Dear Allies,

The story of 2023 was one of change and growth—change in the Kenyan health system to prioritize community health, and the growth of Lwala to support more communities in making better health a reality. When we reflect on Lwala’s founding story, rooted in the dream of one community in Western Kenya to create access to health care where there was none, we can’t help but recognize how big this dream has grown—and the ripple effect it’s had on communities across Kenya.

We know that community health workers (CHWs) are the backbone of health care. For many years, Lwala and our partners have been advocating on behalf of CHWs to ensure that they are professionalized and recognized by the health system. This means paying CHWs and giving them the tools, training, and support they need to do their jobs well. Through Community Health Units for Universal Health Coverage (CHU4UHC), a coalition co-founded by Lwala, we made this a priority for candidates during the 2022 Presidential elections and then continued to build momentum through advocacy—culminating in the biggest programmatic and legislative changes for CHWs in generations.

These sweeping changes were threefold. In September, the national government began to distribute standardized kits to equip CHWs with supplies and medications needed for daily services. The government also launched new digital tools, which Lwala helped develop, to support CHWs in collecting household data. And finally, in October, we celebrated the passage of new legislation that codifies CHW payment and community leadership in health.

But our work does not end here—it’s up to partners like Lwala to translate these policies into real change for communities across Kenya. Now that CHWs have equipment and digital tools, we need investment in training so that CHWs know how to use them. We also recognize gaps in supervision for CHWs, which requires more training for their supervisors. And though legislation unlocking CHW payment is a great signal of progress, we must step into a role of accountability to ensure that CHWs are paid consistently and on time.

At the same time, these national changes have enabled Lwala to grow faster and dream bigger, reaching even more geographies than we had planned for 2023. Over the past two years, we expanded beyond Rongo to four more subcounties in Migori County—Nyatike and Avendo in 2022 and Suna West and Kuria East in 2023—and we are on pace to reach all 1.1 million people in Migori by the end of 2024. Additionally, we are now implementing the Obstetric Hemorrhage Initiative (OHI) in 5 counties, where we are ensuring that health facilities have the training and tools they need to respond to the leading cause of maternal death. Over the next few years, we will be expanding OHI to 15 high-burden counties and community-led health to 5 counties, starting with Homa Bay and Baringo in 2024.

As always, we thank you for being on this journey with us. Together, we have improved health for communities near Lwala—and that has unlocked better health for all of Kenya.

In solidarity,

Ash Rogers  
Co-Chief Executive Officer

Julius Mbeya  
Co-Chief Executive Officer

Letter from Lwala's Co-CEOs
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

292 community health committees equipped to drive change
2,115 professionalized CHWs directly supported
329 facilities equipped to manage obstetric hemorrhage

Contraceptive uptake
As measured by Couple Years of Protection

Skilled delivery rate

Childhood immunization rate in Rongo

OUR IMPACT

4X
increase in contraceptive years of protection provided from 2022 to 2023

49%
increase in patient visits at Lwala Community Hospital since 2021

2X
increase in ultrasound screenings conducted in Rongo Subcounty from 2022 to 2023

56%
increase in family planning visits after implementation of Lwala's sexual and reproductive health program in 5 new subcounties

1,500 community health workers engaged in advocacy through Migori County's CHW Network
Too often, adolescents and youth are sidelined in decision-making about their own health. “We know that young people may find it difficult to access sexual and reproductive health (SRH) services,” says Sam Oyugi, Lwala’s head of adolescent & youth programs. “Public health experts are always looking for new ways to reach youth, but in most cases, young people themselves are not consulted. We wanted to create something new—services designed by young people, for young people.”

In Migori, like in many other Kenyan counties, youth access to SRH services is impacted by a lack of knowledge, negative attitudes of health care providers, and stigmatizing cultural and religious beliefs. Yet when young people have the skills and space to lead, they can transform care for themselves and their peers.

For many years, Lwala has partnered with government and youth to improve access to SRH services, innovating and iterating on our model in Rongo Subcounty. We deploy a cadre of young people to serve their peers, and we promote high-quality comprehensive sexual education in schools. We also provide information and access to a range of modern contraceptive methods, delivered through health facilities and other youth-friendly access points. At the center of this work is the leadership and knowledge of young people.

Expanding youth-led sexual and reproductive health services in Migori County
Over the past year, Lwala has expanded this model beyond Rongo to five additional subcounties in Migori—Awendo, Nyatike, Uriri, Suna East, and Suna West. We recruited and trained 433 youth peer providers (YPPs), aged 18 to 24, who provide information to their peers on SRH, as well as distribute condoms, oral contraceptive pills, and emergency contraception. We work with YPPs and other young people to plan gatherings during school holidays—called “Better Breaks”—where they can access SRH information and services. Additionally, YPPs connect their peers to services at the community level through the “Roving Provider Initiative.” Finally, we are supporting over 100 health facilities to improve services for young people.

As a result of this work, we’re reaching more young people than ever with the sexual and reproductive health services they deserve—in expansion geographies, family planning visits have increased by 56% from 2022 to 2023, compared to a 24% increase in subcounties where Lwala has not yet expanded.

“I aspire to be an effective leader tomorrow, so I don’t want to be seen and treated only as a beneficiary. Instead, I want to actively participate in finding solutions to help young people in our generation achieve their dreams.”

- Vincent Owino, Lead Youth Peer Provider, Rongo Subcounty

Underneath this data lies stories of youth-led change, and below are three examples that showcase the unique ability of young people to understand each others’ problems, figure out a solution, and advocate for change.

Improvements in youth-friendly services at Kochola Dispensary in Rongo
The health-seeking behavior of young people is heavily influenced by their health providers. If young people feel judged or disregarded at health facilities, then they will be reluctant to return for future health care services.
To improve youth-friendly services, staff at Kochola Dispensary in Rongo Subcounty teamed up with YPPs. Together, they established a “YPP desk,” where young people are received by their peers upon arrival. They also identified and designated an area for youth-friendly care to improve the privacy and comfort of young clients.

At the same time, all staff at Kochola underwent an orientation to youth-friendly care, and YPPs played a crucial role in bringing the perspective of their peers to the table. “My perception of young people was altered when I began working with YPPs,” says Dorcas Adongo, a Clinical Officer and youth-friendly champion at Kochola. “I realized that when you demonstrate interest, care, and understanding of their needs, they open up and allow you to serve them.” Due in part to this work, family planning visits among youth at Kochola have increased 140% from 2022 to 2023.

Reaching young people with nighttime services in Nyatike
In Nyatike Subcounty, young people face unique challenges in accessing SRH services due to its vastness, difficult terrain, and a rainy season that creates impassable roads. Nyatike is located in Migori County’s gold belt along the shores of Lake Victoria, where mining and fishing are the main economic activities for a young workforce. It’s difficult to see a health provider during the day because of work, and at night, there is increased sexual activity near mining centers and beaches, posing risks to young people.

In response, youth peer providers decided to build upon the Roving Provider Initiative, which is being deployed in other subcounties. Under this initiative, YPPs leverage their connections with health facilities, calling on trained health providers to come to a safe space in their community where they can provide methods like injectable contraceptives and implants to youth. But in Nyatike, “we needed to tailor our intervention to address the distinct factors influencing the lives of youth,” says Churchil Adawo, Facility In-Charge at the nearby Otati Health Facility. So now the Roving Provider Initiative is offered at a time that works for young people in the community—at nighttime. “We joined forces with YPPs and the subcounty team, and now we have seen a higher adoption of family planning methods,” says Churchil.

According to Benard Okeyo Nyasaya, Nyatike’s Adolescent and Youth Coordinator, after hours support—at facilities and through the Roving Provider Initiative—are specifically targeting young people who may have foregone health care due to busy schedules or concerns about privacy, stigma, and embarrassment. “The convenient location of services and staff who are trained to provide destigmatized care make young people feel more comfortable and at ease,” he says. This is supported by data: between 2022 and 2023, Nyatike saw a 178% increase in contraceptive uptake (as measured by couple years of protection).

School breaks as an entry point for SRH services in Awendo
School holidays are often the riskiest time for young people engaging in unprotected sex. Through Better Breaks, Lwala and YPPs create space for young people to engage in leadership and leisure activities. During these gatherings, they can also access SRH counseling and services, such as pregnancy tests, contraceptive methods, and test kits for HIV.

In particular, we’ve seen great buy-in from YPPs and other young people in Awendo—they have mobilized their peers and planned creative activities to share SRH information, including a fashion show with SRH messaging. In December 2023, they organized and executed a three-day Better Breaks event. More than 1,500 young people attended each day, where they were provided with reproductive health information and services tailored to their needs.

All of this progress underpins one of Lwala’s deeply held principles: services for young people should be designed by young people. “Our involvement only helps build better programs,” says James Otieno, a 23-year-old Better Breaks organizer from Awendo Subcounty. “We understand the problems of our peers, and we can offer new perspectives—while challenging old assumptions. With the leadership of young people, we can design the solutions that we need.”
Birth companions and their continuous support to pregnant mothers

Throughout pregnancy, delivery, and postpartum, every woman deserves dignified and respectful care, with compassionate providers who tend to her emotional and physical wellbeing. “Pregnancy is a very vulnerable time,” says Carren Siele, Nursing Officer In-Charge at Lwala Community Hospital. “Women need caregivers who offer them the information they need, encourage them to make their own choices, and advocate on their behalf.”

Dorothy Auma Omoro, a patient attendant at Lwala Community Hospital, was part of the team conducting informational sessions for expecting mothers during an open maternity day. She noticed a friend, Mary Gorety Ouko, was attending. At eight months pregnant with her first child, Mary was apprehensive about her upcoming delivery. Dorothy had recently been trained as a birth companion, and in that new role, she knew she was a trusted shoulder for pregnant mothers like Mary to lean on.

A week later, Mary arrived at the hospital to deliver. Without hesitation, she called on Dorothy to be her birth companion. Dorothy was present through the entire labor—she took walks with Mary, answered questions, and held her hand in moments of fear. “Everything she needed, I provided,” says Dorothy. “At one point, I asked her, ‘can you dance?’ And we did. We laughed that even her baby was dancing because she liked the song. If Mary’s back hurt, I would massage. Every moment, I noticed what was needed, and I used my birth companion training to offer the best support I could give.”

The baby was born 7 hours later, but Dorothy’s support didn’t stop there. She stayed with Mary, providing nutritional advice, breastfeeding tips, and insights to identify post-delivery danger signs. From pregnancy to birth to recovery, Dorothy listened to Mary, advocated for her, and cared for her emotional and physical wellbeing.

Training our first cadre of birth companions
Providing respectful maternal health care is key to building women’s trust in the health system. Lwala builds this trust through community health workers (CHWs), who visit pregnant and postnatal women, track their health, support birth planning, and encourage them to visit a health facility for antenatal care, skilled delivery, and postnatal care. Once women arrive at the facility, Lwala ensures they are met with high-quality services. If women feel supported and well taken care of, they are more likely to return, which drives better maternal and child health outcomes. Our birth companions program was envisioned as an extension of this model—a way to ensure that pregnant women receive respectful, dignified care.

In 2021, Lwala established a partnership with the International ChildBirth Initiative (ICI), which provides guidance on implementing evidence-based maternity care worldwide. ICI has done extensive research on the importance of respectful care—while labor is physiological, a baby’s journey to a healthy delivery rests on the consistent care and emotional investment made in the mother all throughout pregnancy, delivery, and the postpartum period. “Doing so reduces the likelihood of labor complications, need for referral, postpartum depression, and it protects the mothers birth memory,” says Carren.

In August 2023, we trained 24 health care professionals as birth companions—including CHWs, midwives, and patient attendants—from Lwala Community Hospital and nearby Minyena Health Center. Eight of those trained had previously been traditional birth attendants (TBAs), demonstrating the ability of these traditional care takers to be champions of facility-based delivery.
Diligent monitoring and program evaluation reveal the early impact of birth companions. Lwala conducted an exit survey at the end of 2023 to gauge the experiences of women during antenatal care and delivery. The majority of the women supported by birth companions reported a sense of comfort, safety, and respect. 95% of women felt that the staff cared about what mattered to the mother and her family. 100% of women felt included by staff in the process of making decisions about themselves and newborn care. And lastly, nearly 100% of respondents felt the labor process went exactly as they hoped.

In 2024, we will continue to support trained birth companions at Lwala Community Hospital and Minyenya Health Center. We also hope to use what we learn and the data we collect to inform the wider health system— we believe mothers across Migori County could benefit from the continuous support birth companions provide.

It takes having someone there for you
When Mary relied on Dorothy, she expressed great hope and strength in knowing her baby would be okay come delivery. “Dorothy’s advice was special,” Mary points out. Because Dororthy built a strong sense of trust with Mary, she was free to express all worries and find a sense of calm in her labor and delivery. “My delivery was so short, and I think it was because of Dorothy and all the steps we took before delivery. Sometimes there was pain, but I was able to manage because she was always there. I would want other mothers to have the same support.”

In Kenya, birth companion programming and policy is very low. It is not an understood concept. In a lot of places, facilities do not allow a person other than the husband into the delivery room. So Lwala is really a pioneer in incorporating birth companions in their maternity care model to ensure that every woman has the respectful delivery she deserves.”

- Esther Kimani, Certified Doula with Dona International who helped conduct Lwala’s initial training

The week-long training equipped these individuals to provide expecting mothers with continuous emotional support, physical comfort, non-clinical advice, and guidance in labor and postpartum periods. “In training, we were taught that to help mothers post-delivery—with breastfeeding or any other problems—we had to make them feel free and comfortable with us,” says Monica Adhiambo Otieno, a CHW supported by Lwala. “I remember a mother came to deliver without anyone to support her, so we became her support.”

Advancing continuous support during labor, delivery, and postpartum
Training birth companions is one component of our broader goal to reduce maternal deaths. In Kenya, maternity mortality remains high, and many underserved communities bear the greatest burden of loss—just 15 of Kenya’s 47 counties contribute to 98% of maternal deaths. Yet research shows that continuous support during labor has clinically meaningful benefits for women—they need fewer pain medications, have more vaginal births, and require fewer cesarean sections or births assisted by vacuum or forceps, which can cause complications. Birth companions can also improve newborn health, as they are able to identify danger signs sooner. Newborns whose mothers have birth companions have better Apgar scores, which measures a baby’s overall health, and they bond better with their moms. The World Health Organization even recommends that women be supported continuously throughout labor.

But more than physical outcomes, birth companions contribute to the mother feeling more satisfied in their birthing journey. Lwala incorporated these insights into action at Lwala Community Hospital and Minyenya Health Center. Our trained birth companions recall pride in being able to counsel mothers and then observe positive outcomes on the health of their baby post-delivery.

Lwala is constantly exploring new ways to make health care better—and through the continuous support of birth companions, we know that we are giving every pregnant woman the respectful, dignified care she deserves.
Strengthening the health system

Monumental leap for community health in Kenya
The national momentum for community health, which has been building for years, culminated with the launch of the electronic Community Health Information System (eCHIS), distribution of commodities to 100,000 community health workers (CHWs), and the passage of new legislation. Ahead of the launch of Universal Health Coverage in October, the President 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 helped shape these new laws, and we celebrated alongside our communities and CHWs.

Digital tools revolutionize the work of CHWs
In 2023, the national government began to rollout eCHIS, which revolutionizes the work of CHWs with digital tools. Alongside partners like Living Goods and Medic, Lwala supported the national government to develop eCHIS, and we are continuing to refine and add to the platform—most recently including a new dashboard for CHW supervisors, as well as new work flows for CHWs on neglected tropical diseases, diabetes, and hypertension. We are also partnering with Migori County directly on eCHIS implementation—so far, we’ve helped train and equip more than 1,500 CHWs across 4 subcounties. 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.

Expanding access to the Obstetric Hemorrhage Initiative
Alongside government, Lwala brought the Obstetric Hemorrhage Initiative (OHI) to every facility in Migori County. And over the past year, we forged partnerships to expand OHI in four additional counties: Homa Bay, Kilifi, Mombasa, and Garissa. We’ve now trained health providers across 329 facilities, and we are testing new mentorship approaches to reduce cost and improve knowledge. Lwala is also working to ensure that OHI is adopted throughout the country. In 2022, we celebrated when the Ministry of Health added OHI technologies and protocols to national training tools for health workers. And after years of advocacy, OHI commodities were recently included in Kenya’s essential medicines lists, which will make it easier for counties to procure the commodities they need.

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 1,500 since Lwala supported its establishment last year. Joining forces with CHWs across Kenya, four CHWs from Migori’s CHW Network represented their peers in the development of a memo on the PHC Bill and a call for professionalization. Additionally, 715 CHWs in Migori have been trained on advocacy, through a curriculum we helped develop with Community Health Impact Coalition and CHWs around the world.

Strengthening community governance in health
To improve community governance in health, Lwala works to strengthen community health committees (CHCs)—we currently support 292 CHCs in Migori County. These CHCs identify health-related challenges affecting their community, work with CHWs and health facilities on creative solutions, and hold government accountable. Through an annual CHC functionality assessment, Lwala is measuring their ability to represent community needs over time. The third assessment was conducted in 2023, and compared to baseline, we saw a 44% increase in CHCs who engage in annual planning, an 88% increase in CHCs who participate in CHW recruitment, and a 79% increase in CHCs who participate in a monthly review meeting with CHWs.
Delivering health services

Expanding community-led health in Migori County

Over the past two years, we expanded beyond Rongo to four more subcounties in Migori County—Nyatike and Awendo in 2022 and Suna West and Kuria East in 2023—where we are now working with new communities across a population of 600,000. Alongside government, we trained and digitized 2,115 CHWs who registered households and began providing services, and in Nyatike and Awendo, we also began work with public facilities to improve quality of care, reaching 61 facilities in total. 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. We are on pace to reach all of Migori County—1.1 million people—with community-led health by the end of 2024.

Access to sexual and reproductive health for youth

In 2023, we expanded our sexual and reproductive health services to six of Migori’s eight subcounties. We have now mobilized and trained 433 youth peer providers to offer services to other young people, and we are supporting over 100 health facilities to provide youth-friendly sexual and reproductive health services. This work has driven a 56% increase in family planning visits within these new geographies. Across our 6 subcounties, we saw contraceptive uptake (as measured by couple years of protection) more than double since 2022.

Unlocking better maternal health

Aided by new digital tools, CHWs accompanied pregnant women, monitored their health, and supported antenatal care and skilled delivery. In new geographies, we incorporated more traditional birth attendants into CHW cadres, transforming these trusted caregivers into champions of skilled delivery. We also doubled 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 more open maternity days, which enable women to visit their facility, ask questions, and become comfortable with the health providers. We are also enabling the health system to provide more ultrasounds to pregnant women, placing ultrasound machines in government facilities and ensuring a roving sonographer program to expand access. As a result of these efforts, skilled delivery is 97%, notably high given the addition of new geographies.

Ending preventable childhood illnesses

In addition to high rates of immunization in Rongo and increasing rates in new geographies, the big story for child health this year was the rollout of the world’s first malaria vaccine in Kenya. Lwala is partnering with the government of Migori County to ensure children are vaccinated during routine immunizations. This work includes training CHWs to provide information, connect children with health workers who can administer the vaccine, and follow-up to make sure children stay on the 4-dose schedule. It also includes supporting facility-based staff to incorporate the malaria vaccine into health outreach events in the community. As a result, more than 105,000 doses of the vaccine were delivered in 2023.

Improving quality of care at health facilities

Across a network of 61 partner facilities, Lwala brings together community members, facility-based health providers, and CHWs to improve quality of health care. Through this work, health facilities in Rongo, Awendo, and Nyatike are improving service delivery, collecting more accurate data, and helping health workers build new skills, which has led to an increase in both patient and staff satisfaction. Health facilities are also establishing and strengthening governance structures, like Health Facility Management Committees, which help improve accountability to community needs. Since baseline health facility assessments—which track facilities’ progress against six health system building blocks—we have seen a 100% increase in the quality of care in Rongo, and 38% increase in Nyatike, and 25% increase in Awendo.
Delivering health services (cont.)

Lwala Community Hospital makes changes to meet growing demand
Lwala Community Hospital took big steps this year to improve quality of care and meet demand—from adding staff and digitizing systems to improving patient experience. In May, we launched a new digital system to help staff members keep accurate patient records, manage patient flow, track and triage emergency cases, and send prescriptions from health providers to the pharmacy—and we've heard from staff that the system is improving their workloads and helping them capture every client. We also opened a new patient waiting area, with a queuing system that improves privacy and reduces waiting time. And finally, we added a residential medical officer (i.e. doctor) to our team. Having a doctor on site every day enables us to meet ever increasing demand—we've seen a 49% increase in annual patient visits since 2021.

Thought leadership on community-led health

Disseminating research on predictors of CHW knowledge and performance
In October, we hosted a webinar with Community Health Impact Coalition to disseminate our study on predictors of CHW knowledge and performance. The findings revealed that professionalization and experience are more reliable predictors of CHW knowledge and performance than formal education and literacy. We are using this research to inform the selection process for CHW and to advocate for the removal of barriers that keep women out of the CHW workforce.

Coalition efforts to shape community health legislation
Community Health Units for Universal Health Coverage (CHU4UHC), a coalition Lwala co-founded, has been instrumental in advancing community health in Kenya and in shaping new legislation. Our collective efforts were recently featured in The Nation.

Lwala elects new Board Chair
At their Q4 2023 meeting, Lwala’s Board of Directors unanimously elected Constance Shumba to serve as Chair of the Board. Shumba, a dynamic global health leader with expertise ranging from reproductive health and rights to integrated community case management and health systems strengthening, joined the board in 2020 and served as Vice Chair for the 2023 calendar year. We are excited to see how her wealth of expertise and experience contributes to Lwala’s strategy and growth over the next years.

Challenges we’re addressing

Climate change and new patterns of disease
Many of our communities, especially in Nyatike, experienced heavy rains and major flooding in 2023. Because of this, many facilities were closed or inaccessible, leading to a reduction in service delivery, and cholera outbreaks remained an ever present threat. Lwala has become a trusted partner to Migori County’s government in preparedness and response, and we worked 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. Lwala is interested in developing strategies at the intersection of climate change and health, and we are working to join coalitions and establish impactful partnerships in this space.

Rapid changes in the policy environment
2023 saw significant progress toward a national policy environment that supports community-led health—from the launch of eCHIS and distribution of mobile devices to CHWs, to new legislation that unlocks CHW payment and improvements in health facility financing. These shifts represent a huge opportunity for Lwala, but have also presented us with the need to rapidly accelerate our growth and make some strategic shifts with implications for program delivery, team structure, and funding. We are working to create a 2028 strategy that is reflective of these shifts in the policy environment and the exciting opportunities in front of us.
No one cheered louder than Euniter Adoyo when Kenya’s President made the formal announcement in October 2023 that every community health worker (CHW) would receive a salary for the crucial role they play in the country’s health system. Euniter was first a CHW and then a supervisor for 10 years before joining Lwala full time as a program assistant in the Mothers and Children Program in 2022. She won the Community Hero Award with Blood Water Mission in 2020, and the Best CHW in the County for Lwala in 2021. Her work was exceptional and necessary, and still, she was one of 100,000 CHWs across the country who have provided health care without pay for decades.

What this new national law meant for Euniter and other Lwala-supported CHWs was a salary paid by government versus the stipend plus supplies, uniforms, and commodities provided by Lwala. It also meant being recognized and valued for the work she did to provide direct care at the household level, and in training other CHWs in standards of excellence. The CHW model significantly lowers the overall cost of health care for the country of Kenya, but no longer would it do so on the backs of free, majority female, labor. The years of advocacy required to get this bill passed could be heard in Euniter’s cry of celebration when the announcement was made.

Euniter was born in Homa Bay County. Her father was a teacher, and her mother was a business woman. After high school, she got married and then attended the University of Nairobi, Kisumu campus, where she obtained a certificate in Guidance and Counseling. She started working at Lwala Community Hospital in 2010 as a nurse’s aide, but after three months she had to leave to work with her mother-in-law.

During this period Euniter developed a passion for doing community work. “My mother-in-law was a retired nurse’s aide, and people would come to her for care. She had so much knowledge, and I learned from watching the way she worked with people. She didn’t have the capacity to test people properly, so she would treat without testing. I developed passion and caring for people experiencing health issues, but I knew I wanted to do it differently.”

In 2012, Euniter came back to Lwala, and for a decade, worked as a trained CHW, carrying a client load of about 70 households. In recent years, she was trained as a CHW Advocate, received her certificate, and included advocacy training as part of her supervision of other CHWs. “Euniter commands respect from the CHWs she supervises and is a no-nonsense leader. She isn’t afraid to speak her mind,” Dennis says.

Euniter’s current role in Lwala’s Mothers and Children Program has her working to monitor, improve, and expand health services. During her career at Lwala, she’s consistently taken on more leadership roles, and she brings a unique legacy with her: first, you develop trust and confidentiality; then you test and treat.

“Working with Lwala has made me a better person because they capacity-build me as a professional by continuing to offer training opportunities. I know what I’m doing when I’m with a client or a colleague. And this is valued—by my clients, by Lwala, and now, by the government of Kenya.”