

Q3 2026 INSIDER REPORT



LETTER FROM LWALA'S CO-CEOS

Dear Allies,

Recent months have tested the resilience of Kenya's health system. A nationwide nurses' strike disrupted services for nearly two months, affecting health care for millions of Kenyans. More recently, Kenya reported its first Ebola cases, bringing renewed urgency to strengthen preparedness. These challenges remind us how quickly hard-won progress can be threatened.

They also reinforce why community-led health matters. Our model helps sustain access to care during disruptions and strengthens the trust that communities have in the health system. Throughout the strike, we continued community outreach, maternity open days, and roving services to reach families. As Kenya responds to Ebola, we are working alongside government to respond–including preparing CHWs and frontline health workers, securing PPE, and ensuring communities are part of the response.

In this quarter's spotlight, we also see what community-led health can achieve. On Mfangano Island in Homa Bay County, residents, CHWs, health workers, and county government are working together to strengthen care at their local health facility. Their progress—from improved infrastructure to stronger community accountability—shows how our model brings communities and government together to build a health system that responds to people's needs.

Together, we're building a health system where community leadership is the foundation for resilience and better health.

In solidarity,

Ash Rogers
Co-Chief Executive Officer

Julius Mbeya
Co-Chief Executive Officer

Lwala staff attend the Annual Postpartum Hemmorhage run in Homa Bay



OUR IMPACT

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.

11,990

PROFESSIONAL COMMUNITY HEALTH WORKERS SUPPORTED

inclusive of traditional birth attendants, extending care to every home

1,030

COMMUNITY HEALTH COMMITTEES EQUIPPED TO DRIVE CHANGE

leading local health initiatives and holding health systems accountable

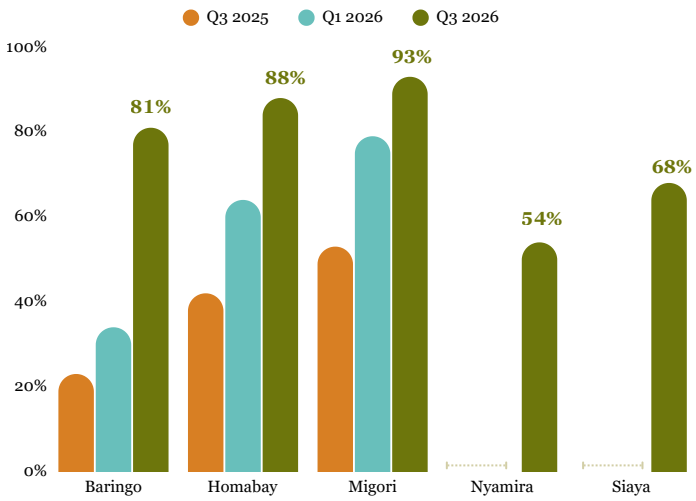
1,540

HEALTH FACILITIES EQUIPPED WITH LIFESAVING TRAINING AND TOOLS

ensuring high-quality care for every mother and newborn

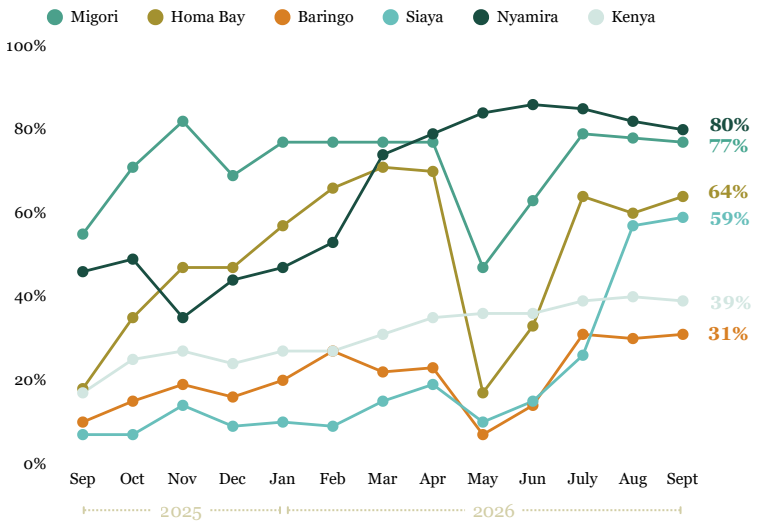
% OF CHWS ENGAGED IN ADVOCACY

MORE CHWS ARE ACTIVE, TRAINED ADVOCATES, ACCORDING TO A LWALA SURVEY



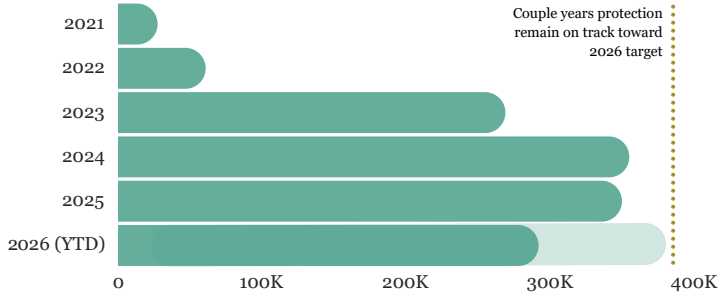
% OF HOUSEHOLDS VISITED BY A CHW EACH MONTH

HOUSEHOLD VISITS GROW AFTER DIGITAL SYSTEM UPGRADES



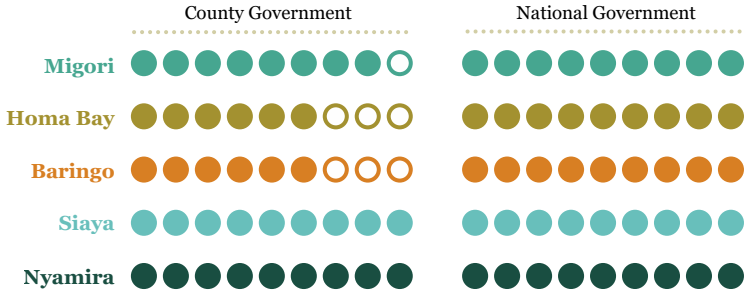
CONTRACEPTIVE UPTAKE - MIGORI COUNTY

AS MEASURED BY COUPLE YEARS PROTECTION



% OF MONTHLY CHW PAYMENTS COMPLETED IN 2026

STEADY PROGRESS TOWARD TIMELY CHW PAYMENTS



3.86M

people reached across 5 counties, on the path to reach 5 million by 2028

9%

of Kenya's total contraceptive protection in 2026 was supported by Lwala

64%

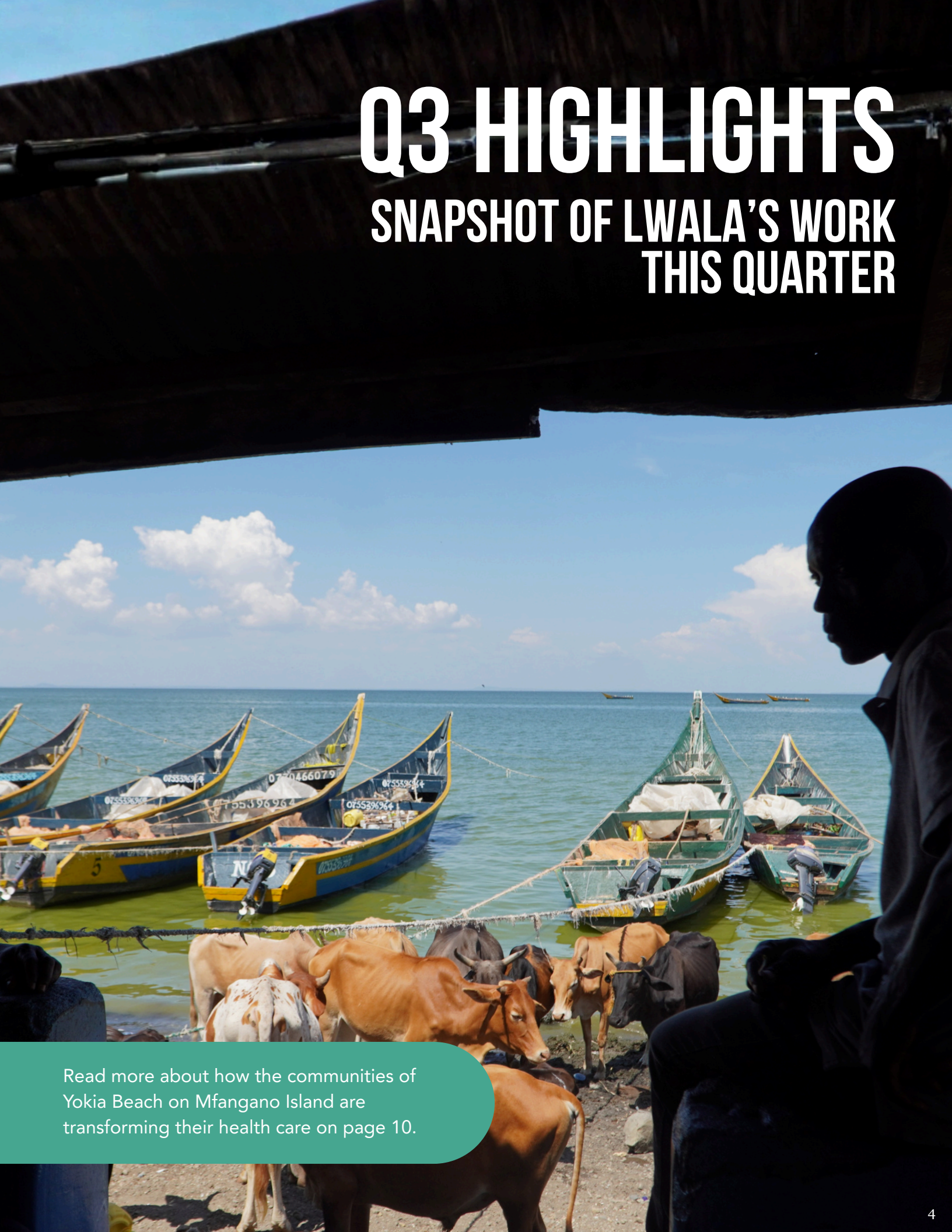
of delivering facilities in Lwala communities are trained and equipped on emergency maternal care

111,000

professionalized CHWs are equipped with digital tools nationwide

Q3 HIGHLIGHTS

SNAPSHOT OF LWALA'S WORK THIS QUARTER



Read more about how the communities of Yokia Beach on Mfangano Island are transforming their health care on page 10.

STRENGTHENING THE HEALTH SYSTEM

Accelerating lifesaving care for mothers and newborns

Kenya is accelerating efforts to prevent maternal and newborn deaths, and Lwala is helping bring proven solutions to scale. Through the Ministry of Health's Every Woman, Every Newborn, Everywhere initiative, national government is advancing interventions that Lwala has championed, including national procurement of non-pneumatic anti-shock garments to manage obstetric hemorrhage, as well as stronger maternal and perinatal death reviews to identify preventable deaths. Building on our experience in emergency obstetric care, we are also supporting the development of national simulation protocols that help health workers practice responding to life-threatening complications and act quickly when emergencies arise.

Launching guidelines for disability-inclusive health

People with disabilities are often left behind by health systems–but Lwala is working to change this. In July, Kenya launched its national disability mainstreaming guidelines, developed with technical support from Lwala, to establish standards for inclusive health facilities, services, and workforce practices. This milestone marks an important step forward, and Lwala is helping turn the guidelines into action. We are developing a national training guide for health workers to strengthen disability-inclusive care. We are also partnering with county governments and the National Council for Persons with Disabilities to connect people with disabilities to CHWs and specialist care, support health insurance enrollment and disability registration, and reach children with disabilities in schools.



Strengthening the role of traditional birth attendants

Traditional birth attendants have cared for women during pregnancy and childbirth for generations, largely outside the formal health system. Lwala trains attendants to become champions for facility-based delivery, driving our work with government to establish a formal role for them in Kenya's community health workforce. Building on recent policy wins in Migori County, Lwala supported Homa Bay County in launching its Traditional Birth Attendant Engagement Strategic Plan, a framework for attendants to serve as birth companions who connect women to health facilities. This is especially relevant in Homa Bay, where nearly 30% of surveyed CHWs previously worked as traditional birth attendants. Nationally, Lwala is contributing lessons from both counties to the Ministry of Health's Birth Companion Advocacy Toolkit, helping advance birth companionship across Kenya.

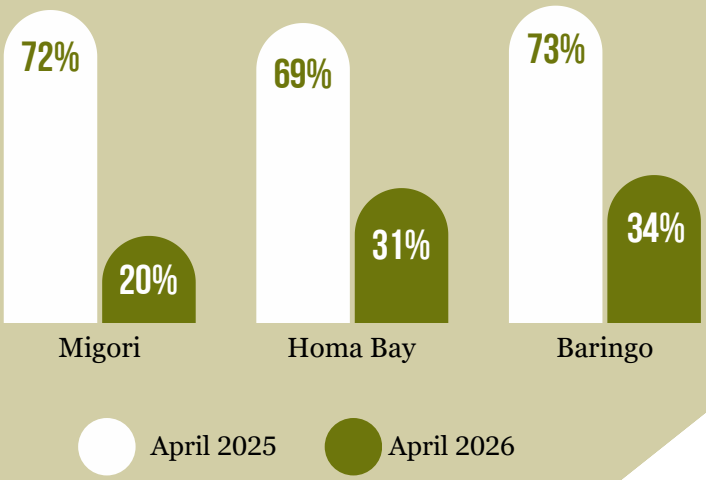
Building the next generation of digital health

Kenya is taking the next step in strengthening digital health, building on its national electronic Health Information System that supports 111,000 CHWs and has registered more than 30 million Kenyans. A recent Lwala survey also found that over 97% of CHWs who use phones across our five counties report using the system. With technical support from Lwala and CHU4UHC—a national coalition Lwala co-founded—the government is developing the next generation of this system, designed to better connect care across communities and health facilities. The upgraded platform will strengthen how CHWs deliver services and share information with other digital health systems, helping patients move more seamlessly from household visits to referrals and facility-based care. As development progresses, Lwala is supporting plans for a phased transition in 2027 to the updated system, with a focus on maintaining existing services and minimizing disruptions.

Turning commodity gaps into lasting change

When disruptions to foreign assistance triggered widespread shortages of essential medicines last year, Lwala mobilized $2.6 million from donors to help restore supplies across 476 health facilities. Alongside this immediate response, we partnered with county governments to strengthen financing and supply chains so facilities can maintain essential medicines over the long term. In Migori, Homa Bay, and Baringo, Lwala is helping advance policies that reserve 30% of facility-generated revenue for essential products, encouraging facilities to reinvest funds in replenishing supplies. Combined with stronger facility-level procurement and support from Direct Relief, stockout rates fell substantially across all three counties between April 2025 and April 2026: from 72% to 20% in Migori, 73% to 34% in Baringo, and 69% to 31% in Homa Bay. This progress shows how emergency support can help build more sustainable, government-financed health systems.

ESSENTIAL MEDICINE STOCKOUTS HAVE FALLEN BY MORE THAN HALF SUPPORTED BY STRONGER SUPPLY CHAINS AND HEALTH FINANCING



COMMUNITY-LED HEALTH



Improving diagnostic care at Lwala Community Hospital

As nursing strikes disrupted services at public facilities, Lwala Community Hospital remained an important source of high-quality, compassionate care, recording a 31% increase in outpatient visits compared to July-September 2025. With support from GE Healthcare Foundation, the hospital is also expanding its diagnostic capacity with a new ultrasound machine, improving prenatal imaging for pregnant mothers and helping diagnose conditions like heart disease. Dianah Jumah, the hospital's sonographer, says, "The machine makes my work better—clearer images, greater confidence, improved accuracy, and more opportunities to grow as a sonographer. Seeing better means we can serve our patients better and transform lives."

Early lessons and progress in Siaya and Nyamira

Lwala partners with national and county governments to make community-led health the norm across Kenya. Earlier this year, we expanded our partnerships to Siaya and Nyamira Counties, bringing our model to five counties nationwide. Early implementation is helping us adapt our approach to each county's needs. Training needs assessments helped us tailor instruction for the 3,500 CHWs we support in both counties and their supervisors, giving them opportunities to practice new skills during training. We are also working to strengthen connections between community health committees and health facilities, including having greater community representation in facility management. Already, 100% of community health committees in both counties have been activated and trained, bringing our total to 1,030 across five counties. The percentage of households visited by a CHW each month has risen from 8% to 47% in Siaya and from 41% to 82% between July-September 2025 and the same period in 2026—reaching more than 1 million people in both counties.

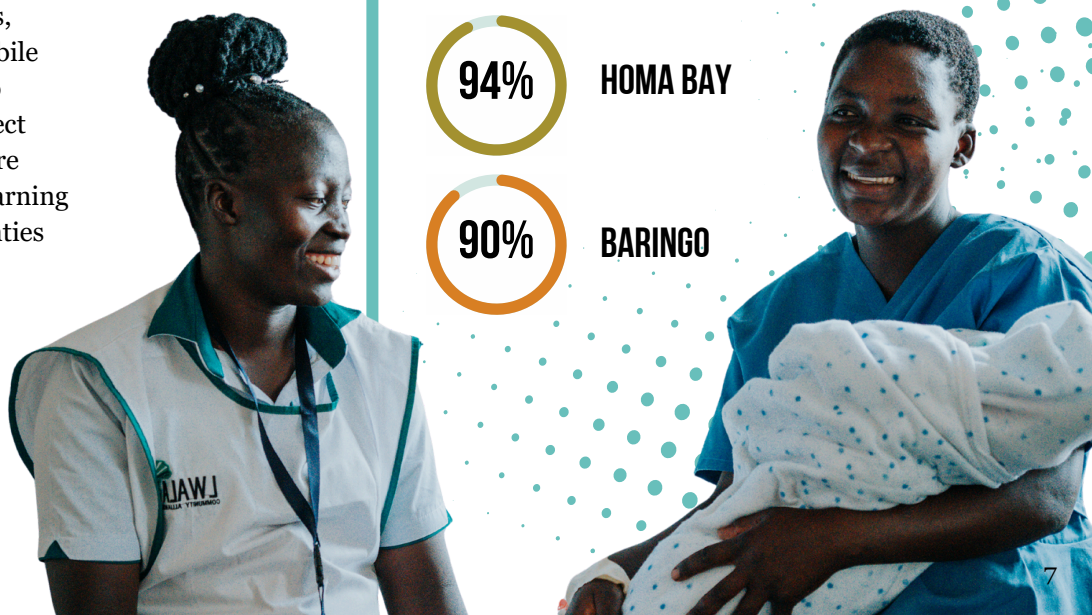
Working with communities to advance girls' safety

Lwala is working to ensure young people are not just beneficiaries of health services, but leaders in shaping their health and futures. Through our youth-led health approach, we expand access to reproductive health care, strengthen peer support, and shift harmful social norms. Family planning visits have increased by 39% in Migori and 22% in Homa Bay between July-September 2021 and 2026, and we have reached 77% of our annual goal for for providing protection against unintended pregnancy, measured in years of contraceptive protection. Building on this approach, we are working with communities where female genital mutilation, early marriage, and adolescent pregnancy are closely linked. We conducted focus group discussions with youth peer providers, CHWs, community leaders, and health workers to tailor our approach to local needs. So far, we have trained 70 CHWs and 50 youth peer providers in prevention and protection, while mentoring another 80 youth peer providers. We have also mobilized 17 community champions to strengthen safe referrals and are engaging communities through dialogues and men's forums to advance girls' health and safety.

Scaling what works for safer births

Every mother deserves access to skilled, lifesaving care, especially when complications arise. Alongside county governments, Lwala is strengthening emergency obstetric care by training and equipping health workers to manage life-threatening complications. To date, we have trained 10,255 health workers across 1,540 facilities in 20 counties, with 64% of facilities providing deliveries now trained and equipped to manage maternal emergencies. We are also supporting maternity open days, high-risk pregnancy clinics, and mobile ultrasound and antenatal services to identify complications earlier, connect women to specialist care, and prepare them for safe deliveries. Through learning exchanges facilitated by Lwala, counties are sharing and adapting successful practices from our full-model counties, extending improvements in maternal care beyond individual facilities.

IN COUNTIES WHERE LWALA HAS WORKED THE LONGEST, SKILLED DELIVERY RATES REMAIN ABOVE 90%



Making eye health part of primary care

Around 7 million adults in Kenya have presbyopia, an age-related vision condition that makes everyday activities like reading, working, and using a phone more difficult. Yet nearly 90% lack the reading glasses they need. Lwala is partnering with the Ministry of Health, Council of Governors, Livelihood Impact Fund, and Vital Strategies to make eye health part of routine primary care. We are equipping CHWs, their supervisors, and facility-based providers to screen for vision problems, provide glasses, and refer patients for specialized care. Reading glasses are a highly cost-effective way to improve health and functioning, with one program estimating a cost of less than $250 for each year of healthy life gained (estimated in DALYs). Building on a successful pilot in Migori, we have expanded this approach to Homa Bay and Meru. Nearly all CHWs in Homa Bay have now been trained, and so far in 2026, CHWs have helped distribute 83,000 pairs of glasses and refer 1,800 clients to specialized care.

Expanding choices in sexual and menstrual health

Women deserve access to reproductive health care that meets their needs, including options to prevent unintended pregnancies and manage heavy menstrual bleeding. Alongside Engender Health and Homa Bay County, Lwala is expanding access to hormonal intrauterine devices (IUDs), a long-acting contraceptive method that can also reduce heavy menstrual bleeding. We have trained more than 600 CHWs and their supervisors, while supporting community dialogues and radio discussions to raise awareness. More women and girls are choosing hormonal IUDs, with first time users more than tripling between September 2025 and 2026. Building on lessons from Homa Bay and Migori, Lwala is also helping update national training materials for health workers and CHWs to expand this option as part of comprehensive reproductive health care.

THOUGHT LEADERSHIP

Championing community-led health on the global stage

At the sidelines of the United Nations General Assembly, held in New York this September, Lwala championed community-led health and stronger health systems. We co-hosted a discussion on girl-centered care alongside Tiko and SHOFCO, highlighting how more connected investments in girls' health, education, and leadership can better respond to their needs. We also shared lessons on expanding maternal health innovations with our partners at GE Healthcare Foundation and explored the power of community-driven change alongside the Bridgespan Group. Across these conversations, one message stood out: lasting change requires investing not just in new solutions, but in the communities and systems that sustain them.







Building reliable community health supply chains

A new case study highlights how Lwala, VillageReach, and government partners are strengthening community health supply chains in Migori County. The study documents how our work is helping integrate CHWs' medicine and supply needs into government systems. For example, CHWs are trained to track medicine stocks and request replenishment, while digital tools help county teams identify shortages and plan resupply. Building on these lessons in Migori, Lwala helped strengthen Kenya's national CHW training curriculum and the development of a supply chain module within the electronic Community Health Information System. These insights offer a practical roadmap for building more reliable, government-led community health supply chains in Kenya and beyond.



CHALLENGES WE'RE ADDRESSING

Health workers strike affects service delivery

A nationwide nurses' strike from July through September disrupted essential health services across Kenya, including maternal and newborn care. Staffing shortages and facility closures also delayed some of Lwala's work in public health facilities. Lwala continued community outreach, maternity open days, and roving health services, connecting families to essential services despite disruptions at public facilities. We also expanded support to faith-based and private facilities as more patients sought care elsewhere. At the national level, Lwala contributed to discussions on strengthening health systems, including the need for adequate county budgets to support timely payment, promotions, and staffing of health workers.

Strengthening Kenya's Ebola response

As of November 2026, Kenya has reported nine confirmed Ebola cases and two deaths, and national and county governments are mobilizing efforts to prevent further spread. A recent Lwala survey found that 43% of CHWs across our five counties felt unprepared to respond to an outbreak like Ebola, highlighting the need for stronger community preparedness. Lwala is working with the Ministry of Health to strengthen national and county coordination, develop Ebola training materials for CHWs, and support community engagement and risk communication. We are also equipping Lwala Community Hospital to safely manage suspected cases through protective equipment and refurbished isolation rooms, while exploring ways to strengthen the national supplies. If you would like to support us in responding to the immediate impacts on our communities, please reach out to katie@lwalacommunity.org.

To support this urgent work, please contact katie@lwalacommunityalliance.org.



COMMUNITY-LED HEALTH SPOTLIGHT

HOW ONE ISLAND COMMUNITY IS TRANSFORMING HEALTH CARE

On the shores of Lake Victoria, residents of Mfangano Island are showing how better health is possible when communities lead.

For families living near Yokia Beach, a fishing community in Homa Bay County, the island's rugged hills and rocky paths have made accessing health care a challenge. Without a reliable road to Yokia Health Center, which serves 1,500 people, pregnant women and those needing urgent treatment faced a difficult journey to the facility, often to find services unavailable.

Today, residents have turned those challenges into opportunities for change. With support from Lwala and the government, community health committees, facility staff, and CHWs are strengthening local services, rebuilding trust, and making high-quality care more accessible.

FROM COMMUNITY CONCERNS TO COLLECTIVE ACTION

In May 2024, Lwala expanded its community-led health model to Homa Bay County. Working alongside communities and county government, Lwala now reaches 1.2 million people across the county. Central to this work are community health committees—governance structures that bring together diverse community members to set health priorities and hold government accountable. Lwala has trained community health committees across every village in Homa Bay, and 99% are actively fulfilling their roles, up from 80% in 2024—meaning they are meeting regularly, improving local health services, and holding government accountable.

In late 2024, Lwala supported a Community Scorecard process at Yokia Health Center, which brings together community health committees, facility leaders, and community members to assess health services and agree on improvements. The dialogue surfaced concerns about the availability of medicines and reliability of services, alongside practical challenges: no road to the health facility, unfinished housing for staff, and no electricity.

With Lwala's support, the community health committee turned these priorities into collective action. The community pooled its own funds to improve the road connecting Yokia Health Center to the main road. Residents also completed staff housing, making it easier for health workers to remain nearby—essential for providing round-the-clock care in a remote community.

They also financed the facility's electrical wiring themselves, with Kenya Power & Lighting installing a meter and connecting the facility to electricity. Their investment, along with engagement from local leaders, helped mobilize additional support from county government to provide lighting for the delivery room and a solar-powered refrigerator to safely store medicines.

Together, these improvements demonstrate the power of shared responsibility: the community health committee acted on community priorities, government helped strengthen facility infrastructure, and facility leadership worked alongside the community to build lasting solutions. The result extends beyond a road, housing, or electricity—Yokia's residents have demonstrated their power to improve health care for their community.



STRENGTHENING CARE AND REBUILDING TRUST

High-quality health care requires trained health workers that have the tools they need to respond. Before joining Yokia Health Center as the new facility in-charge, Moraa Meroka had completed a Lwala-supported training on emergency maternal and newborn care, equipping her to manage complications such as postpartum hemorrhage and preeclampsia, and to resuscitate newborns. These skills were critically important on an island where reaching a larger facility can take valuable time. Lwala also helped expand the availability of essential medicines at the facility, including antibiotics and treatment for hypertension.

High-quality care also depends on trust. At Yokia, Moraa participated in community dialogues, listening to residents' concerns and explaining the services that the facility could provide. Over time, these conversations helped rebuild confidence among families who had become uncertain about local care.

“Working with this community has been the greatest achievement of my life,” Moraa reflects. “It was my first time as an in-charge, and I rebuilt community trust in the facility.”

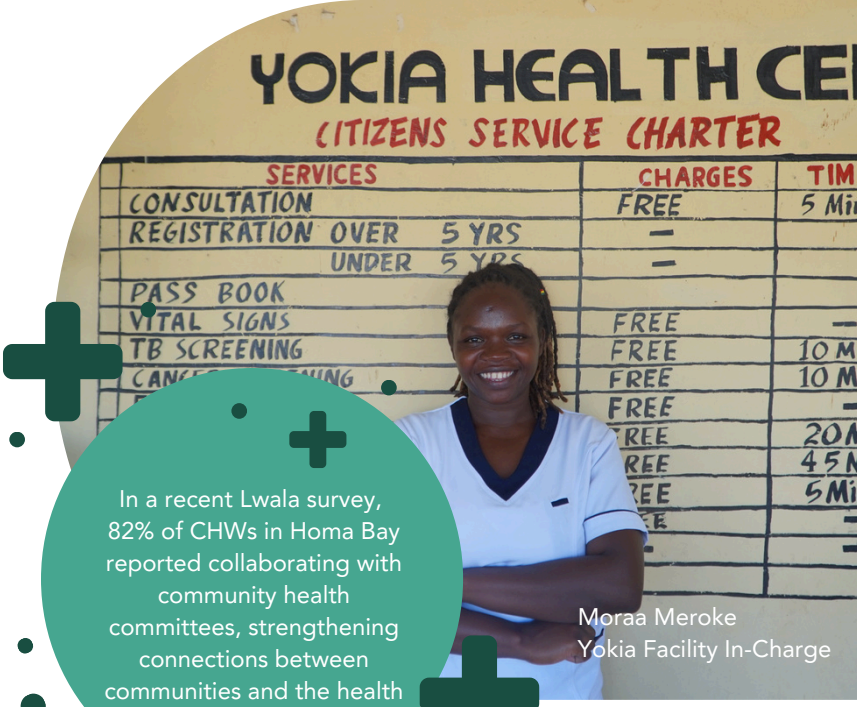
Growing use of the facility reflects this changing relationship. Between 2024 and 2026, child wellness visits increased by 10%, family planning visits rose by 42%, and childhood immunization increased by 50%.

CONNECTING HOUSEHOLDS TO CARE

For Margaret Odhiambo, who has served as a CHW for 20 years, the transformation in Yokia is deeply personal. Margaret remembers accompanying women in labor across the island’s rocky terrain, sometimes arriving at Yokia Health Center only to find that medicines or staff were unavailable.

Today, Margaret can refer women to Yokia Health Center with great confidence. For CHWs like her, reliable care nearby makes it easier to encourage families to seek treatment and follow through on referrals.

Across Homa Bay, Lwala has supported 2,970 CHWs, who are trained, paid, supervised, and equipped with the tools they need to do their job—building a supported, accountable workforce prepared to conduct household visits and connect families to services. Today, CHWs in Homa Bay have registered 98% of households and visit on average 60% of households each month, compared to 34% nationally.



In a recent Lwala survey, 82% of CHWs in Homa Bay reported collaborating with community health committees, strengthening connections between communities and the health system.

A STRONGER HEALTH SYSTEM, BUILT TOGETHER

Yokia’s transformation is sustained by its relationships. Monthly meetings bring together facility staff, CHWs, and community health committee members to share concerns, review health data, and work together to improve services.

One example is a shared effort to encourage women to begin antenatal care earlier in pregnancy. The facility provides pregnancy tests to CHWs, helping them identify pregnancies early and connect women to care. Community health committees raise awareness during community gatherings, while facility teams review antenatal care data and coordinate follow-up with CHWs. Lwala-supported maternity open days create additional opportunities for women and their partners to learn about available services. As a result, new antenatal care visits increased by 22% between 2024 and 2026.

Yokia shows community-led health in practice: communities lead local health initiatives and hold government accountable; trained and equipped health workers provide high-quality services; and professional CHWs connect families to care. Lwala is working alongside national and county governments to strengthen the policies and systems that can bring this model to communities across Kenya.

From the road leading to the health center to the home built for Moraa, Yokia’s transformation shows what’s possible when communities have a voice in shaping the health system they deserve.



PROGRAM SPOTLIGHT

WHAT WE LEARN WHEN COMMUNITIES LEAD

Research generates evidence that shapes health policies and decisions. Lwala is making sure that communities have a voice in how evidence is understood and used. "A survey might show how many households face a particular challenge," says Jane Wamae, Lwala's Research and Learning Manager. "Talking to the people behind those numbers helps us understand why the challenge exists and what needs to change."

Every three years, Lwala conducts a household survey to understand the health and well-being of our communities. Our latest survey, conducted in 2024, reached more than 8,000 households, gathering data on maternal and child health, family planning, mental health, and socioeconomic conditions.

Now, Lwala and the Migori County Government are working with communities to interpret the findings, set priorities, and shape future research, with support from Wellcome through its Centres for Exchange initiative.

MAKING RESEARCH MEANINGFUL TO COMMUNITIES

Through training and knowledge exchanges, Lwala and county health teams learned new approaches to participatory research, preparing them to work alongside communities as partners."The sessions challenged us to question our assumptions and recognize communities as partners in the research process," shares Erick Auko, Lwala's Monitoring and Evaluation Manager.

Putting this approach to practice, Lwala and government partners then held a series of workshops with ten communities across Migori to make the survey process more accessible and support community-led action. Each three-day session brought together 30 community members—including CHWs, community groups, youth, and people with disabilities—to explore the findings of Lwala's Household Survey, learn about research methods, and discuss what the evidence meant for their lives.

> "WE WANTED COMMUNITIES TO SEE THEMSELVES AS PART OF THE RESEARCH PROCESS, NOT JUST AS SOURCES OF INFORMATION FOR RESEARCHERS."
>
> **Jane Wamae**
> Lwala Research & Learning Manager

"We wanted communities to see themselves as part of the research process, not just as sources of information for researchers," Jane says. "Sharing the findings in local languages and accessible formats helped them connect the evidence to their experiences and identify what needed to change."

This sentiment echoed during the workshops. "I want to be involved from the beginning to the end of research," one participant reflected, "so that I can contribute to the process and the results that impact my life every day."

TURNING RESEARCH INTO COMMUNITY ACTION

Building on these discussions, workshop participants brought their learnings back to their communities. They developed action plans and put them into practice through existing structures supported by Lwala and

county government—including CHW review meetings, community dialogues, and outreach activities.

“The answers we are looking for are already within the community,” says Felix Owino Odero, Migori County’s Research Coordinator. “Our role is to create space for people to share what they know and help shape the decisions that affect them.”

Combining survey findings with local knowledge unlocks powerful, community-driven solutions. For example, concerns about gender-based violence prompted community members to work with local leaders to raise awareness and encourage reporting of cases through formal channels.

Water and sanitation findings led to advocacy with local leaders for safe water sources, resulting in the protection of natural springs and installation of chlorine dispensers. When survey results revealed discrepancies between household visits reported by CHWs and those recorded in the national health information system, communities and CHWs strengthened their collaboration to monitor services and track visits.

Six months after the workshops, Lwala held follow-up focus group discussions with participants to reflect on their experiences and capture lessons from community-led action. Nearly all community action plans were completed, and all project participants reported a better understanding of research, with 88% reporting significant improvement in research knowledge. Many communities built on existing activities, working with county health teams through school sessions, open maternity days, and household visits to address local priorities.

“To me, having a voice goes beyond being heard,” one community member reflected. “It means being involved in developing the action plan so that I can be a part of the solution.”

WHEN COMMUNITIES REVEAL WHAT THE DATA MISSES

This process didn't just teach communities about research–it highlighted issues that the survey may have otherwise overlooked. For example, participants flagged several health challenges that were not included in the 2024 household survey but are important to their communities–including drug and substance abuse, non-communicable diseases, and neglected tropical diseases.

"Communities helped us see where future research needs to go deeper and what the next Lwala Household Survey, planned for 2028, should explore" says Jane.



“They also showed us the value of involving people from the start to help identify perspectives that might otherwise be missed.”

Drawing from their lived experience, communities are shaping not only how evidence is interpreted, but what evidence is collected in the first place.

SHAPING THE FUTURE OF RESEARCH TOGETHER

These lessons are helping build a more inclusive approach to research, one that connects community participation with health system change. When communities help shape research, the findings reflect the issues that matter to them and help inform policies and plans for health systems that better meet their needs.

Drawing on this experience, Lwala and the county government co-developed a guide to support community engagement throughout the household survey process. “I see the guide as a reference for other counties and partners looking to build stronger, more meaningful engagement with communities from the outset,” says Felix.

For Lwala, this work reflects our commitment to unlocking community potential through research, turning local knowledge into lasting change. “We listened, we learned, and we saw how much more research can reveal when communities are part of the process,” says Jane. “We want to carry those lessons forward, so that communities can have a meaningful voice in the research that affects their lives.”


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