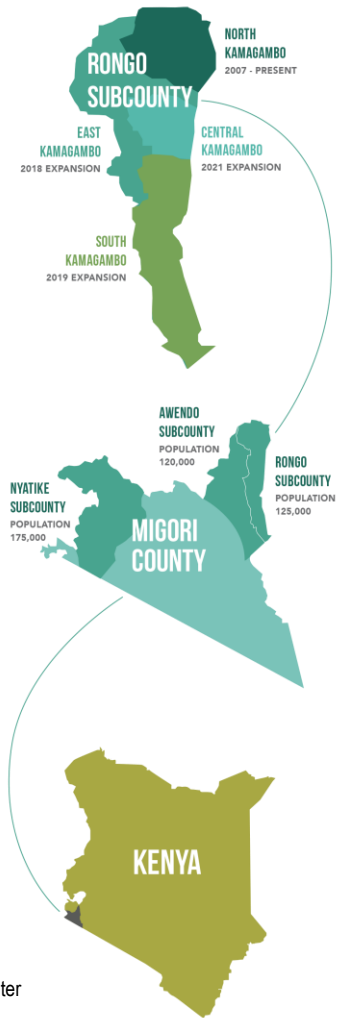




*Multisectoral
Coordination*





OUR REACH



OUR SOLUTION

Community-led health holds the key to overcoming these barriers.

When community health systems are strong, every household receives services, trust in the health system is rebuilt, and the government is accountable to the needs of communities.

Our community-led health model rests on 4 pillars: community committees, professionalized CHWs, public health facilities, and data.

LWALA'S COMMUNITY-LED HEALTH MODEL



COMMUNITY COMMITTEES

lead local health initiatives and hold health systems accountable. Lwala supports these groups, provides training, and centers women as change-makers who can break cycles of inequity in their communities.



HEALTH FACILITIES

advance dignified, patient-centered care. Lwala works with facilities to improve the quality of health services, rebuilding communities' trust in the health system. Lwala Community Hospital serves as a center of excellence, informing our approach.



PROFESSIONALIZED COMMUNITY HEALTH WORKERS

(CHWs), inclusive of traditional birth attendants, extend care to every home. The government CHWs Lwala supports are paid, trained, supervised, and equipped with commodities and digital tools.



DATA

drives transparency and evidence-based decisions. Through mobile tools, university-backed research, and robust population-level surveys, Lwala works with government and communities to unlock new solutions to health problems.

Scale up Journey



Rongo Sub County

1. Guided by Section 41 of Children Act 2022 (That repealed Children Act 2001) that establishes the National Council of Children Services.
2. NCCS is cascaded to Counties, sub counties, Wards up to the lowest levels through Children Advisory Committee (the former Area Advisory Council)
3. We are working through Rongo Sub County Children Advisory Committee.



Lessons learnt from the previous implementation.

1. I once implemented an ECD project that had 2 components of supporting Quarterly;
(i) - Multisectoral Coordination and
(ii) – Area Advisory Councils (currently CACs)
2. The two Committees had the same composition.
3. No need of other ECD TWGs, participants will be borrowed from the CACs.
4. Strengthen CACs through trainings and support the operationalization at all levels.
5. Government to fund operationalization of CACs



Composition of CAC at Sub County

1. Deputy County Commissioner
2. Sub County Medical Officer of Health
3. Sub County Children Officer
4. Sub County Probation Officer
5. Sub County Director of Education
6. Sub County ECD Coordinator
7. Representative of NCCS
8. Sub County Administrator
9. 3 NGO Representatives
10. 2 FBO representatives
11. OCPD
12. Magistrate
13. Sub County Registrar of Births and Deaths
14. Office of the Director of Public Prosecutions



Q&A