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 Allies,

We, Ash and Julius, joined Lwala over five years ago with a mandate from our board to scale the organization while further centering Kenyan leadership in decision making. Together, we’ve worked to define a new framework for the organization’s leadership, which we termed co-leadership. We’ve strengthened the Kenya NGO Board, adding African experts in the field with the gravitas to lead us into this next strategic period and the proximity to connect with our communities. We’ve also added these members to our US board, so that our board membership went from 25% African in 2015 to 60% African today. We’ve built a stellar leadership team of top Kenyan talent and improved our capacity to fundraise within and from Kenya. While we’ve been operating under this co-leadership model for several years, our titles still denoted a hierarchy. Thus, with our mutual recommendation, the board voted to shift our titles from Executive Director and Managing Director, to Co-Chief Executive Officers.

These shifts in our governance structure and executive titles are about more than diversity and representation. As an organization, we are deeply committed to community-led development. This means undoing colonial mentalities in health care that create distance between health provider and client and amplifying the voices of community groups to drive their own development. This year, more than ever, we’ve witnessed the power of community action. From removing barriers to care caused by COVID-19 lockdowns, to advocating globally for PPE, to dispelling misinformation, our community members have been on the frontlines of fighting the COVID-19 pandemic.

In March of 2020, we set goals to guide our pandemic response: protect health workers, maintain essential health services, stem the spread of the virus, and shield the vulnerable from socio-economic shocks. To meet these goals, we made big pivots in work plans and audaciously expanded our budget by over 1 million dollars. We asked our communities, facility staff, community health workers, and donors to take this big leap of faith with us. Because of their stalwart support, Lwala provided guidance on protocols, training, personal protective equipment, drugs, routine testing, mental health counseling and digital tools to thousands of frontline workers. And, we allied with the Ministry of Health to launch a cadre of COVID-19 contact tracers and contact monitors. So when the pandemic surged in Kenya in late 2020, we were able to stand by our health workers while continuing to serve our clients. The years of work we’ve put into bolstering the health system meant that, despite unprecedented challenges posed by COVID-19, we actually saw improvements in maternal, child, reproductive and HIV health outcomes. We are proud to share this progress with you in the next pages.

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 support from allies like you.

Thank you for standing with us!

With gratitude,

Ash Rogers
Co-Chief Executive Officer

Julius Mbeya
Co-Chief Executive Officer
70,000 children and mothers die each year in Kenya, and nearly all of these deaths are from preventable and treatable conditions.\textsuperscript{1} 46\% of Kenyan women report problems accessing health care, and women with the lowest incomes are nearly twice as likely to lack health access, when compared to the wealthiest women.\textsuperscript{2}

This inequity stems from a long history of oppression, corruption, and neocolonialism that has led to a breakdown of trust between communities and the formal health system. As a result, households delay seeking care and face many barriers to quality service when they do reach a health facility.

The Kenyan government is committed to Universal Health Coverage. Despite the challenges, made even more profound by the COVID-19 pandemic, we believe this commitment is achievable. \textit{With communities leading, it is possible to break cycles of inequity and advance health for all.}


COMMUNITIES ARE THE CURE

Founded by a group of committed Kenyans, we are building the capacity of rural communities to advance their own comprehensive wellbeing.

Lwala believes that communities have untapped potential to solve the world’s most pressing challenges. We connect community innovation with university-backed research to tackle the multidimensional causes of poor health.

Backed by evidence of impact, we build coalitions of communities, frontline health workers, civil society, and government to advance high-quality health for all. This bottom-up change promises holistic solutions that are custom-built for the systems they are meant to reform.

OUR VALUES

- COMMUNITY-DRIVEN
- EXCELLENCE
- DIGNITY
- INNOVATION
- INTEGRITY
- NEIGHBORLINESS
A COMMUNITY-LED APPROACH TO
UNIVERSAL HEALTH COVERAGE

INNOVATION HUB
20,000
Innovate and test new ideas

CURRENT POPULATION SERVED
North, East, & South Kamagambo
85,000
Iterate and operationalize

INFLUENCE | Global
Share research and advocate through coalitions

REPLICATION | Rongo Subcounty
125,000
Replicate and rigorously evaluate

DISSEMINATION | East Africa
Package model elements and train peers and governments

SCALE | Migori County
1.1 MILLION
Support government to adopt and implement

SCALE | Kenya
47.5 MILLION
“Our advocacy work is rooted in amplifying the voices of our community. This means empowering community health workers and community committees to have a seat at the decision-making table and to meaningfully engage in policy processes.”

- DOREEN ACHIENG BARAZA AWINO, HEALTH SYSTEMS DIRECTOR

REACH IN 2020

160,000 HEALTH CENTER VISITS
240,000 COMMUNITY HEALTH WORKER VISITS
COMMUNITY COMMITTEES
We organize community committees to launch their own holistic health initiatives. They advance rights and hold health systems accountable.

COMMUNITY HEALTH WORKERS
We recruit, pay, supervise, and digitally empower transformed traditional midwives and government community health workers to extend high-quality care to every home.

DATA
Real-time mobile data capture and robust population-level surveying enables our team and government policymakers to make evidence-based decisions.

HEALTH FACILITIES
We provide onsite quality improvement support and training to government health facilities. Exemplified by Lwala Community Hospital, these health centers advance dignified, patient-centered care.
COMMUNITY HEALTH WORKERS

Traditional midwives are the main competitors to a safe delivery in Kenya. When supported as professionalized community health workers (CHWs), traditional midwives become the most powerful champions of maternal, child, and reproductive health.

Unfortunately, traditional midwives are blocked out of many CHW cadres by discriminatory literacy and education requirements. Further, CHWs are too often unpaid and underequipped. Lwala is conducting research to demonstrate the effectiveness of these frontline workers when key investments are made in their professionalization.

Characteristics of Lwala professionalized CHWs:
- Inclusive of traditional midwives
- Supported by community committees
- Integrated with health facilities
- Equipped with digital tools
- Paid fairly
- Trained frequently
- Supervised consistently

A recently published peer-reviewed study compared Lwala professionalized CHWs to status quo CHWs.¹ It found that the professionalized cadre was:
- Trained twice as frequently
- Retained 40% longer
- 5 times more likely to be knowledgeable of health danger signs

Importantly, formal education level was not a predictor of CHW knowledge. Lwala is leveraging this and other evidence to support policymakers to design more effective community health systems in Kenya and beyond.

LEVERAGING THE COMMUNITY-LED HEALTH MODEL TO RESPOND TO COVID-19

The COVID-19 pandemic has threatened health systems globally, greatly disrupting health access and exacerbating health inequities. Experts project critical drops in vaccine coverage¹ and warn that deaths from HIV, tuberculosis, and malaria could double.²

When the first patient in Kenya tested positive for COVID-19 in March of 2020, nationwide lockdowns and curfews went into effect, immediately impacting access to health care. Without PPE, we can’t do our work properly.”– Euniter Nyasita, Community Health Worker

Lwala leveraged the community-led health model to not only combat the effects of the virus, but accelerate progress towards health for all by investing in the systems and health workers required to rebuild a better future. Ultimately, the best defense against the pandemic is a resilient and equitable health system.

Through coalition-building at the national level, Lwala gathered support for an effective community health response to COVID-19. Our Co-CEO, Julius Mbeya, presented to the Kenyan Senate, calling for community health workers (CHWs) to be paid and protected with personal protective equipment (PPE) as they responded to the virus. With the Community Health Impact Coalition (CHIC), we quantified PPE needs for CHWs across the country. And, at the invitation of the Ministry of Health, Lwala supported creation of COVID-19 guidelines.³, ⁴ Globally, we worked with CHIC to co-author several tools on responding to COVID-19.⁵ And, we helped launched CAF-Africa, a continent-wide campaign, which has so far procured 57 million units of PPE across 16 countries.⁶

⁵See https://chwimpact.org/covid19 for more information on our work with the Community Health Impact Coalition
⁶See https://cafafrica.org/ for more information on our work with COVID-19 Action Fund for Africa
Lwala’s proactive response focused on **protecting health workers, maintaining essential health services, stemming the spread of the virus, and shielding the most vulnerable from the pandemic’s socio-economic shocks.**

<table>
<thead>
<tr>
<th>Protecting Health Workers</th>
<th>Protecting Health Workers</th>
<th>Protecting Health Workers</th>
<th>Protecting Health Workers</th>
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</thead>
<tbody>
<tr>
<td><strong>340,000</strong> units of personal protective equipment (PPE) provided to 2,520 frontline health workers</td>
<td><strong>9</strong> partner health facilities provided with back-up commodities, PPE, infection control adaptations, and COVID-19 digital screening tool</td>
<td><strong>149,000</strong> COVID-19 screenings conducted by health facilities and CHWs using newly designed digital tools</td>
<td><strong>39,500</strong> child malnutrition screenings conducted</td>
</tr>
<tr>
<td><strong>2,563</strong> community health workers (CHWs) trained on new COVID-19 curriculum</td>
<td><strong>Redesigned routine patients visits</strong> to deliver more services at home and village levels</td>
<td><strong>TENS OF THOUSANDS</strong> of people reached with health messages through radio, bulk SMS, and WhatsApp</td>
<td><strong>1,238</strong> households provided with food, cash and other economic support</td>
</tr>
<tr>
<td><strong>394</strong> frontline workers equipped with mental health counseling, new mobile tools, and routine COVID-19 testing</td>
<td><strong>Maintained patient visit rates</strong> for well-child, family planning, and maternal health services</td>
<td><strong>418</strong> COVID-19 Response CHWs deployed to provide home-based care, contact tracing, and contact monitoring</td>
<td><strong>475</strong> adolescent girls mentored while schools were closed</td>
</tr>
<tr>
<td><strong>77%</strong> of households visited by a CHW every month</td>
<td><strong>2,568</strong> hand-washing stations built</td>
<td><strong>2,568</strong> hand-washing stations built</td>
<td><strong>13</strong> government schools provided with thermometers, PPE, new water tanks, and hand soap</td>
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</table>
Lwala community health workers (CHWs) provide essential, lifesaving health services. They proactively visit households, track pregnancies, support facility deliveries, ensure on-time immunizations, test and treat common childhood illnesses, provide contraceptives, connect clients to health centers, provide health information, and dispel misinformation.

In the face of COVID-19, Lwala retooled CHWs with:
- Training on COVID-19 prevention and screening
- Mental health counseling
- Personal protective equipment
- Digital self-check tool to assess CHW safety prior to daily household visits
- Digital COVID-19 household screening tool to assess COVID-19 risk and link to further testing and surveillance

LWALA IMPROVED CHILD HEALTH OUTCOMES INCLUDING IMMUNIZATION COVERAGE, WELL-CHILD VISIT COVERAGE, AND HIV CARE ADHERENCE DESPITE THE PANDEMIC

70,000 HOUSEHOLD COVID-19 SCREENINGS CONDUCTED BY CHWS

98% DAILY AVERAGE OF CHWS FULLY EQUIPPED WITH PERSONAL PROTECTIVE EQUIPMENT

93% DAILY AVERAGE OF CHWS WHO PERFORMED A SELF HEALTH CHECK BEFORE HOME VISITS

CHILDHOOD IMMUNIZATION RATE
Percent of children who received all specified vaccinations

LWALA COMMUNITIES

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<tbody>
<tr>
<td>Migori County 1</td>
<td>57%</td>
<td>94%</td>
<td>96%</td>
<td>97%</td>
<td>98%</td>
<td>98%</td>
<td>81%</td>
<td>88%</td>
<td>68%</td>
<td>71%</td>
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<tr>
<td>North Kamagambo</td>
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<tr>
<td>East Kamagambo</td>
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<td>South Kamagambo</td>
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When Rehema, a mother of 3, received her positive COVID-19 test result, it was difficult for her family to understand. She was not exhibiting any worrisome symptoms and self-isolation seemed extreme. Soon after receiving her positive result, Rehema was visited by her COVID-19 Response Community Health Worker (CHW), Anyango.

Anyango is part of a special cadre of 418 COVID-19 Response CHWs trained and deployed by Lwala and the Ministry of Health to support home-based care, contact tracing, and contact monitoring across Migori County.

In this first visit, Rehema’s family learned the importance of wearing masks at home and allowing Rehema to isolate – even though her symptoms were mild. Anyango visited frequently, checking Rehema’s temperature, assessing her symptoms, educating her on the virus, and supporting her to access food and other basic needs. “My CHW walked the journey with me for 14 days while I was in quarantine. Anyango gave me and my family strength and encouragement even when my neighbors became fearful and did not want to associate with us.”

After 14 days, Rehema and her family were tested again and the results came back negative. After her quarantine, Rehema said, “I have gained the courage to act as a living testimony in my community. I sensitize my family, friends, and neighbors about how they can prevent infection. If they get infected, I tell them to follow guidance from their COVID-19 Response CHW to protect the community and their loved ones. COVID-19 is real and anyone can get it.”
Christine knew something was wrong. The feeling came out of nowhere, and a dry cough followed. She knew it must be COVID-19. Earlier in the week, several community members had tested positive for COVID-19, and fear was building. That day, the latest round of staff test results were ready. Ten hospital staff received positive results, and contingency plans needed to be rolled out to protect frontline workers and the patients. Quickly, Christine designated a few hospital beds for isolating COVID-19 cases, redirected some outpatient services to partner facilities, called the Ministry of Health to support fumigation, and notified community health workers to redouble their efforts.

Infection prevention controls in place? Yes. Personal protective equipment and routine testing for her staff? Yes. Screening for cases at the facility’s gate? Yes. Christine Odongo, Head of Clinical Services at Lwala Community Hospital, was ready for another day of patient services – but today would be different.
Later that week, Christine was in an outdoor meeting with the Ministry of Health. “I felt a sudden onset of dry cough and I thought, ‘this could be COVID’.” Immediately, she took another test. While she awaited the results, Christine isolated at home – staying away from her small children and skipping church.

After two worrisome days, she saw colleagues coming towards the house and she knew this meant she was positive for COVID-19. From afar, Christine and her colleagues discussed whether it would be best to remain at home or relocate to the treatment center more than 70 kilometers away.

From the beginning of the pandemic, community members had feared and avoided the distant treatment center. Christine knew the community was looking up to her and that the way she acted could change attitudes about seeking treatment. Christine explained, “I thought: I need to protect my family and community. I couldn’t hesitate going to the treatment center.”

When Christine recovered and returned she worked to strengthen Lwala’s COVID-19 response and share accurate information with her community. She told them: “continue wearing their mask, and practice social distancing.”

Christine worked with Lwala’s leadership team to review protocols to protect frontline workers, implement a more robust staff testing regime, increase village-level health outreaches, and ultimately reopen all patient services. Reflecting on the year, Christine says, “I commend the frontline health care workers who have been very flexible to support our important work amidst the pandemic.”
Lwala unites community members, facility health workers, and community health workers across a network of 9 facilities to drive continuous improvements in health facility quality. Our quality improvement framework is built around the World Health Organization’s 6 building blocks of health systems: service delivery, health workforce, information systems, supply chain, finance, and governance.

By early 2020 Lwala had made significant investments in this network of 9 health facilities. This represents tangible improvements in stock availability, extending hours to offer 24-hour maternity care, adherence to clinical protocols, and creation of well-patient outreaches bringing clinical services close to households.
Years of progress across our network of facilities means that our clients have multiple safe choices for health services. When COVID-19 cases surged, causing some facilities to reduce services, community health workers were able to divert clients to nearby facilities and sustain access to quality care.

Globally, the pandemic disrupted supply chains for drugs, drove scarcity in personal protective equipment (PPE), and overwhelmed the health workforce, creating additional barriers to care. To mitigate this risk in our communities, Lwala leveraged our existing quality improvement model to:

- provide health facilities with backup PPE, essential drugs and commodities
- equip facilities with digital COVID-19 gate screening tools
- mentor facilities to strengthen infection prevention and control measures
- support health facilities to increase open-air, well-patient outreaches
- ensure CHWs continued visiting households and connecting clients to health facilities

A community-led solution to save lives during COVID-19

Early in the pandemic, Kenya imposed a strict curfew to reduce the spread of the virus. In this period, Akoth, a first-time mother, went into labor at night and tried to reach Kangeso Health Center for help. Unfortunately, she was stopped on the way by the police enforcing the curfew. Ignited by Akoth’s story, the health facility management committee at Kangeso, recently reconstituted and trained by Lwala, met to solve the problem. They reached out to the local police and agreed on a process to excuse patients seeking health services during curfew hours. With coordination support from Lwala, this solution was replicated across our 9 partner facilities and women laboring at night were able to once again access lifesaving care.

Lwala Communities improved maternal health outcomes in the midst of the pandemic

40%
Increase in family planning visits from 2019 to 2020

23%
Increase in women completing 4+ prenatal care visits from 2019 to 2020

Skilled Delivery Rate
Percent of live births delivered with a skilled health worker. All actively served areas are reported.

<table>
<thead>
<tr>
<th>Year</th>
<th>Skilled Delivery Rate</th>
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</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>62%†</td>
</tr>
<tr>
<td>Migori County</td>
<td>53%†</td>
</tr>
<tr>
<td>PRE-2011</td>
<td>26%</td>
</tr>
<tr>
<td>2011</td>
<td>47%</td>
</tr>
<tr>
<td>2012</td>
<td>92%</td>
</tr>
<tr>
<td>2013</td>
<td>96%</td>
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<td>2014</td>
<td>94%</td>
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<td>2018</td>
<td>98%</td>
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<tr>
<td>2019</td>
<td>97%</td>
</tr>
<tr>
<td>2020</td>
<td>98%</td>
</tr>
</tbody>
</table>

TRANSLATING CRISIS RESPONSE INTO LONG-TERM IMPROVEMENTS IN THE HEALTH SYSTEM

Lwala is committed to accompanying the Government of Kenya as it translates the lessons from the pandemic into long-term improvements in the health system. We know that systems-wide reform will be won through collaboration, not competition. That’s why we are investing in coalitions of communities, frontline health workers, civil society organizations and government.

COUNTY PARTNERSHIP

Lwala partnered with Migori County to co-design and finance COVID-19 contact tracing and contact monitoring. And, we trained all of the county’s 2563 CHWs and their supervisors on new COVID-19 protocols. We are committed to supporting the county to build on these investments, starting with policy reforms including: activating community health committees, more effectively paying and supervising CHWs, and integrating primary health delivery. Most important, Lwala will accompany the county as they implement these reforms, ultimately advancing high-quality health for all.

NATIONAL POLICY

Lwala was invited to participate in the development of Kenya’s new Community Health Strategy. This strategy, released in late 2020, represents big wins for community health workers (CHWs) and citizens, including: progress towards professionalized CHWs, community engagement, and equitable distribution of care. The success of this strategy relies on developing county-level capacity, tools, and infrastructure to deliver care. Lwala is committed to walking this journey with the Ministry of Health.

GLOBAL COLLABORATION

Through the Community Health Impact Coalition, Lwala is part of a 22-member network united to make professionalized CHWs a global norm. Together, we have influenced World Health Organization guidelines and developed tools with norm-setters like UNICEF and USAID. And, we launched a CHW Advocates platform that is working with CHWs from Lwala, and across the coalition, to center their voices in global conferences and policy discussions. We are conducting joint research and translating lessons from Lwala communities into global systems change.

2See https://chwimpact.org/covid19 for more information on our work with the Community Health Impact Coalition
4See https://www.chwadvocates.org/ for more information on our work with CHW Advocates
The Constitution of Kenya 2010 gives every citizen the right to the highest attainable standard of health. However, for a majority of people, access to quality healthcare is a mirage. That’s why we’re building a bottom-up movement, rooted in local communities, to make Universal Health Coverage a reality.”

– JULIUS MBeya, CO-CEO
SCALING LIFESAVING TECHNOLOGIES FOR MOTHERS

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 a blood transfusion or higher-level surgical care to save her life. Limited emergency transportation, blood scarcity, and health worker shortages - all made worse by the pandemic - mean that 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. This technology has been shown to reduce mortalities related to obstetric hemorrhage by 67%.1

We bundle the non-pneumatic anti-shock garment with other lifesaving approaches - uterine balloon tamponade, uterotonic drugs, uterine massage, blood transfusion - to create an easy-to-incorporate package for health workers to deliver.

If it were not for the garment [NASG] put on my abdomen, I would not have made it”
- Adhiambo, after recovering from an obstetric hemorrhage

From a model county to national policy
We’ve deployed the non-pneumatic anti-shock garment across Migori County, making it the first Kenyan county to scale-up use of this technology. With the insights from Migori, we are supporting Ministry of Health to incorporate the non-pneumatic anti-shock garment into the national emergency obstetric care guidelines. This makes it possible to expand the initiative nationwide.

Since the launch of the program

<table>
<thead>
<tr>
<th>108</th>
<th>1,100</th>
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<tbody>
<tr>
<td>Facilities reached</td>
<td>Health workers trained</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>508</th>
<th>85%</th>
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<tbody>
<tr>
<td>Women treated with the non-pneumatic anti-shock garment</td>
<td>Of women in severe shock received non-pneumatic anti-shock garment</td>
</tr>
</tbody>
</table>

LWALA HAS REACHED 108 HEALTH FACILITIES ACROSS MIGORI, KISII, AND HOMA BAY COUNTIES WITH THE OBSTETRIC HEMORRHAGE BUNDLE.
DEVELOPING INNOVATIONS IN HEALTH DELIVERY

HIV CARE DELIVERY

Lwala supports community members living with HIV by providing comprehensive HIV care through health centers and community health workers (CHWs). And, we partner with support groups of people living with HIV and their allies as they launch community initiatives promoting health and development. With COVID-19 as a particular threat to this immunocompromised population, Lwala worked with support groups and CHWs to expand the number of clients receiving HIV drugs and clinician visits directly in their home. As a result, we nearly eliminated appointment defaults and saw all-time high rates of clients effectively suppressing the virus. Given the success of this innovation, we’ll continue this model even after the threat of COVID-19 subsides.

OF HIV-EXPOSED INFANTS SUPPORTED BY LWALA DURING PREGNANCY TESTED NEGATIVE FOR HIV 18 MONTHS AFTER BIRTH.

98%
YOUTH-LED SERVICE DELIVERY

Youth were amongst those most affected by the pandemic. Kenyan schools were closed for most of 2020. Schools are an important safety net for Kenyan youth and their closure put young people at greater risk for poor academic, social, and health outcomes.

In alignment with national policy, Lwala worked closely with 13 government schools providing PPE and sanitation infrastructure to support safe reopening in late 2020 and early 2021. To support young people in this difficult period, Lwala provided remote mentorship, educational radio programming, youth health days, and Youth Peer Provider services.

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YOUTH PEER PROVIDERS

Youth Peer Providers are young people (a boy and girl from each village) empowered to launch their own initiatives and deliver health information and services to their peers. Our Youth Peer Providers developed the “Dial-a-Condum” program in which peers can order condoms on-demand without having to travel to a health facility or risk being seen taking a condom from a public dispenser.

To reduce barriers to accessing contraceptives caused by COVID-19, Lwala added emergency contraceptive pills to Youth Peer Providers’ service package. During this learning pilot, we conducted extensive focus groups to understand youth perceptions and preferences and tracked contraceptive uptake compared to baseline. Based on the success of this pilot, we plan to incorporate emergency and oral contraceptive pills as a standard offering of Youth Peer Providers.

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I am proud of the fact that I am able to impact community members around me through the knowledge and skills that I have gained as a YPP. I believe that for young girls, life does not come to an end due to early pregnancy.”

- Akinyi, Youth Peer Provider
When women and girls have the tools to choose when they get pregnant, the result is healthier and more prosperous communities.

Lwala increases confidential, voluntary access to sexual and reproductive health services, while challenging harmful gender norms and increasing buy-in for reproductive rights. Lwala starts by training community committees, men’s groups, community health workers, and youth advocates. Each of these groups plans and launches reproductive health initiatives to educate their neighbors, distribute and promote contraceptives, and address cases of abuse. We provide a full range of contraceptive options through a variety of access points including health facilities, youth centers, village-level outreaches, and directly to homes.

**COUPLE YEARS OF PROTECTION**

A measure of contraceptives provided based on the number of years of pregnancy prevention.

<table>
<thead>
<tr>
<th>Year</th>
<th>LWALA Communities</th>
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<tbody>
<tr>
<td>2015</td>
<td>3,500</td>
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<tr>
<td>2016</td>
<td>5,800</td>
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<tr>
<td>2017</td>
<td>12,400</td>
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<td>2018</td>
<td>14,800</td>
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<td>2019</td>
<td>16,500</td>
</tr>
<tr>
<td>2020</td>
<td>21,000</td>
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**APPLYING RESEARCH TO ADVANCE CONTRACEPTIVE ACCESS**

WOMEN IN LWALA COMMUNITIES ARE 2.6X MORE LIKELY TO USE CONTRACEPTIVES.

A peer-reviewed study of contraceptive prevalence used regression analysis to identify factors associated with increased contraceptive use. The study compared Lwala communities alongside four similar locations and found that living in a Lwala community significantly increased the odds of using a contraceptive method. Importantly, this study also gives Lwala and the Kenya Ministry of Health more insight on how to target our most vulnerable populations, especially younger people.

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IMPROVING HOLISTIC OUTCOMES FOR CHILDREN

The Nurturing Care Framework for Early Childhood Development suggests that, to reach their full potential, children need: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for learning.¹ In 2020, Lwala launched the first Early Childhood Development program in Migori County and supported the development of a county-wide child protection policy.²

By integrating Nurturing Care into our community-led health model, Lwala is addressing holistic outcomes for children in our communities through social, environmental, and developmental approaches. As community health workers (CHWs) visit households they provide training and support to caregivers on maternal & child health, nutrition, sanitation, and responsive and skillful parenting. Caregivers are supported to obtain child birth certificates and enroll their children in the National Health Insurance Fund, both essential steps to placing children on a path to success. Through parenting support groups, CHWs provide information on child protection and support caregivers to use locally available materials to develop toys and picture books as tools for a child-centered approach to early learning.

²See https://ecdnetworkforkenya.org/ for more information
111 full-time professionals and hundreds of community health workers bring together expertise in global health, community development, policy development, research, and operations management.

**Co-CEOs:** Ash Rogers and Julius Mbeya

**Co-Founders:** Dr. Fred Ochieng’ and Dr. Milton Ochieng’

**Leadership Team:** Caroline Linda Awour, Daniele Ressler, Doreen Awino, Elizabeth Owino, Hellen Gwaro, Robert Kasambala, Rose Adem, Vincent Okoth, Winnie Oyugi, and Wycliffe Omwanda

**Global Council:** Dr. Jessie Adams (Chair), Melizsa Mugyenyi (Vice Chair), Stephen Carr (Treasurer), George Srour (Secretary), Dr. Fred Ochieng’ (Co-Founder), Dr. Milton Ochieng’ (Co-Founder), Dr. Constance Shumba, Gladys Onyango, Dr. Richard Wamai, and Thomas Glanfield

**Lwala Village Development Committee:** Gervasse Nykinye (Chair), Shem Ooko, Charles Obong’o, David Odwar, Perpetua Okong’o, Charles Obunga, John Obunga, Rose Onyango, Samson Mbori, Robinson Mbori, and Musa Odhiambo
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