Letter from Lwala's Co-CEOs

Dear Allies,

Over the past year, we’ve had so much exciting news to share about progress toward Universal Health Coverage in Kenya—and how community health has been a key priority for the government. In early 2024, Lwala is visioning the next horizon, one where these new laws, policies, and commitments are implemented so that every Kenyan feels their effects—and that every Kenyan has access to high-quality health care within their community. This requires work with government and partners, internal restructuring, as well as shifts in how we deliver impact.

At the national level, we are working through Community Health Units for Universal Health Coverage (CHU4UHC), a coalition Lwala co-founded to advance community health, to strategize with the Ministry of Health and determine next steps for big picture questions: how do we ensure that all counties have the financing mechanisms in place to receive and disburse payment for CHWs, and how do we track those payments to ensure accountability? How do we integrate community health commodities into supply chains so that CHWs are able to consistently replenish the supply kits they received last year? And how do we digitize the entire community health workforce, including CHW supervisors, and build the capacity of county governments to manage digital systems? We tackled these questions and more in March at a CHU4UHC convening where we developed a joint strategy for the next four years, one that will support the government in reaching its bold vision for Universal Health Coverage.

Lwala itself is in a period of transition and change—from an organization that primarily implemented community-led health, to an organization that is also focused on changing the health system. We are in the process of finalizing a 2028 strategy and revising our organizational structure to reflect our growth as a system change organization.

This included establishing an External Affairs Department, which brings together our policy, advocacy, partnerships, communications, and business development capacities—and enables us to better deliver technical assistance to the Ministry of Health. We also added a matrixed structure for program departments, organized across functional health issues areas as well as new geographies. This means that each county where Lwala works will be supported by a multi-functional team, collaborating closely with government and based in that county.

And finally, we are visioning new ways to partner with government and with other organizations. As we expand into Homa Bay and Baringo, we are taking a co-implementation approach, whereby we support government in developing work plans, with the government leading service delivery. We also formalized a partnership with Dandelion Africa, another Kenyan-led organization delivering community health in Baringo, and we are developing our own internal capacity to subgrant to partner organizations to multiply our reach and impact.

As we embark on this systems change journey, we continue to be guided by our core belief: when communities lead, change is lasting. We know that when health systems reflect communities’ needs and priorities, health care for all is within reach.

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

296
Community Health Committees equipped to drive change

2,715
Professional CHWs directly supported

329
facilities equipped to manage obstetric hemorrhage

OUR IMPACT

Skilled delivery rate

Percent of households visited by a CHW each month

Contraceptive uptake
As measured by Couple Years of Protection

Childhood immunization rate

57
permanent methods of birth control provided, 2.7 times the number performed in the same time period last year

12%
increase in postnatal attendance visits in 5 subcounties where community-led health model is implemented

13%
increase in antenatal care visits in 5 subcounties where community-led health model is implemented

79%
Lwala Community Hospital’s health quality score from SafeCare, a 3rd party certification, compared to national average of 45%

1,500
CHWs registered for the advocacy network in Migori County
For a long time, discussions about community health workers (CHWs) have been happening without them in the room, resulting in policies and programs that often fail to support and value their work. As a result, CHWs around the world have been unpaid, undertrained, and under-resourced—only 14% of CHWs in Africa are salaried. This perpetuates gender inequality, as the majority of CHWs are women. “It’s time for my voice to be heard,” says Grey Odero, a Lwala-supported CHW in Migori County.

As the first point of contact in the health system, CHWs have unique, first-hand knowledge about the challenges their communities face when accessing health care. They are also the most powerful voices in demanding payment, training, supervision, digital tools, and commodities—all the requirements for building professional cadres of CHWs. Lwala trains CHWs as advocates, supports CHWs as they organize into networks that can shift policy, and amplifies the movement for CHW professionalization that extends far beyond Kenya’s borders. We provide CHWs with the resources and platforms to effectively advocate for themselves and their communities.

**CHW advocacy training**

“CHW voices must be amplified to address issues that prevent them from providing high-quality care,” says Caroline Wanyonyi, CHW Engagement Manager at the Community Health Impact Coalition, a coalition promoting proCHW principles. CHWs improve access to care by providing services at the community level and linking communities to the formal health system. They also offer valuable insights that help policymakers and health providers create tailored solutions for their communities. “CHWs’ involvement in advocacy goes beyond safeguarding their interests,” Caroline says. “It’s about driving real change by addressing the root causes of disparities in health care.” Ultimately, this improves health outcomes and rebuilds trust in the health system.

In 2021, Lwala partnered with the Community Health Impact Coalition and CHWs around the world to develop an advocacy training course for CHWs. This training prepares CHWs to advocate for change at the global and national levels, as well as within their communities. Around the world, more than 3,600 CHWs have completed the course.

Lwala is working with partners to expand this training within Kenya—so far, 750 Lwala-supported CHWs in Migori County and a total of 2,400 nationally have completed the training, and now CHW advocate champions are training their peers. Within the year Lwala plans to expand the advocacy training to two additional counties (Baringo and Homabay) with plans to train 400 CHWs.

CHWs are putting these new skills to use on the global stage. In March of this year, for example, a Lwala-supported CHW advocate, Maureen Wauda, spoke on a panel at the Skoll World Forum that focused on equipping CHWs around the world with digital tools. Maureen also shared her story in a new video documentary, developed with BBC Storyworks, the WHO Foundation, and Medic—and she’ll be advocating on behalf of CHWs at the World Health Assembly in Geneva this May.

**Building a movement of CHWs across Kenya**

As CHWs are trained in advocacy, they are building a CHW-led movement towards professionalization. CHWs are organizing through a newly established national CHW Network that monitors government policies and commitments to CHWs—and ensures they are fulfilled. “Our nationwide advocacy is securing an environment for CHWs to thrive professionally and to make a meaningful difference in their communities,” says Sherringham Elisha, Secretary-General for the National CHW Network. “We have seen that when we speak in a unified voice, decision-makers listen to and value our opinions.”

Late last year, national momentum for community health culminated with the launch of the electronic Community Health Information System, the distribution of commodities to 100,000 CHWs, and the passage of new Primary Health Care legislation that codifies CHW payment. The national CHW network played an active role in shaping the Primary Health Care Act by engaging in technical working forums, drafting, and presenting a memorandum.
We were excited when the President signed the Primary Health Care Bill into law. We actively voiced our opinions during its creation. Now, the new law supports CHWs' interests and advances healthcare for all.

- Sherringham Elisha, Secretary-General for the National CHW Network

The national network collaborates with other advocacy movements to professionalize CHWs and drive policy change. This includes Community Health Units for Universal Health Coverage, a national platform advancing community health that was co-founded by Lwala, as well as the Community Health Impact Coalition globally.

We are also working with the Community Health Impact Coalition to ensure that CHW advocates in Kenya are enrolled in a “speakers bureau”—a database of advocates who can amplify the voices of their peers and communities on a global scale. As a result, CHWs are gaining unprecedented—but long overdue—access to global opportunities to advocate for their recognition, professionalization, and career advancement. For example, last year, Millicent Miruka, a Lwala-supported CHW, delivered a keynote speech at the USAID-MOMENTUM event, highlighting the community's progress in safe and skilled childbirth and urging for renewed collaboration.

Building regional CHW networks for amplified advocacy

To amplify the voices of CHWs, Lwala aims to support the establishment of CHW networks at the county level. This is essential in Kenya’s devolved system in which county governments are responsible for health delivery and health budgets. In Migori County, for example, the CHW network we helped grow now has a robust membership of 1,500 and counting, and it has become a powerful force in influencing county policies and practices. To expand the network’s reach, CHWs are actively recruiting their peers through grassroots efforts, cultivating a sense of solidarity and empowerment among its members.

In Baringo and Homa Bay Counties, we are working hand-in-hand with CHWs to develop networks, growing the proCHW movement and centering CHW voices in community health policy throughout Kenya.

By organizing into a network, CHWs have gained access to spaces where they can collectively advocate for improved services to benefit their communities. “When we speak in one voice, we can secure a seat at the table,” says Benard Otieno, who serves as the Chair of the Migori County CHW network. “We feel empowered and motivated to stand up for the issues that advance our well-being and that of our communities.”

Through the network’s advocacy, CHWs’ asks have been included in county work plans and budgets, as well in the Community Health Services Bill that was passed into law. Recently, representatives from Migori’s CHW network also supported the development of the national Primary Health Care Act, which includes specific provisions on CHW professionalization and payment.

“Need to be recognized for the important work that we do in our communities. As a trained CHW advocate, I want to be at the table when the decisions about us and our communities are made. As the saying goes, nothing about us without us.”

- Millicent Miruka, Lwala-supported CHW from Rongo Subcounty

CHWs deliver healthcare for underserved communities and their voices are crucial for the development of equitable health policies and practices. Empowering them to speak out isn’t just about making policies and programs better suited to community needs; it’s also about creating a space where fresh ideas can thrive, leading to better health outcomes. By listening to CHWs, we can better understand their challenges and find lasting solutions together.
Strengthening the health system

Digitizing the community health workforce
Lwala and partners like Medic and Living Goods supported the national government to develop the electronic Community Health System (eCHIS), which revolutionizes the work of CHWs with digital tools. So far, the government and its partners have invested USD 120 million to digitally equip, train, and deploy eCHIS to over 100,000 CHWs in 42 of 47 Kenyan counties. We are continuing to make improvements to the platform, as well as add new work flows on eye health, cancer screening, oral health, and antenatal care. In Migori, our partnership to rollout eCHIS continues—so far, we’ve helped train and equip more than 2,400 CHWs across 6 subcounties.

Expanding access to obstetric emergency care
Alongside government, Lwala has trained every facility in Migori County conducting deliveries on emergency obstetric care. And over the past year, we forged partnerships to expand this work in five additional counties: Homa Bay, Baringo, 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 high-quality emergency obstetric care is available to every woman across Kenya. In 2022, we celebrated when the Ministry of Health added new technologies and protocols to national training tools for health workers. And after years of advocacy, new commodities for emergency obstetric care were recently included in Kenya’s essential medicines lists, which will make it easier for counties to procure the commodities they need.

Supplying CHWs with health commodities
To close gaps in essential commodities for community health, Lwala, VillageReach, and the Ministry of Health are working in partnership to tackle systemic stockouts. Together, we recently developed the Migori County Supply Chain Strategy—the first in Migori, and the second in Kenya. It covers all health commodities, and we successfully advocated for the inclusion of commodities used by CHWs. Once implemented, this will contribute to better equipped CHWs, as community health commodities will be included in budgets and supply chain systems.

Launching a revised national training curriculum for CHWs
Last year, the Ministry of Health began to review the National CHW Curriculum, which was last updated in 2016. Lwala supported these revisions, ensuring that the curriculum incorporates content on eCHIS, aligns with recently passed legislation detailing CHW scope of work, and includes standards for training length and format so that CHWs across counties receive the same training. We are also advocating for essential themes around climate resilience, disability, and gender inclusion. Through our supply chain work with VillageReach, we also pushed for the inclusion of 40+ commodities that CHWs routinely use in their work. We expect the curriculum to be finalized this month, and we’ll then begin efforts to digitize modules for blended training.

Tracking payment for community health workers
After numerous commitments to pay CHWs and Primary Health Care legislation passed last year that codified compensation, many CHWs across Kenya are beginning to get paid with funds from the national government. Lwala and our partners are keeping close track of payments to ensure accountability, as well as support county governments to set up the systems needed to receive and disburse payment to CHWs. So far, payments have been made for four consecutive months, but the number of CHWs actually receiving money varies widely by county—all CHWs in Homa Bay County received their pay, half in Migori, and none in Baringo. Once all CHWs are onboarded onto eCHIS, we expect these numbers to increase, and Lwala will be continually tracking and engaging with government to provide support.
Delivering health services

Expanding community-led health to new counties
In 2024, we’re expanding our community-led health model to two new counties: Homa Bay, which neighbors Migori County and Lake Victoria, and Baringo, which is located in the arid Rift Valley. In both counties, we’re using a co-implementation approach—we collaborate with government to develop work plans, and then the government leads service delivery, while Lwala promotes policy change, supports activities, backstops data collection and analysis, co-develops tools and offers thought partnership.

In Homa Bay, we conducted a functionality assessment to identify priority activities to strengthen community health. We found that CHWs had not received up-to-date training in more than a decade, and traditional birth attendants (TBAs) were assisting home deliveries—so our next steps are training CHWs on the basic service module and incorporating TBAs into the community health workforce. In Baringo, we are working with Dandelion Africa, a local organization that has been supporting community health since 2011. Together, we are planning with Baringo County government and aligning on strategies to implement community-led health including: training and digitizing CHWs, activating community health committees, and supporting public health facilities to improve quality of care. So far, Dandelion has trained 669 CHWs in two subcounties on eCHIS and the National CHW curriculum.

Lwala Community Hospital receives high marks on quality assessment
Lwala Community Hospital participates in SafeCare, a third-party certification system that enables healthcare facilities to measure and improve the quality, safety, and efficiency of their services. In preliminary results for our most recent assessment, the hospital received its highest score ever at 79%, indicating strength across 13 indicators, including outpatient services, human resources management, patient and family rights and access to care, diagnostic imaging services, and inpatient care. In comparison, the average score for facilities in Kenya is 45%.

Expanding sexual and reproductive health access and introducing new methods
Lwala is officially providing sexual and reproductive health services across all of Migori County to approximately 415,000 young people! We have now mobilized and trained 581 youth peer providers, 40 community advisory boards, 200 schools, and 150 health facilities to teach, promote and deliver youth-friendly sexual reproductive health services.

Additionally, this year Kenya introduced two new family planning methods, the hormonal IUD and DMPA-SC, a self-injectable contraceptive. We trained 43 providers on these new methods and developed a team of 7 champions to conduct on-job mentorship across Migori. These new methods expand the options for women as they weigh advantages, including convenience, confidentiality, and reduced side effects.

CHWs as educators on vaccines
In Kenya, as in many places around the world, vaccine hesitancy stems from distrust in the health system, the proliferation of misinformation, and many other factors. In partnership with Digital Medic, we are implementing a project that explores the role of CHWs as educators on vaccines. First, we developed digital training for CHWs to increase their understanding of vaccines and address their communities’ concerns. Second, we introduced a patient-facing chatbot tool to debunk myths and provide reliable information directly to patients. Our qualitative research found that clients had strong trust in CHWs and the information they delivered, and many clients indicated that information from CHWs influenced them to vaccinate their children—demonstrating that CHWs are powerful vaccine educators.

Expanding access to ultrasounds
The WHO recommends at least one ultrasound for all pregnant people before 24 weeks gestation. However, the low supply of machines and even lower availability of sonographers leaves the majority of pregnant people without this care. Lwala is working to strengthen the health system’s ability to provide obstetric ultrasounds. Across 3 subcounties, Lwala placed ultrasound machines and trained sonographers to provide roving services, greatly increasing the access to ultrasound services. However, the accessibility of ultrasound screenings are still limited by the availability of sonographers. We are conducting a study on a task-sharing approach to train 55 nurses and clinical officers on ultrasound screenings and referrals and place ultrasounds in 28 health facilities. The results will inform national policy to ensure access for all pregnant people across the country.

Household survey
Our triennial household survey is underway—trained enumerators are collecting data across 8,870 households in Migori County to capture the health, socioeconomic, and education status of our communities. New to this year’s survey are questions on mental health and a virtual consenting tool. We are also piloting a new mobile data collection platform to make future surveys easier and faster. Data from the survey will be used to better understand the impact of Lwala’s interventions, inform future programming, and identify priority areas for government and partner investment.
**Thought leadership on community-led health**

**Lwala-supported CHW, Maureen, featured in BBC film about digitization in Kenya**

Our belief that access to health is a fundamental right is at the core of our unwavering support for CHWs like Maureen, whose resilience in the face of personal tragedy inspires us all. Our commitment to this cause is echoed in an impactful new film created by BBC StoryWorks for Medic Mobile. The film showcases how digital technologies such as electronic Community Health System (eCHIS) enhance community health services. It highlights the vital role of community health workers in promoting inclusivity and advocating for Universal Health Coverage.

**Lwala deliberates on maternal health disparities at the SXSW Conference**

Our Co-CEO Ash Rogers joined the conversation in a panel discussion at the South by Southwest (SXSW) Conference, focusing on addressing global maternal health disparities. Hosted by the newly launched GE HealthCare Foundation, the panel delved into challenges faced by mothers and the solutions for enhancing maternal health worldwide. Lwala is honored to be one of the inaugural grantees of the GE HealthCare Foundation.

**Harnessing partnerships for change**

In March, Community Health Units for Universal Health Coverage (CHU4UHC) convened in Kisumu to celebrate four years of joint action on community health and to co-create a strategy for advancing health for all. The co-creation workshop began with field visits and a meeting with Migori County Health Management Team to discuss the county’s leadership in community health. Then coalition members and other stakeholders participated in a co-creation session to define strategies and interventions to advance health services in the community. The CHU4UHC platform was co-founded by Lwala and other partners to spearhead advocacy efforts and resource mobilization for community health services in Kenya.

**Challenges we’re addressing**

**Flooding**

Since March, Kenya has faced massive floods. In the past several weeks, torrential downpours have worsened, destroying homes, roads, and health facilities—exceeding the devastation wrought by last year’s floods triggered by El Niño. In Homa Bay County, 16,250 individuals in 3,250 households have been impacted, with 887 households displaced and seeking refuge in campsites at nearby schools and facilities. Lwala has jumped to action, conducting health outreaches to campsites, providing immunization and health services to families, while procuring medications, antibiotics, and sanitary pads to disperse among campsites. Since climate change is increasing the frequency of these events, we are also equipping CHWs and their supervisors with tools and rapid trainings on disaster response, including monitoring and identifying disease outbreaks. We are urgently raising $30,000 to ensure continuity of health services, provide basic needs like safe water, and supplement the economic wellbeing of those impacted by the floods. If you are interested, please email info@lwalacommunityalliance.org

**National doctors strike limits government service delivery**

Since March, doctors at public health facilities have been on strike related to salary structures for those entering the profession. This has significantly impacted the delivery of health services at higher level government facilities staffed by doctors—many patients are going without care, while others are having to pay for more expensive services at private hospitals. Lower level government facilities that are staffed by nurses are operating as usual, but many people falsely believe that these facilities are impacted too. We are working through CHWs to inform people that these facilities are operating as normal, and advising people about what kind of care can be provided at these facilities (to avoid high-cost private care where not needed).

**Lwala Community Hospital sees rise in patient load because of strike**

The doctor’s strike is also impacting Lwala Community Hospital, as more people are seeking care outside of public facilities—we’ve seen a 17% increase in patient visits as a result. We are creating plans to handle increased patient load, including establishing a pool of on-call staff for when there are spikes in demand, as well as increasing stocks of medicines over the next 2-3 months. We also negotiated with private hospitals to accept referrals from Lwala Community Hospital at a reduced cost. We are closely watching national-level negotiations, where the debate is playing out in the courts.
Spotlight on community change-makers

Dr. Chadwink Ochieng Omondi: Award-winning Doctor brings People-Centered Leadership Home

In his short time at Lwala, Dr. Chad has also initiated a high-risk pregnancy clinic, which identifies women in need of extra care during pregnancy and enables regular connection between these women and facility-based providers, leading to better maternal and neonatal outcomes. He is available for consultation even after his working hours, and the team knows they can brainstorm solutions for critical patients with him. “Dr. Chad has taught us how to take a more holistic approach toward our patients. For example, he’s training staff to incorporate mental health screening in the management of patients,” says Karen Lisa Boyi, a Clinical Officer In-Charge. “He is empathic and will always dig deeper to find the root cause of medical conditions, which often has both mental and emotional components.”

Chadwink grew up a mere stone’s throw from Lwala Community Hospital and coincidentally attended the same high school as Lwala founders, Milton and Fred Ochieng’. His success in secondary education led him to pursue a robust medical training, earning his Medical degree and a Bachelors in Human Anatomy at the University of Nairobi School of Medicine. While in school, he served as treasurer in the Association of Medical Students of the University of Nairobi, leading nearly 3,000 students.

After Medical School, Dr. Chad worked as the medical officer in charge of maternity at Nazareth Hospital in Kiambu, a town outside of Nairobi, while also teaching part-time at the University of Nairobi. “What was instilled in me during that time working in the maternity clinic was the dignity and sanctity of the delivery process. Being in the room with a mother and baby is a special thing. Seeing mothers experience recurrent pregnancy loss is tragic, so we intervene in every way we can. We treated a couple who had battled infertility for 10 years—and they had their first child.”
When Dr. Chad arrived at Lwala Community Hospital for final interviews before being hired, he experienced a warm welcome and noticed that this respectful approach to pregnancy and delivery was already in practice here, made evident by the mother-and-baby-friendly initiatives that were part of the system. “There’s a proverb in the Luo tribe, ‘Dalau ok rwenyi,’ which means you will always recognize your home,” he says. “It is your background that shapes your future. My wife and I had been living in the big city, and we were about to have our first child, so we knew moving back to the village would be a big change for us. But I knew when I interviewed with Lwala, that it was time to come home.”

“Being from the community, Dr. Chad understands the complexities of the relationships and this allows him to meet the people of Lwala where they are. He is a great community advocate and patient advocate.”

-Milton Ochieng’, Co-Founder