Every Community Deserves an AIDS-Free Generation
Every community deserves a center of excellence
Every child deserves quality education
2017 Financials and Major Donors
Our Partners
Our Team

All names of beneficiaries and their home locations have been changed to protect individual privacy. Photo images do not represent narratives in this report.
DEAR FRIENDS

In 2007, Kenya faced the compounded crises of HIV, maternal death, and post-election violence. In that vulnerable time, a community banded together to build health solutions that could combat these threats. Our co-founder, Milton Ochieng’ captured his community’s spirit when he declared:

We dared to have hope in the dark.

Through a combination of local ingenuity and allegiance with world-class partners, Lwala Community Alliance was born.

Those early years were fragile, but Lwala persevered to build a durable community-led health model that is yielding dramatic outcomes. Facility delivery rates increased from 23% to 97%, child death was cut 64%, and we achieved virtual elimination of mother-to-child transmission of HIV.

Ten years later, our strength was again tested, as a tumultuous presidential election and a government nurses strike crippled the Kenyan health system. And once again, crisis called us to action. We engaged more deeply with the health system around us, viewing the moment as an opportunity to demonstrate the power of community-led health.

We deployed our Community Health Workers to step in and bridge the gap in health access for tens of thousands of people. We shifted tasks from nurses to these community leaders, preserving the distribution of essential medicines and earning cost savings to the health system. We held a leadership role with the Ministry of Health and created a short-term emergency transportation scheme that leveraged local taxi drivers. And, we supported our many community committees as they advocated for peace and justice. Our donors, implementing partners, and Board of Directors responded bravely, standing with us in the face of uncertainty.

This season has proven that when we put our faith in bottom-up solutions, we can create light in the midst of darkness. Indeed, we believe that to combat the complex health challenges facing Kenya, we must invest in professionalized Community Health Workers while empowering community groups to hold their health systems accountable.

And so, Lwala is driving forward in our effort to build a county model of community-led health. In the next few years, we’ll reach a population of one million, slash maternal and child mortality, and position ourselves for nationwide scale.

Once again, we have an opportunity to prove that when communities lead, change is drastic and lasting.

In solidarity,

ASH ROGERS,
Executive Director

JULIUS MBEYA,
Managing Director
AGENCY, HEALTH AND WHOLENESS OF LIFE

FOUNDED BY A GROUP OF COMMITTED KENYANS, WE ARE BUILDING THE CAPACITY OF RURAL COMMUNITIES TO ADVANCE THEIR OWN COMPREHENSIVE WELLBEING.

Rather than implementing vertical solutions, we tackle the multidimensional drivers of poor health. We look at health systems holistically, combating challenges in homes, fields, clinics, and schools.

When Communities Lead, Change is Drastic & Lasting
We reject the notion that grassroots initiatives are not scalable. Indeed, community-led interventions can transform systems of inequity by leveraging the latent capacity of vulnerable communities. Because of this, bottom-up solutions are uniquely positioned for scale.
COMMUNITY-LED HEALTH MODEL

COMMUNITIES

DATA
Individual-level data delivered via mobile application plus rigorous evaluation in partnership with Vanderbilt Institute of Global Health.

SUPPORTING 6 GOVERNMENT HEALTH CENTERS
We work alongside clinical staff to secure the management systems, infrastructure, equipment, and technical training required to improve provision of health services. We provide onsite accompaniment to clinicians and work with staff to measure changes overtime.

COMMUNITY HEALTH WORKERS
Recruit, train, pay, and supervise traditional birth attendants in extending high-quality healthcare to every home.

HEALTH CENTERS
Provide on-site training and coaching for quality improvement in government health centers.
LWALA’S COMMUNITY-LED SOLUTIONS ARE UNIQUELY POSITIONED TO TRANSFORM HEALTH SYSTEMS

Innovation Hub
30,000

Current Population Served
60,000

Model County
1,000,000
Government adoption + peer replication + direct service

Advising
Expand technical assistance across hotspots of poor health

Influence
Share research & advocate for community-led health

Country
County
Community

Replication
150,000
Direct service expansion

Lwala’s community-led solutions are uniquely positioned to transform health systems.
EVERY MOTHER DESERVES HEALTH

A NEW KIND OF HEALTH WORKER

Central to our model is the recruitment of traditional midwives. These women have delivered healthcare to their communities for generations. But because traditional midwives have been cut off from the formal health system, these births are often dangerous for mothers and babies.

We leverage the deep connections of these midwives and train, pay, and supervise them as professionalized Community Health Workers. Lwala Community Health Workers identify pregnant women as they proactively visit homes in their village. Then, they link mothers to the formal health system by identifying early symptoms of high-risk pregnancies, ensuring adequate maternal nutrition and encouraging safe delivery at a facility. They also follow-up on postpartum care, provide breastfeeding support, and counsel new mothers on a wide range of contraceptive options.

THE CHALLENGE

MIGORI COUNTY1  KENYA NATIONAL AVERAGE1  UNITED STATES2

673  495  17.3

DEATHS PER 100,000 LIVE BIRTHS  MATERNAL MORTALITY

1 UNFPA. Counties with the Highest Burden of Maternal Mortality (2014)
2 Centers for Disease Control and Prevention (2013)
THE IMPACT

COUPLE YEARS OF PROTECTION
A MEASURE OF BIRTH CONTROL PROVIDED, BASED ON THE NUMBER OF YEARS OF PREGNANCY PREVENTION IT PROVIDES

<table>
<thead>
<tr>
<th>Year</th>
<th>LWALA COMMUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>3,477</td>
</tr>
<tr>
<td>2016</td>
<td>5,771</td>
</tr>
<tr>
<td>2017</td>
<td>9,291</td>
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</table>

CONTRAVERSE PREVALENCE RATE
PERCENTAGE OF WOMEN USING CONTRACEPTIVES

<table>
<thead>
<tr>
<th>Area</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNTY</td>
<td>45%</td>
<td>62%</td>
</tr>
</tbody>
</table>

PERCENTAGE WOMEN WHO ATTENDED 4+ PREGNATAL CARE VISITS

<table>
<thead>
<tr>
<th>Year</th>
<th>COUNTY</th>
<th>LWALA COMMUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>56%</td>
<td>61%</td>
</tr>
<tr>
<td>2017</td>
<td>61%</td>
<td>78%</td>
</tr>
</tbody>
</table>

PERCENTAGE OF SKILLED DELIVERIES

<table>
<thead>
<tr>
<th>Year</th>
<th>COUNTY</th>
<th>LWALA COMMUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>47%</td>
<td>47%</td>
</tr>
<tr>
<td>2016</td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td>2017</td>
<td>97%</td>
<td>97%</td>
</tr>
</tbody>
</table>

1 Kenya Demographic Health Survey (2014)
2 Lwala Community Alliance Household Survey (2017)
EVERY CHILD DESERVES A FIFTH BIRTHDAY

YOUR BIRTHPLACE SHOULDN’T DETERMINE YOUR LIFESPAN

In rural Kenya, 8% of children die before their 5th birthday, a rate 12 times higher than the United States.¹

Community Health Workers enroll children at birth, track child growth, and manage immunization timelines. They provide home-based screening for the most deadly childhood conditions, including malaria, pneumonia, respiratory infection, malnutrition, and diarrhea. When a child does get sick, Community Health Workers provide care and treatment in the home and refer complicated cases to the local clinic-making certain that no child slips through the cracks.


¹ Kenya Demographic Health Survey (2014)
THE IMPACT

INDIVIDUALS REGULARLY VISITED BY A COMMUNITY HEALTH WORKER

- **12,000**
  - 100 individuals

IMMUNIZATION RATE

<table>
<thead>
<tr>
<th></th>
<th>PERCENTAGE OF CHILDREN WHO RECEIVED ALL SPECIFIED VACCINATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNTY 1</td>
<td>57%</td>
</tr>
<tr>
<td>2016 LWALA COMMUNITIES</td>
<td>94%</td>
</tr>
<tr>
<td>2017 LWALA COMMUNITIES</td>
<td>96%</td>
</tr>
</tbody>
</table>

INFANT MORTALITY RATE

<table>
<thead>
<tr>
<th></th>
<th>PER 1,000 LIVE BIRTHS</th>
<th>REDUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>LWALA COMMUNITIES</td>
<td>13.6</td>
<td>73%</td>
</tr>
<tr>
<td>COUNTY</td>
<td>39</td>
<td></td>
</tr>
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</table>

1. Kenya Demographic Health Survey (2014)
EVERY CHILD DESERVES NUTRITION

THE LASTING IMPACT OF MALNUTRITION

Adequate nutrition is crucial during the first 1,000 days between conception and a child’s second birthday:

- 45% percent of child deaths are linked to malnutrition.¹
- Stunting due to malnutrition in early years of life leads to poorer cognitive skills and educational outcomes.¹
- Maternal malnutrition has a direct correlation with an increased risk of infant death.²

We screen households for vulnerability, provide therapeutic food and supplements, enroll families in gardening and nutrition training, and follow up regularly to monitor growth.

800 INDIVIDUALS
ENROLLED IN GARDENING AND NUTRITION TRAINING, ACCESSING SEED INPUTS & INDIVIDUALIZED FOLLOW-UP

BUILDING A LADDER TO NUTRITION SECURITY

TREATING ACUTE MALNUTRITION

Clinical Care – Intensified clinical training, longer hospitalization periods, designated nutrition unit, therapeutic food

FIGHTING CHRONIC MALNUTRITION

Food Security – Nutrition training, gardening training, seed inputs, fortified flour

PREVENTION

Maternal/Child Nutrition – Screening for nutrition, breastfeeding training, nutrition education, vitamins (A & zinc), de-worming

Priority Households – Community Health Workers follow-up daily after hospitalization, provide therapeutic food, provide fortified flour and enroll in long-term food security program

Nearly 3,000 HOUSEHOLDS SCREENED FOR NUTRITION VULNERABILITY

THE IMPACT
My Community Health Worker, clinicians, and nurses gave me confidence that my newborn twins and I would be cared for effectively.

– ALICE, MOTHER OF 5

Alice is a mother of five who was accustomed to delivering her children at home. During her last pregnancy Alice developed complications late in labor. Alice rushed to a health facility, but by the time she arrived, she had lost her baby. Sadly, this is not unusual in Alice’s community.

The next time Alice got pregnant, Rose, a Lwala Community Health Worker, began tracking the pregnancy on Lwala’s mobile app. Rose helped Alice obtain prenatal visits, vitamin supplements, and a facility delivery. Later, Rose monitored Alice for postpartum warning signs, provided breastfeeding advice, and shared contraceptive options.

Rose’s early identification and intervention into Alice’s pregnancy culminated in a healthy birth and two flourishing babies. Rose will continue to monitor the twins’ growth until they surpass the age of 5.
IN KENYA, WATER-BORNE ILLNESS IS THE NUMBER ONE CAUSE OF PREMATURE MORTALITY¹

Community-led WASH

Improved sanitation reduces diarrhea morbidity by 38%.² Therefore, village-level Water, Sanitation, and Hygiene (WASH) teams promote the adoption of safe water and sanitation infrastructure. Through Lwala’s community-led process, community members construct latrines and secure water sources, which ultimately lead to village-wide declarations of Open Defecation Free status.

¹ Institute for Health Metrics and Evaluation (2016)
² United Nations Millennium Project (2016)
In March 2017, the WASH team began working in Dianga Village, a place with high rates of waterborne illness. Starting with a small village team, Lwala’s community-led WASH process soon dramatically transformed Dianga’s water and sanitation system. Soon enough, all but one of the households in Dianga village had access to – and actively used – a latrine.

The final household without latrine access belonged to an elderly woman named Salome, a widow living with her 14-year-old grandchild. She did not have the money or physical strength to construct her own latrine, so her neighbors banded together – assembling nails, wooden poles, and drapes for privacy – and built Salome’s latrine. Though she could not participate in the physical labor, Salome kept her neighbors strong with fresh water and snacks, providing moral support and finding ownership in the latrine project.

Upon the latrine’s completion, Salome told her neighbors, “I have been practicing open defecation my whole life because I didn’t have any strength to build on my own. I have always prayed to have a latrine, but I didn’t know how to get one. Now, my neighbors have answered my prayers.”

With the completion of Salome’s latrine, Dianga Village can now be declared Open Defecation Free.

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1 Kenya Demographic Health Survey (2014)
2 Lwala Community Alliance Household Survey (2017)
Every Community Deserves an AIDS—Free Generation

97 youths in Kenya are infected with HIV daily¹

Lwala provides comprehensive HIV programming aimed at empowering people with HIV to lead healthy and productive lives, while eliminating new infections.

Redefining their own luck

Participants in a Lwala program called HAWI (“Good Luck” in Dholuo) provide psychosocial support to each other and launch their own community health initiatives. Each participant in these groups is also visited regularly by a Community Health Worker.

**The Impact**

**AIDS-Free Generation**

- **97%** Population Tested
- **93%** Enrolled in Care
- **93%** Sustained Therapy

The global UNAIDS target is to reach 90-90-90 by 2020.

“I’m proud of our invention because we are helping other young people avoid becoming HIV positive.”

— Michel

Youth Peer Providers, comprised of young people across every Lwala community, are trained to provide reproductive health services and HIV prevention information to their peers. They are also encouraged to develop their own initiatives, which is exactly what Michel did.

Michel and his fellow YPPs launched Dial-a-Condom, which they describe as “Uber for Condoms.” Two young people in each village are stocked with condoms and their cellphone numbers are distributed to a network of youth who can request condoms on demand.

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1 UNAIDS. Fast-track to an HIV-free generation. (2016)

**Lwala**

Virtually eliminated mother-to-child transmission of HIV among its clients for the third year in a row.

**Only 2%**

OF HIV-Exposed Infants

Supported by Lwala tested positive for HIV 18-24 months after birth, compared to 8.3% in Migori County as a whole.
EVERY COMMUNITY DESERVES A CENTER OF EXCELLENCE
THE IMPACT

**ACCESSIBLE CARE**

90% OF OUR CATCHMENT POPULATION HAS BEEN TREATED AT LWALA COMMUNITY HOSPITAL

47,363 PATIENT VISITS

2 DELIVERIES A DAY

6,457 ADOLESCENT REPRODUCTIVE HEALTH VISITS

**QUALITY CARE**

93% OF OUR PATIENTS SAY THEY WOULD RECOMMEND LWALA TO A FRIEND

**HIGHEST RANKING**

HIGHEST RANKING HEALTH CENTER OUT OF 63 FACILITIES ASSESSED BY USAID’S PEFPAR PROGRAM

**INNOVATIVE CARE**

CASHLESS CLINIC

THROUGH A PARTNERSHIP WITH MTIBA, LWALA HAS BECOME A CASHLESS CLINIC. All payments are made through mobile money & patients can save for health expenses via a mobile health wallet.

6,457 ADOLESCENT REPRODUCTIVE HEALTH VISITS

**NATIONAL HEALTH INSURANCE FUND**

LWALA ACCEPTS NHIF REIMBURSEMENTS FOR SERVICE RENDERED TO THEIR CLIENTS. This is a growing revenue stream, adding to our sustainability.

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EVERY CHILD DESERVES QUALITY EDUCATION

GIRLS’ EDUCATION IS A POWERFUL LEVER OF COMMUNITY HEALTH

For every year a girl remains in school, the likelihood of an unwanted pregnancy or HIV infection decreases. And, studies show that children of educated moms have better health outcomes.

We work with 13 government primary schools, partnering with communities to launch their own solutions and advocate within the education system.
13 GOVERNMENT PRIMARY SCHOOLS

5,315 STUDENTS IMPACTED

THE IMPACT

REACHING GENDER PARITY IN PRIMARY SCHOOL COMPLETION RATES

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys Completion Rate</th>
<th>Girls Completion Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>63%</td>
<td>37%</td>
</tr>
<tr>
<td>2011</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>2012</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>2013</td>
<td>55%</td>
<td>45%</td>
</tr>
<tr>
<td>2014</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>2015</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>2016</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>2017</td>
<td>48%</td>
<td>52%</td>
</tr>
</tbody>
</table>

HEALTH
- Water and sanitation in schools
- Comprehensive sexuality education
- Youth-friendly health services

ACCESS
- Uniforms and sanitary pads
- Linkages to secondary scholarships
- School re-entry support for young mothers

ACADEMICS
- Mentoring for at-risk girls
- Worldreader E-readers loaded with Kenyan curriculum
- Design challenges to engage teachers in improving academic performance
2017 INDIVIDUAL ALLIES

$20K+
- Brian and Jessie Adams
- Anonymous
- Chris and Kirstin Hobday
- Ted and Karen Philip

$10K+
- Christen and Cole Barfield
- Elizabeth and Stephen Carr
- T.J. and Seran Glanfield
- Sarah and Peter Lanfer
- Linda and Don Norman

$5K+
- Ravi and Sunanda Agarwal
- Philip and Linda Andryc
- Lee and Mary Barfield
- Susan Douglas and Felix Dowlesly
- Will Edman

$2,500K+
- Bert and Kim Bailey
- John and Sallie Bailey
- Kelley Barnaby
- Karen Callahan
- Anita Cochran
- Claire Fitzgerald
- Bill and Elizabeth Hawkins
- Gary and Carol Hobday
- Eric Klindt

$1K+
- Michael Baker
- Mike and Wendy Baker
- Harry and Jeanne Baxter
- Constance Britton
- Ann and Frank Bumstead
- Jursdon and Carol Burnham
- Paul and Carol Caldon
- Carla Clark
- Ziggy and Kim Clayton
- Rebecca Cook
- William Danforth
- Pat and Alice Denton
- Michael and Katy Dickhaus
- David and Bettina Eilers
- John and Carole Ferguson
- Russell and Dinah Fitzgerald

MONTHLY DONORS

- Oran Aaronson and Shannon Snyder
- Jon Andereck
- Jeff and Melinda Balsir
- Brandon and Shailla Bannock
- Harry and Joanne Baxter
- Randy Brothers
- Joanna Candela
- Rosa and Autumn Carper
- Laura Cleveland
- Yvette Crabtree
- Anne Easdown
- Stephanie Eman
- Russell and Dinah Fitzgerald
- Kristen Foery
- Waldon and Renee Garriss
- Dionne Gayler
- John C. Gitau and Rosemary W. Choge

100% BOARD GIVING

Revenue by Year
OUR TEAM

Ash Rogers  
Executive Director

Julius Mbeya  
Managing Director

Co-Founders: Milton Ochieng’ & Fred Ochieng’

Leadership Team: Daniele Ressler, Doreen Awino, Elizabeth Owino, Mackenzie Okun, Robert Kasambala, Vincent Okoth, Winnie Oyugi

The Lwala Village Development Committee, Kenya Board, and Global Board are comprised of a diverse group of individuals committed to wholeness of life in Lwala & beyond.

Thomas Glanfield (Global Chair), Joel Stanton, Susan Douglas, Chris Hobday, Elizabeth Carr, Fred Ochieng’, Milton Ochieng’, Dave Eilers, Bonnie Miller, Melizia Muyenyi, Jessie Adams, Richard Wamai, Lindsey Toomey, Gervase Nykine (LVDC Chair), Shem Ooko, Charles Obong’o, David Odwar, Perpetua, Okong’o, Charles Obunga, John Obunga, Rose Onyango, Samson Mbori, Robinson Mbori, Musa Odhiambo
I believe in women’s leadership, and as a leader I know that I can make a difference.

– WINNIE

As a child, Winnie experienced the struggles of living in an area with a poor healthcare system. After losing Winnie’s father to HIV, her mother set out to provide a more promising life for her family. Winnie’s mom became one of Lwala’s first Community Health Workers, and Winnie’s future with Lwala began to unfold.

As she grew up – witnessing healthcare conditions improve before her eyes – she knew she wanted to be a part of a purposeful mission. Winnie’s first job was an internship with Lwala, and she gradually advanced in management roles. Today, Winnie sits on our Leadership Team and is a key thought leader in the organization. “I have Lwala in my heart because of the impact it has had in my community, in my family and to me.” she says.

In 2017, Winnie received the prestigious iLeap Fellowship, recognizing rising international leaders in social change. With every new role at Lwala, she continues to exemplify our vision. Ask Winnie why she does what she does, and she’ll tell you “I believe in women’s leadership, and as a leader I believe that I can make a difference” And trust us, she has.
AGENCY, HEALTH, AND WHoleness of Life