s first cry can carry so much meaning. To a mother, it means their child has finally joined the world, full of life and vitality. To a health care worker, the baby’s cry is a simple but essential sign that the baby is in good health. Yet most health providers can recall a time when a birth was not accompanied by a cry—meaning the baby was unable to breathe.

For Benedeta Muruga Chacha, the maternity nurse in charge at Muhuru Subcounty Hospital, it was a few years ago when she was caring for a young, first-time mother. The second stage of the delivery was long and arduous, and when the baby was finally born, he was not breathing. Benedeta did chest compressions and sucked fluid out of the baby’s nose—the baby finally started to breathe, but abnormally. Although Benedeta did everything she could, she still had to refer the baby to a higher level facility in Migori County for advanced care. Fortunately, the baby and the mother both survived.

“\textit{I’ve had so many cases where mothers give birth to babies unable to breathe. Those moments are very tense. You try to do everything you can, but you never feel like it is enough.}”

\textit{- Benedeta Muruga Chacha, Maternity Nurse In Charge, Muhuru Subcounty Hospital}

Lwala’s journey to implementing HBB began in 2019. At the time, Migori County had a significantly high rate of perinatal mortality. Before, methods to assist babies who did not breathe at delivery were complicated, uncoordinated, and in the case of chest compressions, could cause internal organ damage to newborns. Tools used for HBB, on the other hand, are low cost, can be implemented without electricity, and do not cause harm to infants.

Since 2019, more than 2,000 health workers across 179 health facilities in Migori County have been trained on HBB and equipped with tools—meaning that 83% of health facilities conducting deliveries in Migori are now equipped to save a baby’s life when they are born not breathing. Additionally, we use a training-of-trainers approach, which promotes sustainability. Migori County now has a cadre of trainers ready to cascade HBB to facility-based providers. By 2024, we will reach every facility in Migori where babies are born.
This initiative is offering life to babies. It doesn’t require sophisticated equipment. All you need are the skills, bag and mask, penguin sucker, and stethoscope.”

- Felix Owuonda, Clinical Officer, Muhuru Subcounty Hospital

“HBB is a life changing set of skills for health care providers,” says Felix Owuonda, a Clinical Officer at Muhuru Subcounty Hospital. “We can now evaluate a newborn, identify birth asphyxia, and perform HBB protocols in the first minute of life.” When we began implementing HBB, the rate of resuscitation for newborns delivered with difficulty breathing was 78%. With training and mentorship over the last three years, 93% of these babies are now successfully resuscitated.

Evaluating Helping Babies Breathe
As we implement HBB, Lwala is documenting best practices and learnings, contributing to a global body of evidence. We are currently rolling out a study to evaluate the effectiveness of our training-of-trainers approach in improving the rate of successful neonatal resuscitation in 26 Migori County health facilities. The study will compare the change in babies successfully resuscitated at birth, before and after the intervention. It will also monitor knowledge and skills retention of the trained providers. The findings of the study will help guide our programming, inform Ministry of Health policy, and provide a training blueprint for peer organizations that want to implement HBB.

Protecting newborns through policy and systems change
Yet training alone is not enough—providers must also have the right tools and equipment needed to stimulate breathing. At many facilities, poor infrastructure and malfunctioning equipment have diminished the quality of newborn care. To change this, Lwala is working with the Migori County Health Management Team to conduct a situational analysis of the equipment and infrastructure needed for comprehensive newborn care. This analysis will enable us to identify facility needs, ensure equipment maintenance and mentorship, and improve infrastructure as needed.

Policy change is also required to ensure that health providers across Kenya are trained and equipped on HBB. At the national level, our advocacy led to the inclusion of HBB in the National Emergency Obstetric and Newborn Care (EmONC) curriculum launched last year—meaning that every health provider should learn about HBB protocols and interventions during routine in-service training. We are also advocating for HBB commodities to be added to the national Essential Medicines List, which would unlock widespread distribution and use.

Changing the story of newborn survival
Because of HBB, Nurse Benedeta now has new stories of the babies she delivers—stories where she is confident and equipped to save a baby’s life. She recalls a recent delivery, where a mother named Nancy gave birth to a baby who was not breathing. “I could see the newborn was in distress,” Benedeta says. “But in that moment, I only felt calm—I knew I had the right tools to intervene. First, I used the penguin sucker to remove fluids from the baby’s nose. Then my colleague Felix and I used the bag and mask to pump air into the baby’s lungs. Soon the baby took his first breath, and we let out our own breath of relief.”

Other health providers show similar enthusiasm—and relief—at having the training and tools they need to reduce newborn deaths from birth asphyxia. “HBB training and advocacy are so important because many babies have been saved,” says Meshack Wafula, the Clinical Training Coordinator at Lwala. “Each time I visit a facility, and I hear a baby cry, I know we are making a difference in our communities.”
Q3 2023 highlights

A snapshot of Lwala's work this quarter

Delivering health services

Expansion to 4th subcounty in Migori
On our journey to bring community-led health to all 1.1 million people in Migori County, Lwala has expanded our work to a fourth subcounty, Suna West—we are now reaching nearly 60% of Migori’s population. After meetings with local government, facility in-charges, and CHW supervisors to discuss health indicators and priorities, we trained 322 CHWs on the electronic Community Health Information System (eCHIS) and the maternal and newborn health technical module. There is also a large number of traditional birth attendants (TBAs) in Suna West, which has led to low rates of skilled delivery. We are working to identify TBAs, with the aim of incorporating them into the community health workforce so they can be champions of skilled delivery.

Extending community-led health to hard-to-reach populations
Suna West has both rural and urban populations, including Migori Town, and it shares a border with Tanzania. We anticipate additional challenges in providing services to three hard-to-reach populations: urban communities, gold-mining communities, and those living close to the Tanzanian border. In both urban and gold-mining communities, families are often away from their homes during usual household visit hours—we’ve seen CHWs making appointments and conducting visits on weekends to overcome this challenge. Communities near the border, on the other hand, are hard to reach because of challenging terrain and poor roads, and people often flow across the border based on work opportunities.

Digital tools to manage childhood illnesses
Equipping CHWs to respond to childhood illnesses is critical in reducing infant and child mortality. Lwala partnered with Digital Medic in creating an open-access, digital training tool that builds CHWs’ skills in identifying signs of common childhood illnesses, caring for sick children at home, and referring families to health facilities when needed. The training contains videos, exercises, and patient teaching tools, and so far, we’ve used it to train 400 CHWs in Awendo. CHWs report revisiting the videos to refresh themselves on the content, and we worked with Digital Medic to add a module on malaria at CHWs’ request. Importantly, this training is aligned with Kenya’s Integrated Community Case Management Guidelines (ICCM), which were approved last year with Lwala’s input.

First birth companions at Lwala Community Hospital
Every woman deserves dignified and respectful maternity care, with compassionate providers who listen to their needs, provide understandable information, and encourage them to make their own choices. To further promote respectful care, we partnered with the International Childbirth Initiative to train birth companions, who provide continuous emotional, physical, and informational support to women throughout pregnancy, labor, and delivery. So far, we’ve trained 29 CHWs, nurses, and other support staff as birth companions at Lwala Community Hospital and nearby Minyena Health Center. They work in rotation to ensure
that the maternity ward is covered at all times, even at
night. We were excited to share our experience with a
global audience, at the annual meeting of the International
Federation of Gynecology and Obstetrics.

Doubling down on efforts to improve antenatal care
Across Rongo, Awendo, and Nyatike, Lwala is doubling
down on our efforts to ensure every pregnant woman
attends the recommended 4 antenatal care (ANC) visits.
We supported subcounty health management teams and
facilities to review ANC data, identify gaps, and work with
CHWs to follow-up with women overdue for a visit.
Additionally, we’ve hosted open maternity days, which
enable women to visit their facility, ask questions, and
become comfortable with the health providers—in Awendo
and Nyatike, women can also receive ultrasounds during
these open maternity days. In Rongo, trained ultrasound
providers circulate between health facilities, leading to a
31% increase in ultrasounds between 2022 and 2023.
These efforts have had significant impact: 89% of pregnant
women in Rongo attend 4 or more ANC visits, while ANC
visits in Awendo and Nyatike (where Lwala recently
expanded) have increased by 14% and 3% respectively since
the same period last year. We’re also continuing to learn
about barriers to ANC uptake—CHWs recently reported, for
example, that experienced mothers may not realize the
importance of early ANC after their first pregnancy, so
CHWs are reinforcing messages on early and consistent
ANC, regardless of the number of pregnancies they’ve had.

Access to sexual and reproductive health for youth
This year we have expanded our sexual and reproductive
health (SRH) services to six of Migori’s eight subcounties.
The work of youth peer providers, the Roving Provider
Initiative, and facility staff trained on youth-friendly care
has driven a 66% increase in family planning visits within
these new geographies. Additionally, we hosted “Better
Breaks” across all six subcounties for the first time—at these
social gatherings held during school breaks, we reached
10,000 young people with SRH information and services.

Strengthening the health system
Launch of national efforts to professionalize CHWs
In September, the government of Kenya launched national
efforts to professionalize CHWs, ensuring that 100,000
CHWs across Kenya are paid through a cost-sharing
agreement between county and national governments.
Additionally, 100,000 CHW kits—which contain essential
equipment and commodities for community health—are
being distributed to all 47 counties. 7,000 CHWs joined the
celebrations in Nairobi, marking a key moment in the
proCHW movement and the culmination of years of
advocacy from Lwala and our partners at Community
Health Units for Universal Health Coverage (CHU4UHC).

Digital tools revolutionize the work of CHWs
Alongside payment and equipment, the national
government also launched eCHIS, which revolutionizes the
work of CHWs with digital tools. Lwala was a key partner
in developing eCHIS at the national level, and we are
providing technical support during the rollout in 7 counties
currently. We are also partnering with Migori County
directly on eCHIS implementation—so far, we’ve helped
train and equip 1,250 of Migori’s CHWs. Through this
digital platform, CHWs can manage caseloads and collect
data, which is then aggregated at the local, county, and
national levels for decision-making.
Strengthening the health system (cont.)

Coalition efforts to advance Universal Health Coverage
The drumbeat for community health continued to build with the launch of Universal Health Coverage (UHC) on October 20th. Ahead of the launch, President Ruto signed two key pieces of legislation: the Primary Health Care (PHC) Act, which further strengthens the role of CHWs within the formal health system, and the Facility Improvement Financing Act, which improves the ability of health facilities to direct funds toward community needs. Advocacy from Lwala and CHU4UHC helped shape these new laws, and our collective efforts were recently featured in The Nation.

CHWs advocating for change
CHWs have been central in advocating for these changes in policy—including Migori County’s CHW Network, whose membership has grown to nearly 1,300 since Lwala supported its establishment last year. Joining forces with CHWs across Kenya, 4 CHWs from the Migori’s CHW Network represented their peers in the development of a memo on the PHC Bill and a call for professionalization. Additionally, more than 550 CHWs in Migori have been trained on advocacy, through a curriculum we helped develop with Community Health Impact Coalition and CHWs around the world.

Ensuring children survive and thrive
To reach more children across Kenya with nurturing care, Lwala is working with the Ministry of Health and partners to develop the National Integrated Early Childhood Development (ECD) Policy. Lwala has supported the delivery of nurturing care through CHWs and health facilities since 2020, and we used our experience and evidence to inform this policy—including learnings around multisectoral coordination (e.g. involving stakeholders from health, education, gender, and child protection sectors) and the changes we’ve seen in caregiver behaviors. At every step of the process, Lwala has been a strong voice for CHWs, helping to define their role in delivering nurturing care. Once the national policy is passed, we will work to revise and align the Migori County ECD Policy.

Thought leadership on community-led health

New research from Lwala
We are excited to share four new pieces of research from Lwala, all published in peer-reviewed journals. These include studies on contraceptive utilization, early childhood development, and childhood mortality in Migori County. We also published research with Community Health Impact Coalition (CHIC) on dual cadre CHW programs (i.e. where paid and unpaid CHWs work alongside each other), and we found that more than half of volunteer CHWs in dual cadre programs experience labor exploitation.

Spotlight on community health at UNGA
At this year’s United Nations General Assembly (UNGA), we worked with our partners at CHIC to shine a spotlight on community health and professional CHWs. The week opened with a CHIC-hosted event on moving from words to action on professionalizing CHWs, where Lwala Co-CEO Julius Mbeya joined the panel. Later in the week, Kenya’s President Ruto highlighted Kenya’s commitment to CHWs, setting the scene for the launch of CHW payment, equipment, and new UHC legislation over the next month.

Challenges we’re addressing

Climate change and new patterns of disease
Kenya is expecting higher than usual rainfall through early 2024, and as a result, we anticipate outbreaks of waterborne illnesses like cholera, alongside inaccessibility of some health facilities. Lwala has become a trusted partner to Migori County’s government in preparedness and response, and we are already working to develop mitigation plans and distribute water treatment packs. Yet we know that events like these are happening more frequently—climate change is increasing severe weather in our region and causing new disease patterns like more frequent cholera outbreaks.
Spotlight on community change-makers

Keeping a community nourished: Beatrice Atieno’s daily fight against malnutrition

Beatrice Atieno is a health enthusiast who has always loved children. As Nutrition Assistant at Lwala Community Hospital, she is the epitome of a passionate health worker. This passion evolved from witnessing babies and children die from acute malnutrition when she was just a child herself—relatives, friends, and others in her village. Seeing these deaths instilled in her a deep desire to understand malnutrition at its roots.

Beatrice started working for Lwala in March of 2022. Having worked in under-resourced health facilities in the past, Beatrice was hungry for an environment where she could put her skills, expertise, and creativity to good use.

Lwala Community Hospital quickly revealed itself to be the right place for her. “At a previous hospital, we were trying to treat clients but lacked drugs and nutrition commodities. We had no support from management. I loved my clients so much, but I would work for 3 months with no pay,” Beatrice recalls. “But at Lwala, we have everything we need to support clients—from nutrition commodities to assessment tools. We also have good teamwork and support from management. Our clients are so happy.”

A mother of four, Beatrice lives just 15 minutes from Lwala with her husband and four kids who range in age from 2 to 13. “I work Monday to Friday, but sometimes we have malnutrition cases come in on Saturday or Sunday, and I’ll go to the patient. I have that passion.”

Beatrice’s role at the hospital is multi-faceted. She ensures all babies who are brought for well-child visits are screened for malnutrition, and she provides education to mothers and fathers on nutritional needs during pregnancy and after childbirth. She also champions the Baby Friendly Hospital Initiative, a certification process for hospitals that promotes and supports breastfeeding as part of maternal and newborn health services.

At the heart of her role, Beatrice is a breastfeeding expert. She ensures all mothers who give birth at the hospital—6 to 10 births per day—are supported to navigate the challenges and complications of breastfeeding. The goal is that all mothers can successfully breastfeed their babies exclusively for the first 6 months, and in combination with solid food until 2 years of age, including HIV+ mothers with suppressed viral loads. Beatrice ensures male companions are brought on board to support the mothers with breastfeeding, which includes prioritizing a healthy diet for the mothers.

Mothers who deliver at Lwala Community Hospital stay in the postnatal ward for 24 hours after delivery to ensure proper latching. Beatrice is there to help them initiate breastfeeding within the first hour after delivery and to provide guidance on positioning. “We also certify that they know how to express milk so they go back to school or work,” she says. “Regardless of HIV status, we want to support everyone to breastfeed for the first 6 months if possible. Our services are high quality and also free—so women want to come to Lwala Community Hospital to have their babies.”

A supported staff member is generally a happy one. What Beatrice loves most about working at Lwala is a full client load, a true sense of team, and the flexibility of working in different spaces and with different groups throughout the day. “At Lwala there is teamwork. I know we will do more for our clients as a team than we can do on our own. And there is support—my clients get the care they need. They get healed. And I go home a happy person.”