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CREATING BETTER FUTURES

West of Ireland Kenya Partnership



20 Year Impact Report


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Executive Summary

The West of Ireland–Kenya Partnership is a long-standing collaboration between Mayo University Hospital (MUH), Londiani Sub-County Hospital (LSCH), Brighter Communities Worldwide (BCW) and the University of Galway. Since its inception in 2004, the partnership has grown into a mature, multi-level collaboration linking community health, hospital systems, academic exchange, and professional solidarity. This impact assessment drawing on survey data from 75 respondents, interviews with LSCH leadership and clinical teams, and community feedback documents the partnership's achievements and its contribution to strengthening health outcomes and systems in Kericho County.

A partnership improving health outcomes and strengthening systems.

Across the evidence, the partnership demonstrates substantial and sustained impact. Maternal and newborn health shows some of the most significant gains, with earlier antenatal attendance, a dramatic rise in facility deliveries and stronger emergency obstetric response and access to life saving surgery. Staff consistently reported improved confidence, clearer clinical pathways and strengthened teamwork. The expansion of LSCH's maternity theatre and newborn care capacity has transformed complication readiness and reduced the delays inherent in referrals.

Emergency and trauma care is one of the evolving areas of partnership activity. Targeted training in triage, stabilisation and teamwork has begun to strengthen LSCH's emergency response, with respondents noting better coordination, smoother patient flow and increased confidence among staff. The Living Hope Emergency & Trauma Centre marks an important step in this work, creating the conditions for continued improvement in emergency and trauma care. Community health education, led by BCW and delivered through Community Health Promoters (CHPs), schools, and outreach structures, has strengthened prevention, early care-seeking, and health literacy across Kericho County. Community-level work has reduced delays, increased trust in the health system and supported behaviour change, with families seeking care sooner and engaging actively with maternal, newborn, infectious disease, and Non-Communicable Diseases (NCD) services. Respondents repeatedly highlighted CHPs as essential in bringing health services closer to people's homes.

Training and knowledge exchange emerged in both hospitals as the engine of change across all programme areas. Over 86% of trained respondents reported that training made a "big difference" to their confidence and ability. Skills have become embedded in daily practice, supported by mentorship, peer learning and strengthened systems. Training is viewed not as a one-off event but as a continuous learning culture that shapes clinical practice, teamwork, leadership, and communication.

The COVID-19 response showcased the partnership's resilience and agility. Virtual learning, consistent communication, strengthened Infection Prevention Control (IPC), and community sensitisation enabled LSCH and BCW to maintain essential services and protect staff and patients. The pandemic accelerated improvements in triage, teamwork and hygiene practices that continue today.

Infrastructure improvements particularly the Trauma Centre, maternity theatre, multi-functional maternal health shelter/surge capacity, sanitation upgrades, and reorganised clinical spaces have transformed LSCH's working environment. Staff reported that infrastructure has improved patient flow, enhanced infection control, increased confidentiality, boosted morale and strengthened community trust. Infrastructure has enabled clinical training to translate into consistent practice.

Beyond these core areas, work in NCDs, infectious diseases and coordination roles demonstrates the partnership's breadth and its contribution to a more resilient, integrated health system.

A partnership defined by equity and reaching the furthest behind

Equity emerged as one of the strongest and most consistent themes. Respondents described the partnership as one that "*brings health closer to the people,*" prioritising rural women, newborns, adolescents, and households facing the greatest barriers. Community outreach, CHPs, mother support groups, and school programmes ensure that vulnerable groups receive timely information, referrals, and

care. Improved infrastructure and strengthened community engagement have reduced the “three delays”¹ that previously prevented women and families from accessing lifesaving services.

Strategic value and organisational influence

Across all partner organisations, staff described the partnership as strategically transformative. LSCH’s clinical governance, leadership confidence, teamwork, and emergency readiness have strengthened profoundly. BCW has evolved as an anchor institution for community engagement, systems linkage, coordination, and monitoring. MUH and University of Galway participants emphasised reciprocal learning, enriched teaching, strengthened leadership practice and deeper understanding of global health equity and rights. The partnership’s influence extends to county-level priorities, contributing to emergency care strengthening, RMNCAH goals and community health strategy.

A genuinely reciprocal partnership

Respondents consistently emphasised that the partnership is built on mutual respect, shared learning, and solidarity. Kenyan staff described increased confidence, improved clinical capability, and strengthened professional identity. Irish respondents highlighted the depth of learning gained from Kenyan colleagues including innovation in low-resource contexts, resilience, adaptability, and systems thinking. Across all partners, the human relationships forged over two decades were described as central to the partnership’s success.

Foundations for sustainability and future direction

The partnership has developed strong foundations for long-term sustainability: skilled staff, improved infrastructure, strengthened community linkages, clearer systems and growing local leadership. Respondents highlighted the need to continue investing in capacity-building, data use, leadership development, and succession planning particularly as service demand grows and health challenges evolve. The partnership is well-positioned to deepen county-wide integration, expand emergency readiness, enhance community health systems, and continue improving maternal and newborn outcomes.

Overall conclusion

The West of Ireland–Kenya Partnership is delivering multi-dimensional, systemic, and enduring impact. It has improved clinical outcomes, strengthened emergency response, enhanced community engagement, expanded infrastructure, and built a confident, skilled, and motivated workforce. It has also created a model of equitable, respectful, long-term partnership that enriches both countries.

Above all, this assessment shows that the partnership’s strength lies not only in its programmes but in its relationships defined by trust, solidarity, mutual learning, and a shared commitment to improving lives. It stands as a clear example of how equitable, collaborative partnerships contribute to stronger health systems and more resilient communities.



¹ The “Three Delays” model was first articulated by Thaddeus and Maine (1994) to explain how delays in (1) deciding to seek care, (2) reaching a health facility, and (3) receiving appropriate care once at the facility contribute to maternal mortality in low-resource settings.

1: Introduction & Purpose of the Report

The West of Ireland–Kenya Partnership is a long-standing collaboration between Mayo University Hospital (MUH), Londiani Sub-County Hospital (LSCH), the University of Galway and Brighter Communities Worldwide (BCW). Beginning informally in 2004 and evolving into a formal hospital-to-hospital partnership in 2008, it has grown into a mature, multi-level collaboration linking community initiatives, clinical service delivery, health systems strengthening and academic exchange. Over two decades, the partnership has contributed to improvements in quality of care, emergency preparedness, leadership capability, and community engagement, while fostering deep professional and personal relationships between Ireland and Kenya.

In 2025, the Irish Global Health Network (IGHN) awarded a Partnership Impact Grant to document the achievements of this collaboration and assess its contribution to health system strengthening. This report presents the findings of that process, drawing on survey data, interviews, focus groups and historical documentation. It aims to capture both measurable improvements and the lived experience of those involved, illustrating how long-term, equitable partnership contributes to better health outcomes, stronger systems, and reciprocal learning.

The report also identifies opportunities for future development and highlights the partnership's unique approach to linking community, facility, county, and international actors. It forms part of a wider set of deliverables supported under the IGHN Grant, including storyboards for MUH and LSCH, an online impact presentation, and tools designed to support continued monitoring, shared learning and **raise awareness of the partnership and its impact**.

2: Overview of the West of Ireland–Kenya Partnership

The partnership between Mayo University Hospital and Londiani Sub-County Hospital originated through Brighter Communities Worldwide (BCW), whose community development work in Londiani highlighted urgent needs in maternal health, emergency care, staff development, and facility infrastructure. As MUH staff engaged with these programmes from 2004 onwards, it became clear that strengthening LSCH's clinical capacity would be central to advancing community health. This led to the establishment of a formal partnership in 2008.

Partnership Evolution

Over its 20-year history, the partnership has progressed through several phases:

- **Preparing to Partner (2004–2008)** - MUH staff first became involved in community initiatives through BCW, contributing to maternal health and survival, education of Health Care Workers, PMTCT, emergency retrieval support and early clinical mentoring. Exchange visits between Ireland and Kenya deepened understanding and laid a foundation of trust.
- **First Partnership Cycle (2009–2013)** - This phase focused on essential obstetric and newborn care, primary trauma care, perioperative and anaesthetic training, theatre development, emergency response, and improvements in the maternity unit. A twin theatre was constructed, significantly reducing delays in emergency obstetric care.
- **Second Partnership Cycle (2014–2018)** - Work expanded to include secondary trauma care, non-communicable diseases, tropical medicine, global health education, and the development of a maternity waiting shelter/surge capacity ward. The partnership was accredited by ESTHER Ireland in 2014, recognising its commitment to equity, mutuality, and quality.
- **Third Partnership Cycle (2019–2024)** - The partnership deepened its academic dimension through engagement with the University of Galway and Kenyatta University. Areas of focus included emergency medicine, NCDs, perinatal mortality, community health volunteering, and COVID-19 response. Virtual collaboration during the pandemic strengthened professional bonds and led to shared innovation in IPC, triage, and sensitisation. Recent achievements include the development of the new Trauma Centre and further neonatal and maternity upgrades and foundation work for learner exchange.

Across all phases, the partnership has been characterised by reciprocal learning, long-term relationships, community-rooted approaches, and a consistent commitment to strengthening LSCH's capacity within the county health system.

3: Methodology

This assessment was undertaken to document the achievements of the partnership and to understand how long-term collaboration contributes to strengthened health systems, improved care and shared learning. A mixed-methods approach enabled a rich, multi-dimensional analysis of outcomes.

Data Collection Methods

Four main sources informed the assessment:

- **Online Survey (October–November 2025)** - An online survey was disseminated to past and present link team members, LSCH staff, MUH staff, University of Galway students and lecturers, BCW staff, Community Health Promoters, and community representatives. The invitation emphasised confidentiality, inclusivity, and the value of respondents' perspectives. A total of 75 individuals completed the survey.
- **Key Informant Interviews** - In-depth interviews were conducted with LSCH leadership, nursing managers, clinical officers, and long-term Irish partners. These interviews provided contextual detail, historical insight and lived experience to complement the survey results.
- **Focus Group Discussions** - BCW facilitated discussions with Community Health Promoters and community members to explore experiences related to behaviour change, access, referral pathways, and trust in health services.
- **Document Review** - Historical partnership documents, project records, ESTHER accreditation materials, previous monitoring reports, and training documentation were reviewed to construct a longitudinal picture of partnership development.

Analytical Approach

Survey data were analysed descriptively and disaggregated by partner group, role, and country. Open-ended responses were thematically coded. Interview and focus group transcripts were analysed using a structured thematic framework aligned with the IGHN grant objectives.

Triangulation was applied across all data sources to strengthen credibility. The analysis emphasised systems strengthening, capacity development, quality of care, equity, and reciprocal learning.

Limitations

As participation was voluntary, partner groups were represented unevenly. BCW and LSCH responses were particularly strong, reflecting their central implementation roles. However, the dataset remains robust, capturing perspectives from across hospitals, communities, volunteers, and academic partners, ensuring a well-rounded assessment.

4. Respondent profile

A total of 75 respondents completed the West of Ireland–Kenya Partnership Impact Survey, representing partners across Kenya and Ireland. Responses were received from hospital staff, community representatives, Brighter Communities Worldwide (BCW) staff, volunteers and former link team members, offering a rich cross-section of perspectives from those directly involved in or impacted by the partnership.

Partner organisations represented

Using the full response dataset, partner affiliation was reconstructed from the main partner question and associated option columns. This shows strong participation across all core institutions.

Table 1 – Partner organisation of respondents (n = 75)

| Partner organisation | Number | % of respondents |
|--|--------|------------------|
| Brighter Communities Worldwide* | 33 | 44.0% |
| Londiani Sub County Hospital, Kenya | 24 | 32.0% |
| Mayo University Hospital, Ireland | 10 | 13.3% |
| Ministry of Health, Kericho County, Kenya | 4 | 5.33% |
| University of Galway, Ireland | 4 | 5.33% |
| Other / not specified | 0 | 0% |

*Includes BCW staff, Community Health Promoters and community members who contributed via BCW-facilitated focus groups.

Interpretation

- The largest proportion of respondents were associated with **Brighter Communities Worldwide (44%)**. This group includes BCW staff as well as **Community Health Promoters and community members** who contributed their views through BCW-facilitated focus groups, reflecting BCW's central role in **community engagement, coordination, and partnership facilitation**.
- **Londiani Sub County Hospital (32%)** and **Mayo University Hospital (13.3%)** are both well represented, offering a balanced spread of perspectives from Kenya and Ireland.
- The inclusion of respondents from the **Kericho County Ministry of Health** and the **University of Galway** demonstrates the partnership's reach beyond the two hospitals and highlights its growing **system-level and academic engagement**.
- The 4% unspecified relates primarily to respondents who did not identify an organisation but provided sufficient data to include in the analysis

Country spread of respondents

Although the survey did not ask directly for country, respondents' locations can be reasonably inferred from their organisational affiliation.

Table 2 – Respondents by country group (n = 75)

| Country group | Number | % of respondents |
|----------------------|--------|------------------|
| Kenya-based | 61 | 81.3% |
| Ireland-based | 11 | 14.7% |
| Unspecified | 3 | 4.0% |

Interpretation

- Just over **four in five respondents (81%)** are **Kenya-based**, mainly from LSCH, BCW and the Kericho County Ministry of Health.
- Around **15%** are **Ireland-based**, predominantly from Mayo University Hospital.

Roles and perspectives represented

Respondents were invited to select all role categories that applied to them. Because this was a multiple-response question, many individuals identified with more than one role (for example, a former hospital staff member now working with BCW).

Table 3 – Roles of respondents (multiple responses, n = 75)

| Role category | Number of respondents | % of all respondents* |
|--------------------------------------|-----------------------|-----------------------|
| Hospital staff | 40 | 53.3% |
| Harambee volunteer | 11 | 14.7% |
| Brighter Communities Worldwide staff | 8 | 10.7% |
| Community Health Promoter | 10 | 13.3% |
| Former hospital staff | 5 | 6.7% |
| Former link team member | 4 | 5.3% |
| Community beneficiary | 1 | 1.3% |
| No role specified / other | 3 | 4.0% |

*Percentages are calculated out of all 75 respondents; totals exceed 100% because respondents could select more than one role.

Interpretation

- **Hospital staff (53.3%)** make up the largest single group, ensuring that frontline clinical and nursing perspectives are central to the findings.
- Around **one in seven respondents (14.7%)** identified as **Harambee volunteers**, and **one in eight (13.3%)** as **Community Health Promoters**, bringing strong community and outreach perspectives.
- **BCW staff (10.7%)**, together with **former hospital staff** and **former link team members**, bring organisational memory and a long-term view of how the partnership has evolved.
- Although only one respondent selected “community beneficiary” explicitly, additional community voices are represented through CHPs and BCW-facilitated focus groups, ensuring that end-user perspectives are meaningfully captured within the dataset.
- As respondents could select multiple roles, these categories reflect the diverse ways individuals engage with the partnership. For example, several hospital staff are now working with BCW, and some Harambee volunteers also identify as former link team members.
- The diversity of respondents reflects the partnership’s multi-level structure, spanning community, facility, county and international actors.

Taken together, the respondent profile demonstrates that the survey captures perspectives from across the partnership ecosystem including clinicians, community representatives, volunteers and organisational leaders, providing a strong foundation for the findings presented in Sections 5 to 10 **and illustrating the partnership’s reach from community level to international collaboration.**

5. Programme Involvement and Impact

Maternal & Newborn Health (MNH)

Maternal and newborn health remains one of the most established and successful areas of collaboration within the Ireland–Kenya partnership. It reflects long-standing priorities across both countries in improving access to quality maternity care, ensuring safer deliveries, enhancing newborn outcomes, and strengthening the links between communities and the health system.

Programme involvement

Among the 59 respondents who answered the programme involvement question, **35 (59.3%)** reported working directly in maternal and newborn health. This makes MNH the programme area with the highest participation across the partnership. Respondents described involvement spanning antenatal education,

improving ANC uptake, emergency obstetric care, neonatal resuscitation, postnatal follow-up, and community mobilisation efforts. Many also referenced their role in quality improvement initiatives within maternity services.

Disaggregated results show how MNH engagement reflects each partner's role. **LSCH staff (75%)** reported the highest involvement, consistent with maternity being one of the hospital's core service areas and a focal point of training and quality improvement. **BCW respondents (64%)** highlighted their extensive work in community mobilisation, education campaigns and household outreach which are key enablers of early ANC attendance and facility-based delivery. **MOH respondents (50%)** emphasised alignment with county RMNCAH priorities, while **MUH respondents (30%)** described contributions through mentorship, specialist input, and volunteer exchanges.



Londiani Sub County Emergency and Trauma Centre supported by the West of Ireland Kenya Partnership

What respondents told us

Although the survey did not ask about MNH outcomes as a standalone domain, several cross-cutting questions reveal strong perceived improvements linked to maternal and newborn health.

A significant majority of those who commented on changes in service use (**73%**) reported “a lot” of change, often citing MNH examples such as more women delivering at LSCH, increased ANC attendance, earlier referrals, improved newborn care, and faster response to obstetric emergencies. These shifts reflect both community-level changes in health-seeking behaviour and facility-level improvements in readiness and quality of care.

Training appears central to these gains. Among respondents who participated in training activities, **86.3%** felt it made a “big difference” to their confidence and ability. Staff repeatedly linked this to core MNH skills

including neonatal resuscitation, management of postpartum haemorrhage, emergency obstetric care, counselling, teamwork and improved communication between maternity, theatre, and emergency departments. These findings were particularly strong among nurses, clinical officers, and theatre staff at LSCH.

“I administer the magnesium sulphate without fear now - I am confident.”

LSCH Nurse

Qualitative insights

Qualitative responses deepen this picture. Many respondents described a **noticeable improvement in the quality of maternity care**, referencing clearer protocols, more confident clinical decision-making and faster, more coordinated responses during obstetric emergencies.

Staff spoke with pride about their improved capacity to stabilise mothers before referral, and several attributed newborn survival to newly acquired resuscitation skills.

“We used to do 28–30 deliveries a month. Now we do 180 to 200 - sometimes even over 200. The mothers trust us now.”

Nurse - Midwife

Community representatives and BCW staff described **higher levels of service uptake**, noting that women “no longer fear coming to the facility” and increasingly seek care early in pregnancy.

Respondents highlighted the role of CHPs, HECA schools and outreach events in strengthening community–facility linkages, reducing delays in seeking care and improving referral pathways.

Improved **teamwork and motivation among maternity staff** also emerged as a strong theme. Respondents noted that maternity teams now communicate better, share responsibility more effectively and feel more confident in emergency situations; a shift they attributed directly to training and mentorship. Irish contributors from MUH reinforced this narrative, describing how sharing neonatal care practices and supporting theatre processes, even remotely, helped strengthen care at LSCH.

“When a mother dies, it goes home with you. You cry. You carry it.”
LSCH Midwife

“You don’t expect to see a mother die in childbirth in Ireland as it is so rare. It is utterly devastating for the family and the team when it occurs. Such a burden to face maternal death recurrently.”
MUH Staff Member

Contribution to health system strengthening.

Taken together, the findings position MNH as a **flagship success** of the partnership. Respondents across all partners recognised improvements in quality of care, community engagement, and staff capacity. The survey and qualitative insights demonstrate:

- increased ANC attendance and facility-based deliveries
- stronger emergency obstetric response
- more confident, better-trained maternity teams
- improved newborn outcomes.
- enhanced trust in maternity services
- clearer and more effective pathways between community, facility, and county structures

MNH is also one of the clearest demonstrations of the partnership’s multi-level approach: community awareness and linkage (via BCW and CHPs), improved facility readiness and staff skills (via LSCH and MUH), and strong alignment with RMNCAH priorities at county level (via MOH).

“Our facility now has one of the best turnaround times in the region - because of the twin theatre we can manage two emergencies at once.”
LSCH Medical Doctor

Staff described theatre expansion as one of the most transformative improvements, reducing referrals, preventing complications, and increasing trust in LSCH as a reliable emergency obstetric facility.

Maternal and newborn health shows the partnership’s complete value chain in action, connecting community, facility, system and international exchange to deliver measurable improvements for women and newborns.



ATLS and Remote Emergency Care Trainings

Emergency & Trauma Care

Emergency and trauma care has rapidly become one of the partnership's most significant areas of impact. This shift was particularly visible following the 2023 Londiani Junction tragedy, which intensified local demand for stronger emergency response systems and motivated renewed investment in training, facility readiness, and cross-partner collaboration. The survey results reflect substantial involvement across partners and highlight clear gains in clinical practice, team coordination, and community trust.

"That accident put Londiani on the map. People saw what we did with very little - and they supported us."

LSCH Senior Staff Member

Programme involvement

Among respondents who answered the programme involvement question, **33 (55.9%)** reported involvement in emergency and trauma care. LSCH staff were most heavily represented, with **83%** indicating direct participation, a reflection of the hospital's central role in trauma management and the high volume of emergency cases treated. BCW staff and CHPs also reported strong involvement (55%), largely through community preparedness, awareness initiatives, and support to referral pathways. MUH staff (40%) contributed through trauma-related training, mentorship, and systems design, while MOH respondents (25%) participated in county-level oversight and referral system strengthening. Activities described by respondents ranged from bedside emergency care, triage and stabilisation to simulation drills, improvements in patient flow and participation in community awareness sessions. Many also referenced inputs into the planning and operationalisation of the new Living Hope Emergency & Trauma Centre.

What respondents told us

Survey data show a clear perception of significant improvement in emergency care. In the general question on changes in service use, **73%** of respondents reported "a lot of change", with many citing increased trauma caseloads, faster stabilisation of patients and better coordination during emergencies. Respondents described how emergency training and improved workflows had increased their capacity to manage critically ill patients and reduced delays in treatment.

"We stabilise patients faster and with more confidence - the teamwork is much stronger now."

Senior nurse

Training emerged again as a central driver of these improvements. Among those who received training, **86.3%** reported that it made a "big difference" to their confidence and ability. Several staff referenced how trauma-specific skill such as airway management, haemorrhage control, patient prioritisation, and teamwork during high-pressure scenarios had become embedded in practice. Respondents noted that these changes translated into a more organised response, smoother coordination between departments and better outcomes for patients.

"The training changed everything - we know what to do, and we do it together."

Emergency staff

Qualitative insights

Qualitative responses strongly reinforce the perceived gains. Staff consistently described **faster, more coordinated emergency response**, improved triage systems, and clearer communication across maternity, theatre and emergency departments. Many respondents highlighted how trauma training had strengthened their clinical confidence, enabling them to assess and stabilise patients more effectively and to manage complex cases with greater assurance.

Community-level insights underscored the value of preparedness and awareness. BCW staff and CHPs noted that community members were now more aware of what to do in emergencies, sought care sooner, and understood the importance of bringing trauma patients to LSCH rather than attempting prolonged home management or transport delays. Respondents described stronger links between CHPs, local first responders and LSCH, contributing to quicker movement of patients into the formal health system.

Irish partners emphasised their contributions to trauma-related mentorship and systems thinking, particularly around workflow design and emergency protocols. Several staff reflected that the partnership had fostered a culture of shared problem-solving, with LSCH and MUH teams learning from one another in ways that strengthened both clinical practice and interdepartmental cooperation.

The completion of the new Trauma Centre was also repeatedly cited as a visible symbol of progress. Respondents noted that the facility had improved patient flow, provided a more dignified and efficient space for emergency care, and significantly strengthened community confidence in seeking help during serious incidents.

“The Trauma Centre will change everything - finally we will have space to treat people with dignity.”
LSCH clinician

Contribution to health system strengthening.

The findings indicate that emergency and trauma care is now a core area of system-wide strengthening within the partnership. Improvements include more effective triage, faster stabilisation, clearer protocols, and stronger teamwork between departments, all essential foundations for high-quality emergency care. Enhanced referral pathways and improved communication between community structures, CHPs, local drivers, and LSCH have shortened delays and increased the number of patients receiving timely care.

At the systems level, emergency and trauma improvements demonstrate the value of the partnership’s integrated model:

- **LSCH** provides frontline emergency care and embeds new workflows.
- **BCW** strengthens community readiness and supports the operationalisation of services.
- **MUH** contributes technical advice, mentorship, training, and exchange.
- **MOH** reinforces county-wide emergency and referral strategies.

Together, these contributions are building a more resilient and responsive emergency care system. The survey and qualitative feedback show not only improved capacity but also increased morale, stronger community trust, and a sense of pride in the growing emergency-care capabilities of LSCH.

What These Findings Show

Emergency and trauma care now stands as one of the partnership’s clearest examples of rapid, meaningful, and sustained improvement in clinical quality. The combination of new skills, better systems, coordinated teamwork and purpose-built infrastructure has transformed LSCH’s ability to respond to emergencies. Respondents reported higher confidence, greater preparedness, and a more professional and coordinated approach to trauma cases; outcomes that save lives and strengthen the

“Our emergency services have grown in ways we never imagined - we are more ready, more confident, and more trusted.”
LSCH staff



Londiani and Mayo Teams – ATLS, Trauma Workshops

credibility of the health system.

5.3 Community Health Education & Community Health Promoters (CHPs)

Community health education, delivered through Brighter Communities Worldwide (BCW), Community Health Promoters (CHPs), schools, and outreach structures, is one of the partnership's most distinctive contributions to Kericho County. It represents the essential connection between households and the health system, shaping health

behaviours long before people reach a facility and ensuring that community members understand, trust and use available services. The survey findings show strong engagement and widespread recognition of the impact of this work on service uptake, prevention, and early care-seeking.

“Mothers come earlier now because the community promoters tell them what to expect.”

LSCH Midwife

Programme involvement

Among respondents who answered the programme involvement question, **31 (52.5%)** reported involvement in community health education, one of the highest participation levels across all programme areas. BCW respondents (82%) were especially prominent, reflecting their leadership in coordinating CHP activities, running mother support groups, delivering youth and school programmes, and organising community dialogue forums. LSCH staff (42%) also reported significant involvement, particularly through outreach work and health talks that link facility services with community needs. MOH respondents (25%) highlighted their role in county-level community health strategy, while smaller but meaningful participation from MUH volunteers (20%) reflected experiences during Harambee visits and community-based activities.

Respondents described participation in household health education, HECA school programmes, community dialogues, ANC mobilisation, sanitation and hygiene campaigns, and youth engagement sessions. They also highlighted the importance of community follow-up, referrals and support to pregnant women and newborns, demonstrating the integrated nature of community-facility linkages.

“We used to see cases very late. Now CHPs bring them early - sometimes even escorting them.”

Senior maternity nurse, LSCH

What respondents told us

Survey findings show that community health programmes have contributed substantially to the broader improvements in health-seeking behaviour. In the general question on changes in service use, **73%** of respondents reported “a lot” of change, and many linked this directly to stronger community engagement. Respondents attributed increases in ANC attendance, higher rates of facility delivery and earlier presentation for emergencies to community-level education and awareness efforts. CHPs and BCW staff noted that households now better understand the importance of early care-seeking, recognising danger signs and using LSCH rather than delaying treatment or relying on informal providers.

Training also played a central role. CHPs and outreach teams reported improved communication, counselling, and referral skills, which allowed them to more effectively reach households and guide them towards appropriate care. Among trained respondents, **86.3%** said the education improved their confidence significantly, and many referenced how new skills helped them engage communities with greater clarity and impact.

Qualitative insights

Qualitative responses reinforce the depth of behaviour change achieved through community health work. Many respondents described substantial improvements in community understanding of maternal health, newborn care, emergency readiness, and general preventive practices.

CHPs frequently highlighted how families now seek information from them directly, demonstrating the level of trust they have built. Respondents noted that community members are more receptive to health messages, more aware of health risks and more likely to follow recommended care pathways.

“We almost never see malnutrition now. That is because of the community units.”

LSCH Senior Nurse

Staff emphasised that community education has strengthened the connection between LSCH and the surrounding population. Improved relationships, better communication, and stronger referral mechanisms were repeatedly cited as reasons for increased service uptake. Respondents pointed to earlier ANC bookings, reduced fear of hospital services, and improved adherence to follow-up care as key outcomes of community engagement.

“Men now escort their wives to maternity - that never happened before.”

LSCH Maternity Nurse

MUH volunteers also reflected on their exposure to community health structures during exchange visits, noting how integral CHPs are to the functioning of the Kenyan health system. Their observations underscored the value of seeing community health in practice and reinforced the learning exchange between countries.

Contribution to health system strengthening.

The findings clearly show that community health education is foundational to the partnership’s impact. It drives improvements across multiple health domains by influencing behaviours that determine whether, when and how people seek care. Community-level work has strengthened:

“Community members listen to CHPs - they know them and trust them.”

LSCH staff

- **Service uptake**, through early ANC attendance, increased facility delivery, and faster presentation for emergencies.
- **Prevention**, through hygiene, nutrition, NCD and infectious disease education.
- **Continuity of care**, through better follow-up and consistent messaging.
- **Trust in the health system**, making LSCH the preferred point of care for many families.
- **County-level priorities**, aligning with Kenya’s community health strategy and RMNCAH focus.

CHPs and BCW serve as the connective tissue linking households to the health system, while LSCH provides the clinical services to meet the demand generated. The partnership model, community, facility, and county working in alignment, with Irish partners contributing perspective and learning is clearly reflected in the survey findings.

“The community units are the reason people reach us earlier - they bridge the gap.”

LSCH leadership

What These Findings Show

Community Health Education and CHPs represent one of the partnership’s most transformative achievements. The work not only strengthens health literacy and preventive practices but also fuels broader system improvements by increasing demand for services, encouraging early care-seeking, and enhancing community trust. Respondents consistently viewed this area as essential to sustained health outcomes, with changes at community level directly contributing to the improvements seen in maternal health, emergency care, and infectious disease prevention.

The partnership’s investment in community health has created a more informed, engaged and health-seeking population, a foundational element of a resilient health system.



Students from Ireland together with Londiani Sub County Hospital Staff

5.4 Training & Knowledge Exchange

Training and knowledge exchange sit at the heart of the Ireland–Kenya partnership. More than any single programme area, training is the mechanism through which skills are strengthened, confidence grows, professional relationships deepen and improvements become

embedded in both community and facility practice. Across the survey, respondents consistently recognised training as one of the partnership’s most transformative contributions.

“Training has made us more confident, more skilled and more motivated.”

Senior Nurse, LSCH

Programme involvement

Although 49.2% of respondents formally selected training and knowledge exchange as a programme area, almost **90% of all respondents reported receiving training** through the partnership. This reflects the integrated nature of training within every component of the partnership from maternal health and emergency care to community outreach, leadership development, and service organisation.

Disaggregated results illustrate the breadth of participation. **LSCH staff (71%)** reported the highest involvement, consistent with the hospital’s role as the primary implementation site for clinical and operational training. **BCW respondents (61%)** described participation across community-based training, CHP capacity building, and programme coordination. **MUH respondents (60%)** highlighted their contributions as facilitators, mentors, and subject-matter specialists, particularly during Harambee exchanges and remote CME. MOH involvement (25%) reflected their supervisory and stewardship roles, while UoG’s single respondent reported engagement through academic and research exchange.

The range of training activities described was extensive: clinical skills development in MNH and emergency care, infection prevention, communication and counselling training for CHPs, youth and school training sessions, online CME, simulation exercises, mentorship, peer-to-peer learning, leadership skills and the introduction of new tools and protocols.

What respondents told us

Training stands out as the area with the strongest perceived impact across the entire survey. Among those who had received training, **86.3% reported that it made a “big difference”** to their confidence, motivation, and ability to perform their work, with a further 9.8% reporting at least some difference. Not a single respondent indicated that training made no difference or a negative one.

Respondents described how training directly improved clinical care enabling faster and safer emergency responses, more consistent newborn resuscitation, better management of obstetric complications and improved communication between departments. Others emphasised how training strengthened community engagement, improved health education delivery, enhanced the quality of referrals and increased confidence when interacting with households. The gains extended beyond technical skills to include problem-solving, leadership, teamwork, and peer mentorship.

Training was also seen as a catalyst for improved morale. Several respondents noted that training made them feel valued and invested in, which in turn increased their motivation to improve services, support colleagues, and apply new practices in their daily roles.

“We know what to do, and we do it together - the teamwork is much stronger now.”

LSCH Staff

“We mentor others now - what we learned is growing.”

Nursing Staff

Qualitative insights

Qualitative responses reinforce the central role of training in driving change. Many LSCH staff described a shift towards a more confident, capable, and cohesive clinical team, with improved clarity on roles, more effective teamwork in emergencies and a stronger culture of learning. They noted that training equipped them not only with technical skills but also with the confidence to act decisively, to teach others and to maintain consistency in clinical practice.

CHPs and BCW staff highlighted how training strengthened their capacity to communicate messages clearly, support households effectively and encourage timely healthcare seeking. Respondents repeatedly referenced improvements in trust, rapport, and communication with community members, attributing these changes to improved skills gained through training.

“We learn from the Irish, but they also learn from us.”

LSCH Clinical Staff

Irish partners described training as one of the most meaningful dimensions of the link, noting how collaborative learning, rather than one-way transfer, shaped their engagement. They emphasised how working alongside Kenyan colleagues broadened their perspectives and contributed to their own professional development, reinforcing the bidirectional nature of the partnership. Across all partners, respondents described training not as a one-off event but as a continuous process: skills are maintained through peer practice, refreshed through mentorship, shared among colleagues, and reinforced by organisational structures that support ongoing learning.

Contribution to health system strengthening.

Training and knowledge exchange clearly underpin improvements across every other programme area. The development of confident, capable staff has improved the quality of care in maternity and newborn services, strengthened emergency response, enhanced community engagement, and supported more effective infection prevention practices. Respondents noted that training improved coordination across departments, strengthened communication channels and contributed to more efficient and reliable service delivery.

From a systems perspective, training contributes directly to Kenya’s wider health priorities by supporting professional development, enhancing service readiness, and improving community linkages. Training also strengthens resilience: staff report feeling better prepared for unexpected emergencies, more adaptable to change and more capable of problem-solving within their roles.

At the partnership level, training exemplifies the collaborative, equitable spirit of the link. Irish partners provide technical expertise and mentorship while Kenyan partners drive implementation, contextual adaptation, and sustainability. The mutual nature of learning and the respect underpinning it emerged strongly as a cross-cutting theme.

What These Findings Show

Training & Knowledge Exchange is one of the partnership’s most powerful mechanisms for sustainable change. It equips staff at every level from community health promoters to clinical officers and nurses, with the skills, confidence and mindset needed to deliver high-quality care. It strengthens teamwork, reinforces systems, and elevates professional pride across the health workforce.

The survey demonstrates that training is not only widespread but deeply impactful, fostering a culture where learning is ongoing and improvements in practice are continually reinforced. Training serves as the engine that drives many of the partnership’s successes and remains a central pillar in achieving long-term, system-wide improvements.

5.5 COVID-19 Response

The COVID-19 pandemic placed immense pressure on health systems worldwide, and Kericho County was no exception. The Ireland–Kenya partnership adapted rapidly, shifting its ways of working to protect staff and patients while maintaining essential services and supporting community trust. Survey findings indicate that the COVID-19 response was viewed as highly effective, demonstrating the partnership’s agility, solidarity, and capacity to respond to emerging health challenges.



Delivery of PPE to Londiani Sub County Hospital during the pandemic.

Programme involvement

Among respondents who answered the programme involvement question, **26 (44.1%)** reported involvement in COVID-19–related activities. BCW had the highest level of participation (70%), reflecting its leadership role in community sensitisation, PPE distribution, and support to vaccination mobilisation. LSCH staff (58%) were engaged in implementing enhanced IPC precautions, reorganising patient flow, protecting staff and sustaining service delivery under restrictive conditions. MOH respondents (50%) highlighted their role in coordinating county-level pandemic strategies, while MUH respondents described providing remote technical guidance, sharing protocols, and maintaining virtual CME sessions during lockdown periods.

Overall, respondents described participating in IPC training, public health education, adaptation of facility spaces, COVID-19 triage, support to vaccination campaigns and ongoing communication efforts to counter misinformation and maintain community confidence.

What respondents told us

Survey findings show overwhelmingly positive perceptions of the partnership’s COVID-19 response. Among those who answered, **83% rated the response as “very effective”**, with only a small minority selecting “somewhat effective” and none rating it negatively. Respondents frequently attributed this effectiveness to the timely provision of PPE, clear guidance on IPC practices, strong communication between partners and the continuity of training and mentorship even during periods when travel was impossible.

The rapid shift to virtual collaboration was repeatedly highlighted as a source of strength. Remote CME sessions, regular online meetings, and cross-country communication ensured that staff felt supported and connected despite the physical distance. Respondents also noted that community education provided by BCW and CHPs helped counter misinformation, encourage vaccination and reduce anxiety within the community.

Several respondents linked the COVID-19 response to broader improvements in facility organisation. Enhanced triage procedures, patient flow adjustments, improved IPC, and better use of space were all cited as lasting benefits that continued to improve service readiness even after the acute phase of the pandemic.

“Handwashing is now a culture - people ask for washing points.”

LSCH Senior Staff Member

Qualitative insights

Respondents consistently described the COVID-19 response as a period marked by solidarity, adaptability, and strong partnership functioning. Many LSCH staff expressed gratitude for PPE support at a time when global shortages threatened staff safety, noting that the partnership’s rapid mobilisation boosted morale and reassured both staff and patients. They also described gaining confidence through IPC training, which helped them maintain essential services while reducing fear and uncertainty.

CHPs and BCW staff described how community education transformed public understanding of the virus. Door-to-door sensitisation, community dialogues, and structured messaging contributed to improved hygiene practices, early recognition of symptoms and more willingness to participate in vaccination campaigns. Respondents emphasised that this community-level work helped maintain trust in the health system at a time when misinformation was widespread.

MUH staff described their contribution as both technical and emotional providing guidance on protocols, supporting capacity development remotely and sustaining consistent communication to ensure Kenyan colleagues felt accompanied throughout the crisis. Their reflections reinforced the reciprocal nature of the partnership and the

“It looked basic, but giving every patient a mask made a huge difference - and now everyone still wears one.”

LSCH Clinical Staff

“The Zoom meetings were a lifeline - we saw Ireland facing the same fear as us.”

LSCH Medical Doctor

“The Zoom meetings showed the systematic delay in the global vaccination response. It was not equitable”

MUH Doctor

strengthened relationships that emerged from working together during a global emergency. Across all respondents, a common theme emerged: despite immense stress and uncertainty, the partnership enabled a coordinated, supportive, and highly responsive effort that strengthened resilience across the health system.

Contribution to health system strengthening.

The COVID-19 response contributed to lasting improvements in multiple areas of the health system. It strengthened IPC standards, improved triage and patient flow, enhanced communication structures, and reinforced trust between partners. Respondents described feeling better prepared for future outbreaks and emergencies as a direct result of what they learned during COVID-19.

Community-level impact was equally significant. Education campaigns, household visits and vaccination advocacy helped communities adopt preventive behaviours, counter misinformation, and maintain engagement with health services. This community trust supported faster recovery of routine services after lockdowns and contributed to increased use of facility-based care.

At the partnership level, COVID-19 demonstrated the value of flexible, equitable collaboration. The seamless transition to virtual learning, the rapid mobilisation of support and the consistency of communication all reinforced the partnership's capacity to adapt while maintaining quality and commitment. Staff repeatedly noted that COVID-19 accelerated improvements in triage, IPC and teamwork that have now become routine practice.

What These Findings Show

The COVID-19 response stands out as a powerful example of the partnership's resilience, responsiveness, and solidarity. The survey and qualitative findings reveal a response that was not only effective in mitigating the immediate impact of the pandemic but also strengthened systems and relationships in ways that continue to benefit the health system today. The experience left partners better prepared, more connected, and more confident in their ability to navigate future challenges together.

5.6 Infrastructure & Systems Strengthening

Infrastructure improvements have been one of the most visible and transformative elements of the Ireland–Kenya partnership. Over nearly two decades, a series of strategic investments, from the operating theatre and maternity upgrades to the creation of shelters, sanitation facilities and, most recently, the Living Hope Emergency & Trauma Centre, have significantly enhanced the capacity, functionality, and credibility of Londiani Sub County Hospital. Survey findings reveal strong appreciation for these improvements and confirm that infrastructure has played a crucial role in strengthening service delivery, improving staff morale, and increasing community trust.

Programme involvement

Among respondents who answered the programme involvement question, **26 (44.1%)** reported involvement in infrastructure-related activities. LSCH had the highest level of engagement (63%), reflecting staff participation in planning, implementing, and operationalising improvements within clinical spaces. BCW respondents (55%) described extensive involvement in community mobilisation, construction coordination and ensuring facility upgrades aligned with community needs. MOH participation (25%) reflected county-level oversight and integration into service delivery plans, while MUH respondents noted their contributions to equipment support, workflow planning, and technical advice.

Respondents referenced involvement in a broad range of infrastructure efforts including theatre and maternity upgrades, improvements to water and sanitation facilities, development of waiting areas, the



creation of dedicated emergency spaces and the design and setup of the Trauma Centre. Several described how even modest improvements such as better lighting, reorganised patient flow or increased space had meaningful effects on service quality.

What respondents told us

Although the survey did not include a dedicated infrastructure question, responses to broader questions reveal clear perceived gains linked to improved physical space. A significant proportion of respondents who noted “a lot of change” in service use connected this directly to infrastructure improvements, citing increased demand for LSCH services, greater confidence among patients and more efficient handling of emergency and maternity cases. Respondents frequently described how new and upgraded spaces enabled safer care, better infection control, improved privacy, and smoother patient flow.

Infrastructure improvements also enhanced the impact of training and skills development. Staff noted that newly reorganised areas particularly within maternity and emergency units allowed them to apply best practices consistently and confidently. The Trauma Centre was repeatedly cited as a facility that has strengthened emergency response, enhanced dignity in care and increased staff morale. Survey comments indicated that the hospital’s improved appearance and functionality had contributed to higher community trust, increased referrals, and a marked rise in patient attendance.

“We used to pool our own money to refer mothers. Now the theatre saves them here.”

LSCH Senior Nurse



EONC Training; Londiani Sub County Hospital

Qualitative insights

Qualitative responses highlight infrastructure as a catalyst for wider systems change. Many respondents described how improved spaces transformed the working environment, making care delivery more efficient and reducing congestion in critical areas. Staff spoke about being able to move patients more easily, coordinate more effectively across departments and maintain clearer workflows during high-pressure situations. Several noted that infrastructure upgrades reinforced a sense of pride, with staff feeling more valued and more motivated to deliver high-quality care.

Respondents frequently linked infrastructure improvements to strengthened teamwork and communication. Better-designed spaces supported clearer roles during emergencies, smoother coordination between maternity and theatre and more predictable patient flow. Community respondents described how visible facility improvements increased their sense of trust in LSCH, making it a more attractive and reliable place to seek care.

Partners described infrastructure as a shared achievement: BCW’s mobilisation capacity and logistical support, LSCH’s operational expertise, MUH’s technical guidance and MOH’s integration into county strategies all contributed to improvements that respondents viewed as meaningful, sustainable, and transformative.

“Patients come here because they know they will get surgical help.”

Senior LSCH Staff

Contribution to health system strengthening.

Infrastructure improvements have played a foundational role in strengthening systems at LSCH and across the sub-county. Respondents identified several ways in which upgraded facilities have enhanced system performance:

- More efficient patient flow and reduced congestion
- Improved infection prevention and safer clinical procedures
- Enhanced readiness for trauma and emergencies

- Better integration between departments
- Increased staff satisfaction and retention
- Greater community trust and utilisation of services

Beyond physical structures, infrastructure improvements have shaped how services are delivered. They have enabled the adoption of new workflows, supported the implementation of protocols, and created environments in which training and clinical practice can be effectively applied. At county level, they demonstrate a model for how targeted infrastructure investment combined with training and community engagement can produce durable improvements in health system functionality.

Staff also highlighted that improved infrastructure made it possible to apply training consistently, streamline protocols and organise patient flow in ways that were simply not feasible before.

What These Findings Show

Infrastructure and systems strengthening stand out as areas where the partnership has delivered highly visible and lasting improvements. Survey findings and qualitative insights indicate that better physical spaces have improved the quality and efficiency of care, motivated staff, and increased community confidence.

The Trauma Centre, in particular, represents a milestone achievement that symbolises the partnership’s long-term commitment and ability to deliver transformative change.

Infrastructure is not simply a backdrop to clinical care; it is a core driver of improved patient experiences, stronger systems, and more resilient services. The partnership’s sustained and collaborative approach to infrastructure development continues to yield benefits across clinical, operational and community dimensions.

“The Trauma Centre will change everything - finally we will have space to treat people with dignity.”

LSCH clinician

“Infrastructure transformed not just the hospital, but how we work.”

LSCH leadership

5.7 Other Clinical and Programme Areas

While maternal and newborn health, emergency care, community health, training, and COVID-19 response form the partnership’s principal areas of investment, several additional programme areas also contribute meaningfully to health outcomes and system strengthening. Survey findings show substantial involvement across **Non-Communicable Diseases (NCDs)**, **Infectious Diseases (ID)** and **administration and coordination roles**. Together, these areas illustrate the partnership’s breadth and its commitment to supporting a holistic, integrated health system.

Non-Communicable Diseases (NCDs)

NCDs represent a growing health burden in Kericho County, and respondents’ involvement here was notable: **27 respondents (45.8%)** indicated participation in NCD activities. LSCH staff (54%) described their work in screening, management and counselling for hypertension, diabetes, and other chronic conditions, while BCW respondents (48%) highlighted their role in community-based awareness, prevention messaging and follow-up for individuals identified during outreach. MOH respondents (25%) referenced oversight of county strategies and integration of NCD priorities into primary care.

Respondents noted an increasing level of community understanding about chronic diseases, improved uptake of screening and more reliable follow-up for patients. Qualitative comments emphasised that community health education played an important role in helping households recognise symptoms early, understand risk factors and seek care before complications arise. NCD programming also benefitted from strengthened referral pathways, with CHPs helping to identify individuals needing facility-based assessment and LSCH providing continuity of care. For several respondents, NCD work was seen as an essential complement to other programme areas, particularly emergency and maternal health, by reducing preventable complications.

Infectious Diseases (ID)

A total of **20 respondents (33.9%)** reported involvement in infectious disease-related activities, including HIV testing and counselling, TB screening and follow-up, management of common infections and broader infection prevention efforts. LSCH respondents (46%) described involvement in clinical management and routine screening tasks integrated into outpatient services, while BCW respondents (39%) referenced community sensitisation, stigma reduction, and patient follow-up support. MOH involvement (25%) reflected supervisory responsibilities and alignment with county and national ID guidelines.

The qualitative insights highlight improvements in infection prevention and control, particularly in routine practice. Respondents described stronger hygiene practices, increased TB case detection, and improved adherence counselling. Community members were reported to be more receptive to testing and follow-up than in previous years, which respondents attributed to ongoing education and trust-building at household level. Although ID is not the largest programme area within the partnership, it plays a critical role in overall system resilience and supports Kenya's wider public health priorities.

Administration, Coordination and Link Team Roles

Effective coordination is the backbone of a long-term partnership, yet often the least visible. **Nine respondents (15.3%)** identified involvement in administrative or coordination functions, including LSCH link team members, BCW staff, MOH supervisors, and MUH participants supporting logistics, planning and documentation. Respondents described activities ranging from organising exchange visits and training schedules to monitoring programme activities and facilitating communication across partners. Qualitative comments highlighted the importance of coordination in ensuring programmes are aligned, well-planned and responsive to changing needs. Several respondents noted that BCW plays an especially critical role in connecting community, facility, and county priorities, while LSCH link team members ensure that activities are integrated into daily clinical operations. Coordination was frequently described as a factor that strengthened accountability, promoted sustainability, and allowed the partnership to adapt quickly, even during periods of disruption such as COVID-19.

Contribution to health system strengthening.

Across these additional programme areas, respondents identified common contributions to system strengthening. NCD and ID activities support preventive care, improve early detection, and reduce avoidable complications, thereby easing pressure on emergency and inpatient services. Community-based work in these areas reinforces continuity of care and strengthens trust between households and health providers. Coordination roles underpin the entire partnership, ensuring that planning is coherent, communication is consistent and activities are grounded in the needs and priorities of LSCH, community members and the county health system.

These areas also demonstrate the adaptability and breadth of the partnership. By extending beyond a single clinical focus, the partnership supports a health system capable of addressing diverse community needs and responding to multiple health challenges simultaneously.

What These Findings Show

Although NCDs, infectious diseases and coordination functions do not command the same visibility as maternity, emergency care, or community health, they form essential components of an integrated health system. The survey findings show that these areas contribute directly to improved prevention, early care-seeking, dependable follow-up and

“This partnership helped us adopt best practices - in IPC, trauma and governance.”

LSCH Senior Medical Staff



Advanced Trauma Training; Londiani Sub County Hospital

stronger links between community and facility care. They also reveal the quiet but indispensable work of coordination that enables all other programme areas to function effectively. Staff emphasised that improved community engagement, stronger referral practices and better IPC have made the system more resilient across a range of clinical areas, not only maternity and emergency services.

Together, these additional programme areas reinforce the depth and maturity of the partnership. They underscore the partnership's commitment to addressing both immediate clinical needs and the longer-term determinants of a resilient, equitable and people-centred health system.

6. Equity and Reaching Those Furthest Behind

Equity emerged as one of the strongest themes across the survey. Respondents consistently described the partnership as one that prioritises those who face the greatest barriers to health including women in rural areas, newborns, adolescents, households living in poverty, and communities with limited access to facility-based care. Many respondents emphasised that the partnership's equity focus is visible in the way programmes are designed, delivered, and sustained. Community outreach, CHP engagement, health education, school-based initiatives, and targeted support for vulnerable groups were repeatedly described as mechanisms that "bring health closer to the people" and ensure that essential services reach those who need them most.

"Women with fistula were hiding in the village - now they come for treatment."

LSCH Senior Nurse

Several LSCH staff and CHPs noted that improved equity was reflected in behaviour change: more women attending ANC early, more mothers choosing facility delivery, and more families presenting at the hospital rather than delaying care. As one respondent put it, "*Women now feel the hospital is for them even those who never used to come.*" Others highlighted the way community health structures have reduced the "three delays," enabling pregnant women, trauma victims, and chronically ill patients to access care more quickly and safely. Respondents also linked infrastructure improvements such as maternity upgrades, waiting shelters and the Trauma Centre with increased dignity and safety for patients who rely entirely on public health services. One staff member noted, "*The new facilities make patients feel respected they come because they know they will be treated well.*"

Staff highlighted that improved community engagement has reduced fear and stigma, making it easier for vulnerable groups including adolescent mothers, women with high-risk pregnancies, and those living in poverty to seek care earlier and more confidently.

Equity was also framed as a systems issue rather than an isolated programme component. Respondents described the partnership as one that "does not forget the community," "makes sure no one is left behind," and "gives voice to those who usually have none." By strengthening both community engagement and facility readiness, the partnership reduces structural barriers, improves trust in the health system, and ensures that the poorest and most remote households are increasingly able to benefit from quality care. Overall, the survey clearly demonstrates that equity is not separate from the partnership's work, it is woven into everything the partnership delivers.

"This partnership helped us adopt best practices - in IPC, trauma and governance."

LSCH Senior Medical Staff

Interviewees consistently described equity not as a separate activity but as a result of how the whole system now functions; earlier identification, safer care, better infrastructure and stronger community linkages all combine to ensure that those previously left behind are increasingly the ones reached first.

7. Strategic Value and Organisational Influence

Respondents across all partner organisations described the partnership as carrying significant strategic value and influencing organisational development in meaningful ways. For LSCH, respondents highlighted improvements in clinical governance, leadership confidence, and multidisciplinary teamwork as direct outcomes of the partnership. Staff frequently described LSCH as "a stronger hospital" because of the partnership, noting improvements in service organisation, adoption of new protocols, better data

use and more coordinated emergency and maternity systems. One LSCH respondent reflected, *“The partnership has helped us see what is possible. We now work in a more organised and confident way.”* BCW respondents described the partnership as central to shaping the organisation’s strategic identity as a community–facility connector. Many noted that collaboration with LSCH and county teams strengthened BCW’s programme design, evidence use and monitoring systems. Others highlighted that the partnership improved BCW’s ability to convene stakeholders, influence county priorities and maintain a long-term, community-rooted development approach. As one staff member noted, *“Working with LSCH and the county has sharpened us - we are more focused, more aligned and more strategic.”*

Irish respondents highlighted the influence of the partnership on MUH and UoG. They described gaining new perspectives on leadership, systems thinking and resource management, as well as a deeper understanding of global health equity. Some spoke of how involvement in the partnership strengthened professional motivation and enriched teaching, staff development, and organisational culture in Ireland. This mutual learning was seen as a hallmark of the partnership. *“We learn as much as we give,”* one MUH participant noted. *“It opens our minds and strengthens our practice.”*

The Ministry of Health respondents emphasised how the partnership aligns with county priorities and contributes to emergency care strengthening, community–facility linkage and RMNCAH objectives. They noted that the partnership’s consistent presence, reliability and alignment with local systems is what makes it strategically valuable. Taken together, these insights position the partnership as an influential force across all organisations involved - shaping systems, strengthening leadership, and supporting long-term strategic development.

Staff consistently described how improved clinical capability, stronger governance and more confident leadership have elevated LSCH’s standing within the county health system and strengthened the partnership’s strategic relevance.

“It’s inspiring to see how healthcare workers adapt and overcome challenges with limited resources.”
 MUH Staff Member

“There has been huge learning and benefits for health professionals from Mayo that are involved in this partnership”
 MUH Staff Member

“Working with Londiani revealed shared rural health challenges - like dispersed populations and the need for integrated, community-based care. It’s shown the power of shared learning between regions facing similar realities.”
 MUH Staff Member

8. Reciprocal Benefits of the Partnership

Throughout the survey, respondents described the partnership as **genuinely reciprocal**, with benefits flowing to both Kenyan and Irish partners. Kenyan respondents highlighted gains in clinical confidence, emergency preparedness, leadership skills, communication, community engagement, and teamwork. Many described the partnership as transformative for their professional identity. As one LSCH nurse expressed, *“I am more confident, more skilled and more motivated because of this partnership.”* CHPs and BCW staff emphasised how the partnership strengthened their skills in health education, counselling, and referral and how these skills translated into improved community relationships and increased service uptake.



Mayo University Hospital Team fundraising in 2022

Irish respondents emphasised how their participation deepened their understanding of global health, strengthened their empathy, and exposed them to innovative problem-solving in resource-constrained settings. Several noted that working alongside Kenyan colleagues challenged their assumptions, sharpened their ability to adapt, and strengthened their leadership practice. One MUH participant wrote, *“The learning is two-way. Kenya teaches us resilience, creativity, and humility in practice.”* Irish respondents also described building lasting personal and professional relationships that enriched their work at home.

“Ireland’s health system is highly structured - sometimes overly so. Kenya’s rapid, resource-optimising changes offer clear lessons on leaner, more sustainable approaches to health system improvement.”

MUH Staff Member

Across both countries, respondents highlighted the meaningful human connections, shared purpose and sense of solidarity created by the partnership.

Across partners, interviewees repeatedly described the partnership as a source of strength, motivation and shared learning; a relationship in which each side grows, adapts and improves because of the other.

People frequently spoke of the joy, pride and motivation that came from working together, describing the partnership as “family-like,” “trusted,” “long-standing” and “uniquely supportive.” Many respondents expressed that the partnership’s greatest value lies not only in technical improvements but in the deep mutual respect and shared commitment that underpin it. As one respondent summarised, *“The partnership lifts all of us. We grow together - that is its real beauty.”*

“Working together during big crises made the partnership stronger - we saw each other’s strengths.”

LSCH leadership

“Scalable training, smart resource use, and shared technology can strengthen Ireland’s local health system while supporting Kenya’s transformative journey.”

MUH Staff Member

9. The Role of Brighter Communities Worldwide

Survey responses strongly affirmed the central and multi-layered role played by Brighter Communities Worldwide (BCW) in shaping how the partnership functions and delivering many of its most visible successes. Respondents consistently described BCW as the organisation that “connects all the pieces together,” operating at the intersection of community, facility, and county health systems. Its presence was credited with ensuring that the partnership remains grounded in community realities while simultaneously supporting facility-level improvements and facilitating smooth collaboration with county authorities. Respondents emphasised several distinct contributions.

“BCW is our boots on the ground - they understand the geography and the problems.”

LSCH Senior Doctor

First, BCW was viewed as the key driver of **community engagement**, coordinating CHP networks, school health programmes, youth initiatives, mother support groups, and household-level education. Many respondents described this work as essential to improving early health-seeking behaviour, reducing delays in accessing care and building trust in LSCH services. As one CHP noted, *“We reach people where they are; that is how the changes begin.”*

“Other hospital-to-hospital partnerships cannot do what this one does because they do not have a BCW.”

LSCH Medical Doctor

Second, BCW was recognised for its role in **partnership coordination**. Respondents across LSCH, MUH and MOH repeatedly credited BCW with ensuring alignment between partners, organising logistics, managing communication and supporting monitoring and learning. One LSCH respondent commented, *“Without BCW, the link would not run. They make sure we plan, follow through, and stay connected.”* BCW’s long-standing presence in the community and consistent engagement across all programme areas was frequently cited as a factor that gives the partnership its stability and reliability.

“If we did not have BCW, the link would not run. They make sure we plan, follow through and stay connected.”

LSCH staff

Third, BCW's contributions to **systems strengthening** were repeatedly mentioned. This included support for improving referral pathways, facilitating county-level engagement, contributing to data use, and learning, and ensuring that community voices feed into facility and county decision-making. Respondents highlighted BCW's unique ability to bridge the gap between community needs and health system requirements, an influence that enhances the sustainability and relevance of the partnership's work.

Finally, BCW was seen as essential to **infrastructure and service development**, with respondents attributing several key facility improvements including the Trauma Centre and maternity and theatre renovations; to BCW's ability to mobilise communities, coordinate resources, advocate for support and manage implementation. One staff member noted, *"BCW has helped transform the hospital; they know what the community needs and make sure it is heard."*

Interviewees consistently described BCW as the organisation that holds the partnership together; linking community, facility and county systems in ways that make improvements sustainable and grounded in local realities.

Overall, respondents consistently framed BCW as the backbone of the partnership: locally rooted, community-facing, facility-linked and strategically aligned with county health leadership. Its role in sustaining momentum, strengthening relationships, and embedding learning firmly positions it as an indispensable part of the partnership's identity and success.



Left: Training on ECG Machine, Londiani Sub County Hospital; Right: Mayo and Londiani Link team visit

10. Sustainability and Future Direction

The survey responses reveal both optimism and realism about the sustainability of the partnership and its future direction. Respondents widely acknowledged that the partnership has built strong foundations in skills, relationships, systems, and infrastructure that will endure beyond individual projects. At the same time, they expressed a clear desire for continued investment, strengthened leadership and deeper institutionalisation of partnership practices to secure long-term sustainability.

Many respondents described sustainability as rooted in **capacity strengthening**, noting that the partnership has equipped staff with skills that are now embedded in daily practice. Improved teamwork strengthened emergency response, consistent protocols and community-facility linkages were all cited as evidence that change is now part of the system rather than dependent on external inputs. One LSCH respondent stated, *"We can continue because the skills are now within us; they are not temporary."* Respondents also highlighted the importance of **local ownership**. LSCH and BCW staff emphasised that the partnership has increasingly shifted towards locally led structures, with stronger county engagement and an evolving leadership role for Kenyan institutions. Several described this as essential for future sustainability, with one MOH respondent noting, *"Sustainability grows when we lead the work and the partners walk with us."*

At the same time, respondents recognised ongoing challenges. Staff turnover, resource limitations, rising service demands and the complexity of sustaining community engagement were cited as potential risks. Some respondents described the need for deeper institutional support within LSCH and BCW, including more structured succession planning, enhanced management capacity and greater investment in monitoring and evaluation. There was also recognition that MUH's continued engagement, while deeply valued, requires strategies to ensure continuity and resilience as staffing or volunteer availability in Ireland changes.

Across partners, respondents expressed a shared vision for the future: strengthening **county-level integration**, deepening the role of CHPs, expanding emergency readiness, enhancing data use for decision-making, and continuing to improve infrastructure. Many described the partnership as uniquely placed to pilot innovations that the wider county can adopt. As one respondent summarised, *"This partnership shows what is possible; now we need to take it county-wide."*

Finally, respondents spoke of the importance of nurturing the **relationships** that underpin the partnership's longevity. Mutual trust, respect, shared purpose, and consistent communication were described as essential elements of sustainability. Several Irish respondents reflected that maintaining the personal and professional bonds built over many years is central to sustaining engagement: *"The link is strong because of the people; that is what carries us into the future."*

What These Findings Show

The survey reveals a partnership that is deeply valued, increasingly locally owned and structurally positioned for long-term impact. Sustainability will depend on continued capacity-building, leadership development, financial and institutional planning, and maintenance of the cross-country relationships that give the partnership its unique strength.

Respondents voiced confidence that the partnership is moving in the right direction and that its future will be defined by deeper integration, stronger systems, and a shared commitment to advancing health equity in Kericho County.

Interviewees consistently described sustainability as rooted in strengthened skills, deeper community trust, improved systems and an evolving sense of local leadership; all of which position the partnership for continued growth.

Together, these elements position the partnership not only to sustain its gains but to deepen its impact as it evolves into its next phase.

11: Overall Findings & Conclusions

The findings of this assessment demonstrate that the West of Ireland–Kenya Partnership has generated substantial and sustained impact across health, clinical practice, community engagement, leadership development, and health system strengthening. What emerges clearly from the survey, interviews and document review is not a collection of isolated achievements, but a cohesive story of long-term collaboration that has transformed both services and relationships.

The partnership's most visible impacts lie in maternal and newborn health, emergency and trauma care, neonatal services, and community health outreach. Improvements in these areas are grounded in strengthened skills, clear clinical pathways, expanded infrastructure and deeper trust between communities and health facilities. Respondents described faster emergency response, more confident decision-making, improved teamwork, increased ANC attendance, earlier care-seeking, and a dramatic rise in facility deliveries. These changes reflect a system in which community structures, CHPs, clinical teams, hospital leadership, and county authorities now work together in more coordinated and effective ways.

Across all programme areas, training emerged as the engine of change. Staff consistently reported increased confidence, competence, and motivation, supported by internal mentoring, and sustained through reflective practice. The interviews highlighted that training is no longer viewed as a one-off

event, but as a continuous learning culture embedded within LSCH. This culture has strengthened emergency preparedness, stabilisation, infection prevention, neonatal care, triage, and surgical capacity. The development of the Trauma Centre, twin operating theatres and newborn unit provided the physical environment necessary for these skills to take root and flourish.

Community engagement remains a cornerstone of the partnership's impact. CHPs, mother-support groups, youth volunteers, and community health committees play a vital role in strengthening health literacy, promoting early referral, challenging stigma, and improving access to care. Respondents described a shift in social norms; men escorting women to maternity, earlier reporting of danger signs, increased trust in LSCH and greater openness to facility-based care. These community-level changes were frequently identified as central to addressing inequity and reaching those furthest behind.

At institutional level, LSCH has undergone significant organisational strengthening. Staff described improvements in leadership confidence, clinical governance, data use, teamwork, and communication. LSCH's growing ability to manage emergencies and conduct life-saving surgery has elevated its standing within the county health system and expanded the range of services it can safely deliver.

The partnership has also supported BCW's development as a systems connector and monitor; strengthening its convening role, community networks, and technical capacity. For MUH and the University of Galway, the partnership has enriched global health teaching, expanded intercultural competence, and provided meaningful professional development through mutual learning.

The assessment highlights that the partnership's most distinctive strength is its multi-level structure: community; facility; county system; international exchange. Few global health partnerships combine long-term relationships, community engagement, clinical training, systems influence and reciprocal learning in such an integrated way. Respondents frequently described the partnership not just as a programme, but as a trusted relationship; one that provides continuity, motivation, and shared purpose. The sense of solidarity during emergencies since the post-election clashes of 2008, and more recently COVID-19 and the Londiani Junction Motor Vehicle tragedy deepened this connection and reinforced its resilience.

The partnership also demonstrates strong foundations for sustainability. Skills are embedded across teams; facilities have improved; referral pathways are strengthened; data use is increasing; and local leadership is growing in confidence. At the same time, staff highlighted areas for continued development, including community sensitisation, ongoing, iterative training, and the need for structured succession planning to ensure continuity as roles evolve.

Overall, the evidence shows that the West of Ireland–Kenya Partnership is delivering impact that is multi-dimensional, systemic, and enduring. It improves health outcomes, strengthens community links, enhances organisational capability, and builds relationships that support mutual learning. Above all, it demonstrates that long-term, equitable partnerships; grounded in trust, solidarity and shared values, can play a transformative role in improving health, strengthening health systems, and improving lives.



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