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

When Mama Rose gave birth to her first child, she was terrified to see her newborn discolored and limp. Could it be that after so much anticipation, her baby could be born dead? She looked up at the nurse, expecting her to be frantic, but instead the nurse calmly and deliberately dried and rubbed the baby. After several excruciatingly long seconds, Mama Rose’s baby gave out a gargled cry and began to move. Mama Rose held her new, healthy baby and soaked in the feel of her against her skin.

For so many of us, it’s these moments of witnessing new life that become the sweetest in our lives. Mama Rose’s moment was possible because she was surrounded by a health system built to deliver high-quality, equitable care. There was a nurse trained in neonatal resuscitation, a health facility equipped and adequately staffed, a Community Health Worker empowered to ensure facility deliveries and a community committed to health access.

This year, Lwala continued strengthening local systems to ensure more moments like Mama Rose’s. In 2019, we provided holistic support to more families than ever before, expanding to a new site and reaching a population of 90,000.

At Lwala Community Hospital, our team took on an ambitious quality improvement effort to improve newborn care and drove a 61% reduction in perinatal deaths. Across our partner health facilities, we provided mentorship and support, leading to a 26% improvement in health quality. We grew our cadre of Community Health Workers, who are 5 times more likely to be knowledgeable of danger signs in pregnancy and early infancy than status quo community health volunteers.

At the health systems level, we expanded our obstetric hemorrhage initiative across Migori County and worked towards its inclusion in the national emergency obstetric curriculum. We supported Migori County to start codifying key community health policies, including payment, training, and dedicated supervision of Community Health Workers. Globally, we are engaged in the wider movement for universal health coverage. Through the Community Health Impact Coalition, we authored global tools, launched coordinated research, and extended our insights far beyond Kenya.

All of this work is made possible by the resolve of our communities, grit of our health workers, vision of our government partners, ambition of our staff, and solidarity of our supporters like you.

Thank you for standing with us!

With gratitude,

Ash Rogers
Executive Director

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

Lwala believes that local communities have untapped potential to solve the world’s most pressing health challenges. We connect community innovation with university-backed research and evaluation to drive tangible improvements in health outcomes.

We leverage our communities to lead in the design, implementation, and evaluation of all of our interventions. Then, we partner with communities, government, and universities to build evidence of impact and infuse these insights into the formal health system. This bottom-up change promises holistic solutions that are custom-built for the systems they are meant to reform.
COMMUNITY COMMITTEES
We organize community committees to launch their own initiatives in areas including: water, sanitation, & hygiene, HIV/AIDS, reproductive health, and nutrition. We also train community members to participate on health facility management committees and equip them to drive improvements in the health system.

DATA
Real-time data, collected by our mobile application, enables our team and government policymakers to make patient-centered, evidence-based decisions. Additionally, in partnership with the Vanderbilt Institute of Global Health, we are in the midst of a rigorous program evaluation which will track outcomes over time, alongside comparison sites.

COMMUNITY HEALTH WORKERS
In collaboration with Ministry of Health, we recruit, train, pay, supervise, and digitally empower transformed traditional midwives and government community health workers to extend high-quality care to every home. Our Community Health Workers identify and track pregnancies, encourage facility deliveries, ensure on-time immunizations, test and treat common childhood illnesses, provide contraceptives, connect clients to health centers, and provide health information.

HEALTH FACILITIES
We provide onsite quality improvement support and training to government health facilities. This support is built around the World Health Organization’s six building blocks of health systems: service delivery, health workforce, information systems, supply chain, finance, and governance. We also provide onsite clinical trainings, targeting lifesaving care for mothers and infants during delivery. Our approach emanates from our center of excellence – Lwala Community Hospital.
A COMMUNITY-LED APPROACH TO TRANSFORMING HEALTH SYSTEMS

<table>
<thead>
<tr>
<th>INFLUENCE</th>
<th>Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share research and advocate through coalitions</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISSEMINATION</th>
<th>East Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Package model elements and train peers and governments</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCALE</th>
<th>Migori County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,000,000</td>
<td></td>
</tr>
<tr>
<td>Support government to adopt and implement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REPPLICATION</th>
<th>Rongo Subcounty</th>
</tr>
</thead>
<tbody>
<tr>
<td>150,000</td>
<td></td>
</tr>
<tr>
<td>Replicate and rigorously evaluate</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CURRENT POPULATION SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>North, East, &amp; South Kamagambo</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INNOVATION HUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>30,000</td>
</tr>
<tr>
<td>Innovate and test new ideas</td>
</tr>
</tbody>
</table>

| 90,000 |
| Iterate and operationalize |

PARTNERSHIP WITH KENyan GOVERNMENT

Lwala is committed to supporting Kenya’s ambitions to achieve universal health coverage. As such, all of our work is done in partnership with the Ministry of Health at national, county, and local levels. In partnership with government, we are testing innovations designed for nationwide scale.

In 2019, we are proud to have supported county-level policy change, trained community health worker supervisors countywide, run the first countywide roll-out of the non-pneumatic anti-shock garment, and worked with Ministry of Health to reexamine the national emergency obstetric care curriculum.
North Kamagambo
2007 - PRESENT
INNOVATION HUB

Kenya

East Kamagambo
2018 EXPANSION

Central Kamagambo
2020 EXPANSION

South Kamagambo
2019 EXPANSION

Migori County

Rongo Subcounty

289
COMMUNITY HEALTH WORKERS

136,000
HEALTH CENTER VISITS

76%
OF HOUSEHOLDS VISITED
BY A CHW EVERY MONTH

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CHILD HEALTH

ENSURING EVERY CHILD CELEBRATES A 5TH BIRTHDAY

Children in rural Kenya die at a rate 12 times higher than children in the United States¹. Nearly all of these deaths are preventable, with most children dying simply because they receive healthcare too late.

Lwala is changing this injustice through our community-led health model. Digitally empowered Community Health Workers enroll all children at birth, track child growth, and ensure on-time immunizations. They provide home-based screening and treatment for the most deadly childhood conditions, including malaria, pneumonia, malnutrition, and diarrhea. Community Health Workers also connect children to local health clinics. Lwala works with community members, health workers, and government to ensure these local clinics have the resources, training, and systems to provide quality care from conception to adulthood – making certain that no child slips through the cracks.

SIGNIFICANT REDUCTION IN CHILD DEATHS

105 CHILD DEATHS PER 1,000 LIVE BIRTHS PRIOR TO LWALA’S INTERVENTION²

29.5 CHILD DEATHS PER 1,000 LIVE BIRTHS IN THE LAST FIVE YEARS²

Results in a peer-reviewed study published in 2018 show a reduction in under-5 mortality following Lwala’s intervention². A follow-on survey collected 18 months later found a similar under-5 mortality rate of 29.4 deaths per live births in Lwala Communities and a rate of 36.5 deaths per 1,000 live births in comparison sites³. This adds to the evidence that children in Lwala communities are more likely to survive childhood.

HELPING BABIES BREATHE

Birth asphyxia - when babies are born not breathing - is one of the major causes of newborn death in regions with limited resources. Helping Babies Breathe, a curriculum developed by the American Academy of Pediatrics, was designed specifically for this context and teaches lifesaving neonatal resuscitation techniques in the first minutes after birth. Helping Babies Breathe techniques have been shown to reduce neonatal mortality by up to 47% and fresh stillbirths by 24%.

This year, we partnered with Janis Simon to train master trainers in Helping Babies Breathe at Lwala and within the Ministry of Health. These master trainers are now cascading the training to facilities throughout Migori County.

IMMUNIZATION RATE

Percentage of children who received all specified vaccinations

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>Early 2019</th>
<th>Late 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migori County</td>
<td>57%</td>
<td>94%</td>
<td>96%</td>
<td>97%</td>
<td>66%</td>
<td>81%</td>
</tr>
<tr>
<td>North Kamagambo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Kamagambo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CHILDREN IN LWALA COMMUNITIES ARE MORE LIKELY TO ACCESS MEDICAL CARE WHEN SICK. Lwala households are 10% more likely to seek care for a child with a fever and 12% more likely to seek care for a child with a respiratory illness, when compared to households across four similar sites.

WELL-CHILD VISITS

REGULAR CHECK-UPS FOR HEALTHY CHILDREN

<table>
<thead>
<tr>
<th></th>
<th>LWALA COMMUNITY HOSPITAL</th>
<th>PARTNER FACILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11,945</td>
<td>15,608</td>
</tr>
</tbody>
</table>
THE CHALLENGE

MIGORI COUNTY¹

673

KENYA¹

495

USA²

17.4

DEATHS PER 100,000 LIVE BIRTHS
MATERNAL MORTALITY

MATERNAL HEALTH

UNLOCKING THE LIFESAVING POWER OF TRADITIONAL MIDWIVES

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 by combining them with status quo Community Health Workers and training, paying, supervising, and digitally empowering this new cadre as professionalized Community Health Workers. We transform these midwives from the greatest competitors of skilled delivery to the formal health system’s greatest champions.

Lwala Community Health Workers identify pregnant women as they proactively visit homes in their village. Then, they link mothers to the formal health system, identifying symptoms of high-risk pregnancies, ensuring adequate maternal nutrition, promoting prenatal care visits, and supporting safe delivery at a facility. They also follow up on postpartum care, provide breastfeeding support, and educate new mothers on a range of contraceptive options.

Additionally, Lwala is improving maternal care at the health systems level. We are supporting government health facilities to improve the quality of prenatal and postnatal care. And, we are working with community committees to improve access to emergency transportation for pregnant women.

ENSURING MOTHERS SURVIVE CHILDBIRTH

Obstetric Hemorrhage - uncontrolled bleeding - is the leading cause of maternal death in Kenya. Even if a mother delivers at a health facility, this condition may require that she receive surgical or higher level care to save her life. In an environment with poor infrastructure and limited emergency transportation, many mothers don’t make it to lifesaving care in time.

In response, Lwala partners with the Ministry of Health to deploy the low-cost technology of the non-pneumatic anti-shock garment. When applied to a woman in shock, the device provides **72 additional hours to get the mother to advanced care**.

We’ve deployed this technology across Migori County and are now working with the Ministry of Health to incorporate the non-pneumatic anti-shock garment into the national emergency obstetric care curriculum. If successful, this would make it possible to expand the initiative nationwide.

Additionally, we are working the Ministry of Health and other partners in Migori to bundle the non-pneumatic anti-shock garment with other lifesaving approaches - Ellavi Uterine Balloon Tamponade, uterotonic drugs, uterine massage, blood transfusion - to create an easy-to-incorporate package for health workers to deliver.

LWALA COMMUNITY HEALTH WORKERS ARE MORE THAN 5X AS LIKELY TO BE KNOWLEDGEABLE OF THE DANGER SIGNS IN PREGNANCY AND EARLY INFANCY THAN STATUS QUO COMMUNITY HEALTH VOLUNTEERS

PERCENTAGE OF WOMEN WHO ATTENDED 4+ PRENATAL CARE VISITS

PERCENTAGE OF SKILLED DELIVERIES LWALA PRE-2011 - 2019

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IMPROVING QUALITY OF HEALTHCARE

SUPPORTING PATIENT-CENTERED HEALTH CENTERS

Government health centers provide the majority of the health services in Kenya despite experiencing frequent shortages in staff, training, medicines, electricity, running water, and other essential resources. These systemic challenges reduce quality of care provided to patients, feed distrust in the health system and ultimately influence the overall health of families and communities.

Lwala unites community members and health workers to lead health facility management committees. Together, they implement a cycle of continuous improvement. Along the way, Lwala provides comprehensive assessments, coaching, training, and occasional resources to help facilities reach their goals of providing high-quality, patient-centered care.

IMPROVING HEALTH FACILITY PERFORMANCE IN THE 6 KEY AREAS OF HEALTHCARE DELIVERY

SERVICE DELIVERY
WORKFORCE
PATIENT DATA
ESSENTIAL MEDICINES AND SUPPLIES
FINANCIAL MANAGEMENT
LEADERSHIP AND GOVERNANCE
IMPROVING MATERNITY CARE AT KOCHOLA DISPENSARY

When Lwala first started working with Kochola Dispensary, it lacked the supplies required to perform standard prenatal testing. As a result, pregnant women were being referred to facilities far away from their homes, creating an extra barrier to care.

Through Lwala’s quality improvement process, Kochola’s Health Facility Management Committee examined this challenge and resolved to fix it. In the short-term, the facility requested and received an immediate stock of prenatal testing kits from Lwala. Then, with guidance from Lwala, the Health Facility Management Committee enrolled in a government reimbursement program, Linda Mama, creating a new source of discretionary income. Now, Kochola is receiving enough additional income to maintain a consistent stock of prenatal testing kits, with funds left over to address other needs. In 2019, Lwala supported 7 other facilities to enroll in Linda Mama.

As quality improved, Lwala’s partner facilities saw significant increases in patients visits, compared to similar facilities.

PERCENT CHANGE IN PATIENT VISIT (2018-2019)

- Lwala’s partner facilities saw significant increases in patients visits, compared to similar facilities.

26% average improvement in quality assessment scores

HEALTH FACILITY ASSESSMENT SCORES 2018-2019

In 2019, Lwala supported 9 health facilities through our quality improvement model.
When Lencer, a Lwala Community Health Worker, first visited Mary and David’s home she discovered that Mary was pregnant with her fourth child. Mary and David had just moved into the area and had no interest in visiting a health facility. Mary explained that during her first pregnancy she went to a health facility and received such disappointing care that she delivered her subsequent two children at home.

Lencer was determined to rebuild Mary and David’s trust in the health system and began visiting them every week. Lencer made seven referrals to the nearby health facility, all with no success. Finally, Lencer asked her supervisor, Paul, to accompany her to Mary’s house. Paul is a Community Health Nurse with special training in counseling, maternal care, and supportive supervision. After additional counseling from Paul, Mary and David agreed to attend their first prenatal care visit together.

“I did not think they would keep coming back after I refused my visits. Their attention got me to the facility,” –MARY

Lencer continued to visit the family, and a few months later, Mary delivered a healthy baby boy, Josiah at the facility. With their faith in the health system restored, Mary and David have ensured that Josiah attends regular well-child appointments and is on-track with his immunizations. And, with some education from Lencer, they decided to use family planning and Mary selected a long-term method. Lencer still visits regularly, providing health services and tracking Josiah’s growth and development.
WORKING WITH COMMUNITIES TO PROMOTE HEALTHY TIMING AND SPACING OF BIRTHS

When women and couples have the tools to choose when they get pregnant, the result is better health outcomes for mother and child.

Lwala understands that while women and girls may have a desire to access reproductive health services, relatives and community leaders are often the gatekeepers to these services. Thus, we increase confidential access to services, while challenging social norms and increasing buy-in for reproductive rights.

We start by training and empowering community committees, male forums, Community Health Workers, and youth advocates. Each of these groups plans and launches their own reproductive health initiatives to educate their neighbors, distribute and promote contraceptives, and confront cases of abuse.

**CONTRACEPTIVE PREVALENCE RATE**

<table>
<thead>
<tr>
<th>Percentage of Women Using Contraceptives</th>
<th>58%¹</th>
<th>44%²</th>
<th>53%³</th>
<th>63%³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>Kenya</td>
<td>Migori County</td>
<td>Comparison Communities 2018</td>
<td>Lwala Communities 2018</td>
</tr>
</tbody>
</table>

**Reproductive Health Service Visits by Youth**

<table>
<thead>
<tr>
<th>Year</th>
<th>Lwala Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>6,600</td>
</tr>
<tr>
<td>2017</td>
<td>8,100</td>
</tr>
<tr>
<td>2018</td>
<td>13,300</td>
</tr>
<tr>
<td>2019</td>
<td>18,700</td>
</tr>
</tbody>
</table>

**Couple Years of Protection**

<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>12,446</td>
</tr>
<tr>
<td>2018</td>
<td>14,833</td>
</tr>
<tr>
<td>2019</td>
<td>16,488</td>
</tr>
</tbody>
</table>

²MEASURE Evaluation PIMA. (2016). Migori county family planning: January to June 2016. USAID, PEPFAR.
INVESTING IN THE LONG-TERM IMPACT OF NUTRITION SECURITY

Maternal malnutrition has a direct correlation with increased risk of infant death\(^1\).

45% of child deaths are linked to malnutrition\(^2\).

Adequate nutrition during the first 1,000 days between conception and a child’s 2nd birthday is one of the best investments in a child’s health, education, and wellness.

Lwala provides preventative support to all pregnant and breastfeeding women, young children, and people living with HIV and other chronic illnesses. We screen individuals for vulnerability and provide a holistic package of support to get families on a long-term path to nutrition security.

1,998
HOUSEHOLDS
ENROLLED IN GARDENING AND NUTRITION TRAINING, ACCESSING SEED INPUTS, AND INDIVIDUALIZED FOLLOW-UP

BUILDING A LADDER TO NUTRITION SECURITY

- **Clinical Care**
  - Treating severe acute malnutrition – high-quality in-patient care, therapeutic food, family counseling, and enrollment in food security program

- **Food Security**
  - Treating moderate malnutrition & vulnerability – Family counseling, fortified flour, nutrition training, gardening training, seed inputs, and Community Health Worker follow-up

- **Prevention**
  - Promoting good nutrition – Routine vitamin supplementation, patient support groups, nutrition counseling, growth monitoring, and Community Health Worker proactive screening

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BUILDING AN HIV-FREE GENERATION

Migori County is among the five counties with the highest HIV incidence rates in Kenya¹.

Despite major advancements in HIV prevention and care in other regions of the country, Migori County has not benefited from these trends.

Lwala’s comprehensive HIV programming empowers people with HIV to lead healthy, productive lives, while eliminating new infections. All HIV-positive individuals and their allies are encouraged to join a program called HAWI (“Good Luck” in Dholuo). HAWI groups are trained in critical health topics and community organizing. Participants provide psychosocial support to each other and launch health initiatives in their communities. Each participant in HAWI is also regularly visited by a Community Health Worker.

**ACHIEVING AN AMBITIOUS TARGET**

- **98%** POPULATION TESTED
- **99%** OF PEOPLE DIAGNOSED ARE ENROLLED IN CARE
- **95%** OF PEOPLE IN CARE ARE VIRALLY SUPPRESSED

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

**LWALA**

- **99%** OF HIV-EXPOSED INFANTS supported by Lwala during pregnancy TESTED NEGATIVE FOR HIV 18 months after birth.
- **1,660** ADOLESCENTS SCREENED & 195 INITIATED ON PRE-EXPOSURE PROPHYLAXIS (PREP) WHICH HAS SHOWN TO REDUCE THE RISK OF GETTING HIV FROM SEX BY 99% WHEN TAKEN DAILY.²

²Center for Disease Control and Prevention (2019)
WATER, SANITATION, AND HYGIENE

IGNITING COMMUNITY ACTION FOR SAFE WATER

Water-borne illness is the number one cause of premature death in Kenya¹.

Improved sanitation has been shown to reduce diarrhea morbidity by 38%².

Lwala activates community WASH committees who lead their villages in constructing latrines, building handwashing stations, and securing safe water. If a household is unable to build their own latrine, their neighbors step in to get the job done. As this happens, villages declare open defecation-free status, signifying community-wide sanitation. Next, WASH committees work to move up the sanitation ladder, upgrading latrine infrastructure and securing safe water sources.

EMERGENCY RESPONSE

In December 2019, Migori County experienced massive flooding, destroying homes, farms, and water infrastructure. Nearly 1,800 people were displaced and living in a temporary camp. These conditions put the population at risk of water-borne illnesses, like typhoid and cholera. Lwala staff traveled by canoe over flooded roads to reach these families and provide food aid, health services, water treatment packets, and water filters.

INDIVIDUALS IN LWALA COMMUNITIES ARE 2.6X MORE LIKELY TO HAVE ATTENDED A WASH TRAINING THAN INDIVIDUALS IN COMPARISON SITES³.

WATER FILTERS DISTRIBUTED

491

LATRINES BUILT

447

SAFE WATER SOURCES SECURED

4

Comparison sitesInstitute for Health Metrics and Education (2016)
² United Nations Millenium Project (2016)
STANDING AS A CENTER OF EXCELLENCE

ACCESSIBLE CARE

93% OF THE FACILITY’S CATCHMENT POPULATION HAVE BEEN TREATED AT LWALA COMMUNITY HOSPITAL

61,000 PATIENT VISITS

14 DELIVERIES A WEEK

41% INCREASE IN PATIENTS ACCESSING CARE FOR NON-COMMUNICABLE DISEASES

FREE CARE

TO PREGNANT WOMEN, CHILDREN UNDER 5, AND PEOPLE LIVING WITH HIV

200% INCREASE IN REVENUE FROM NATIONAL HEALTH INSURANCE FUND REIMBURSEMENTS

QUALITY CARE

99% OF PATIENTS SAY THEY WOULD RECOMMEND LWALA TO A FRIEND

7% IMPROVEMENT ON HEALTH FACILITY ASSESSMENT SCORE

55% OF ALL DELIVERING MOTHERS TOURED OUR MATERNITY WING PRIOR TO DELIVERY AS PART OF OUR OPEN MATERNITY DAYS

31% IMPROVEMENT ON BABY FRIENDLY HOSPITAL SCORE, AS ASSESSED BY THE MINISTRY OF HEALTH

LIFESAVING CARE

This year our hospital focused on improving outcomes for our littlest patients. Our health workers received special training in neonatal resuscitation and infant care protocols. And, following the WHO’s 10 steps to a baby-friendly hospital, we were awarded the best performing facility in the county by the Ministry of Health. Most important to us, we saved lives. Our perinatal death rate decreased from 17.4 per 1,000 live births in 2018 to 6.7 per 1,000 in 2019.

61% DECREASE IS PERINATAL DEATHS
At Lwala we are committed to providing dignified, high quality care to all our patients and their families. - ROBERT KASAMBALA, DIRECTOR OF HOSPITAL AND OPERATIONS
TACKLING A KEY DRIVER OF POOR HEALTH - EXTREME POVERTY

Lwala partners with Village Enterprise to implement their cost-effective poverty graduation model. The approach combines business training and mentorship with a start-up grant. Village Enterprise empowers the rural extreme poor to lift themselves out of poverty through income and savings generated from small businesses.

508 BUSINESSES STARTED

1,521 ENTREPRENEURS TRAINED

9,126 LIVES IMPACTED

46% INCREASE IN INDIVIDUAL ANNUAL CONSUMPTION AND EXPENDITURE

275% INCREASE IN HOUSEHOLD SAVINGS

LWALA COMMUNITY BANK

We sparked the creation of a savings and loans cooperative, which operates independently and provides pro-poor financing to staff and community members.

$151,000 IN ASSETS *

127 MEMBERS

* unaudited data
EDUCATING GIRLS AS A POWERFUL LEVER OF COMMUNITY HEALTH

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

We work with 13 government primary schools, partnering with community committees to launch their own solutions and advocate within the education system.

School-led solutions include: sexuality education, reproductive health access, access to clean water and sanitation, mentorship, provision of uniforms and sanitary pads, linkages to secondary scholarships, teacher capacity building, and digital access to textbooks.

And, through our Broadened Horizons program, we support girls who have dropped out to re-enroll in school. We provide them mentorship, scholastic support, school materials, and a small cash transfer to subsidize costs.

GEDNARER GAP IN PERFORMANCE IS NARROWING, AS MORE STUDENTS PASS GRADE 8 EXAMS

PEER-REVIEWED STUDY SHOWS LITERACY GAINS

An evaluation of Lwala’s e-reader tablet program was published in the British Journal of Educational Technology, finding greater improvements in oral reading fluency and reading comprehension among eReader users compared to students in classrooms without eReaders.

148 GIRLS RE-ENROLLED IN SCHOOL AFTER DROPPING OUT
576 STUDENTS ACCESSING WORLDREADER E-READERS LOADED WITH KENYAN CURRICULUM
190% INCREASE IN PARENT ATTENDANCE IN SCHOOL MEETINGS

LWALA REACHED GENDER PARITY IN PRIMARY SCHOOL ENROLLMENT FOR THE 3RD YEAR IN A ROW

13 GOVERNMENT SCHOOLS
6,567 STUDENTS REACHED

extend our impact through research

Lwala is committed to evidence-based programming and a dynamic cycle of learning. Our partnerships with Vanderbilt Institute for Global Health, Community Health Impact Coalition and Kenya Ministry of Health, put public health research and academic expertise to work for our communities.

rigorous program evaluation

Over five years, we are measuring Lwala’s multi-sectoral impact through a quasi-experimental design, collecting repetitive cross-sectional survey data across five intervention and comparison sites. In 2018-19, we surveyed 4,766 households, and initial data is analyzed and summarized throughout this report. Over time, we’ll be able to look at relative changes in Lwala sites compared to similar areas we don’t work with using difference-in-differences techniques of analysis, to better understand the impact of our interventions.

technology-enhanced iterative learning

Through our customized CommCare application, Lwala Mobile, Community Health Workers collect data and receive decision support in real-time. With the addition of Salesforce analytics, our team and government policy makers are empowered to make patient-centered, evidence-based decisions. Through this system we track individual-level, longitudinal data across more than 20,000 households.

We are building systems that collect data while also pushing analysis at all levels, from frontline workers to government officials.

research to inform program design

in partnership with vanderbilt institute of global health, lwala submitted two studies for publication:

- An investigation of Community Health Worker knowledge of warning signs in prenatal and postnatal periods
- An analysis of interpersonal violence prevalence and predictors in Lwala communities

lwala commenced two new studies:

- A study of Community Health Worker knowledge, supervision, and empathy, in partnership with the Community Health Impact Coalition
- An evaluation of Lwala’s obstetric hemorrhage bundle initiative, in partnership with Kenya Ministry of Health and University of California San Francisco
**Revenue by Year**

- **$500K+**
  - Ronald McDonald House Charities

- **$100K**
  - Deerfield Foundation
  - Child Relief International
  - Planet Wheeler Foundation
  - The ELMA Foundation
  - Anonymous
  - Bohemian Foundation
  - Erik and Edith Bergstrom Foundation
  - Weekley Family Foundation
  - Segal Family Foundation
  - Vitel Foundation

- **$50K+**
  - Crown Family Philanthropies
  - T&J Meyer Family Foundation
  - Izumi Foundation
  - Mulago Foundation
  - Preston-Werner Family Fund
  - Sall Family Foundation
  - Partners for Equity
  - DAK Foundation
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  - One World Children’s Fund
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  - United Airlines
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**Program Partners**

- Kenya Ministry of Health
- Vanderbilt Institute of Global Health
- University of California San Francisco
- Community Health Impact Coalition
- Janis Simon
- Village Enterprise
- Big Bang Philanthropy
- IBM Research
- Marie Stopes Kenya
- Gould Family Foundation
- Miller Center for Social Entrepreneurship

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- Kenya Education Fund
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OUR TEAM

103 full-time professionals and hundreds of Community Health Workers bring together expertise in global health, community development, research, and operations management.

Ash Rogers  
Executive Director

Julius Mbeya  
Managing Director

Co-Founders: Milton Ochieng’ & Fred Ochieng’

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

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

Board: Jessie Adams (Global Board Chair), Chris Hobday, Elizabeth Carr, George Srou, Fred Ochieng’, Joel Stanton, Meliza Mugeyi, Milton Ochieng’, Susan Douglas, Stephen Carr, Thomas Glanfield, Richard Wamai, Gervas Nykinye (LVDC Chair), Shem Ooko, Charles Obong’o, David Odwar, Perpetua Okong’o, Charles Obunga, John Obunga, Rose Onyango, Samson Mbori, Robinson Mbori, Musa Odhiambo
Nearly twenty years ago, Jael Atieno Ochieng remembers donating money to a community fundraiser called to send Milton and Fred Ochieng to study at Dartmouth College in the United States. Little did she know that several years later they would return to champion the construction of the region’s first health facility and found Lwala Community Alliance.

To aid in the construction of Lwala Community Hospital, Jael joined her neighbors carrying stones, sand, and water from the nearby Riana River to the hospital grounds. The next year, Jael earned a certificate in hospitality management and soon thereafter landed a position as the Guesthouse Manager at Lwala Community Alliance. While she enjoyed interacting with guests, she realized her true passion was in community health. She took herself back to school, graduating with a Diploma in Public Health.

Jael recently transitioned into a role as the program assistant for Lwala’s HIV, Water, Sanitation and Hygiene Integrated (HAWI) program. In her role, she works with communities to improve water and sanitation infrastructure while addressing HIV/AIDS. Jael was instrumental in helping all 41 villages in North Kamagambo achieve Open Defecation Free status, as certified by the Ministry of Health.

“The most meaningful part of my job is finding ways to help community members living with HIV and those who are at a high risk of contracting HIV. I strengthen their capacity to take charge of their own health, and I also offer psychosocial support to those who need it. I help encourage them to step forward as community leaders.” —JAEL