LETTER FROM OUR CO-CEOS

Dear Allies,

Since our founding, Lwala Community Alliance has walked alongside our neighbors on the journey to better health. But Lwala doesn’t just serve our community—we are our community. It was community members who, 15 years ago, donated their own land, resources, labor, and expertise to build Lwala Community Hospital, which now serves thousands of patients each year. The dream was simple: to ensure that every person in the Lwala community could access health care.

Over time, that dream grew into a full-scale movement to transform the Kenyan health system—so that professionalized community health workers (CHWs) reach every household, community groups drive change, and health facilities provide high-quality care informed by what their patients want. We could tell countless stories of change—the Annual Report does just that—and our data and research also tell a powerful story. In our communities today, 99% of all births are attended by a skilled provider, children under five are 3 times more likely to receive health services, and women are 2.6 times more likely to use contraception.

Over the past 15 years, we have tested and adapted our community-led health model, replicating from North Kamagambo to all 4 wards in Rongo Subcounty. This year, we tripled our reach by taking on two additional subcounties, Nyatike and Awendo, where we will work with new communities to advance their health and well-being. This scale-up is part of our plan to reach all 1.1 million people in Migori County with community-led health.

As we support more leaders to spark change in their communities, we’re also working to change systems, unlocking better health for millions of people across Migori County and Kenya. We partner with government to make this a reality, and this year, we reached a significant milestone together. Migori County passed the landmark Community Health Services Act, which accelerates CHW professionalization and centers community leadership in improving service delivery. Additionally, we are scaling up the national Electronic Community Health Information System (eCHIS) in Migori County so that every CHW is equipped with digital tools.

These achievements further solidify Migori as a model county for community-led health. Our vision is that community-led health becomes the norm across Kenya, and through a newly launched CHWs Network, CHWs are stepping into their role as advocates and change-makers and inspiring us with their stories. We are seizing the moment for community health in Kenya and the drive to deliver universal health coverage.

As always, we thank you for walking alongside us. Your support allows us to reach further—and enables our communities to dream bigger.

In solidarity,

Ash Rogers
Co-Chief Executive Officer

Julius Mbeya
Co-Chief Executive Officer

INEQUITY IS A DISEASE, COMMUNITIES ARE THE CURE.
When communities lead, change is lasting

Founded by a group of committed Kenyans, Lwala Community Alliance unlocks the potential of communities to advance their own comprehensive well-being. Our community-led health model underscores our central belief: when communities lead, change is lasting. We’re working to make this a government-owned model across Kenya.

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

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

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

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

Where our community walks, Lwala walks beside them—we are inseparable. Tuko pamoja. Together we are one.

- Euniter Nyasita, Community Health Worker

*Data reflects impact of service delivery in Rongo Subcounty

Over the past 15 years, Lwala has tested and adapted our community-led health model, replicating from North Kamagambo to all 4 wards in Rongo Subcounty. In 2022, Lwala and the Ministry of Health expanded the direct reach of community-led health to two new subcounties—Nyatike and Awendo—paving the way for tripling our reach from 125,000 to 420,000. In 2023, Migori County passes landmark legislation to pay CHWs. In a milestone moment for community-led health, the Migori County government passed a new Community Health Services (CHS) Act in June 2022. The law solidifies the county’s commitment to CHWs, who are the backbone of the health system. It also centers communities in planning, leading, and evaluating health services—and in holding health systems accountable. Lwala was a proud partner to the Migori County government in making this law a reality.
PROFESSIONALIZING COMMUNITY HEALTH WORKERS

Community health workers (CHWs) are the caregivers of their communities. Yet CHWs are often under-equipped and under-supported, and only 14% of CHWs in Africa are salaried. At the same time, traditional birth attendants (TBAs), have provided health services to communities for generations, but they are often blocked out of CHW cadres by discriminatory literacy and education requirements.

Lwala is committed to professionalizing CHWs. We work with government to ensure they are paid, trained, supervised, and digitally enabled. We also incorporate TBAs into government CHW cadres.

Professionalizing CHWs unlocks the door for more accessible, higher quality health services. It’s also an issue of gender equity–more than 70% of CHWs worldwide are women.

WHAT PREDICTS CHW COMPETENCE? TRAINING AND EXPERIENCE, NOT EDUCATION AND LITERACY²

Common selection criteria for CHWs–such as literacy tests and formal education requirements–risk excluding women, traditional birth attendants, and other marginalized groups. A new study from Lwala and our partners at Vanderbilt University explores predictors of CHW performance in Lwala-supported communities and comparison communities. It found that:

• Professionalization and experience were more reliable predictors of CHW knowledge and performance than formal education and literacy

• Children supported by professionalized CHWs were 15% more likely to be fully immunized

• Pregnant women supported by professionalized CHWs were 14% more likely to attend 4 or more antenatal care visits

TO ADVANCE CHW PROFESSIONALIZATION, LWALA WORKED ALONGSIDE GOVERNMENT, GLOBAL ALLIES, AND CHWS TO:

Pass Migori County’s landmark Community Health Services Act
This legislation strengthens the community health workforce and paves the way for professionalizing CHWs.

Launch National Certification Guidelines for CHWs
These guidelines reverse eligibility requirements–like formal educational attainment and literacy–that often exclude women. We also worked to register and certify CHWs in Migori County, where approximately 90% of CHWs have undergone a assessment of their knowledge, skills, and competencies.

Develop a traditional birth attendant assessment tool
Identifying TBAs is the first step toward incorporating them into the county’s community health workforce. We used this tool to map TBAs across the Migori County.

Scale the Electronic Community Health Information System (eCHIS)
This is a new national system for collecting and using community health data. We are now working with government to roll out eCHIS across Migori County.

CHW VOICES

“I have found a voice to speak. I can share my experience as a CHW to our local leaders, who represent our voices and opinions while making laws.”
- Calvince Odiwuor

“My experiences are valuable stories that can bring change in my community.”
- Sheila Odongo

“I believe that the world will be a better and healthier place when more CHWs are equipped to advocate.”
- Lilian Anyanga

“There is power in speaking out and telling our stories so that we can take the lead in fighting for CHWs’ rights and for our communities.”
- Lawrence Onyango


BUILDING A HEALTHY FUTURE FOR CHILDREN

Professionalized CHWs—inclusive of transformed TBAs—track children’s growth, ensure on-time immunization, diagnose and treat the most deadly childhood conditions, and connect children and families to local health clinics. Lwala works with community committees and government to support local clinics to have the resources, training, and systems to provide quality care—ensuring that no child slips through the cracks.

Since our founding, Lwala has been committed to the holistic development of children—ensuring they survive and thrive. We implement an evidence-based approach called nurturing care for early childhood development, which prioritizes good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for learning for every child.

In addition to health and nutrition services, CHWs and health facilities provide caregivers with information on how to practice responsive caregiving and provide opportunities for early learning. They also focus on the safety and security of the child, help caregivers enroll in health insurance, and ensure children are registered and have birth certificates.

To reach more children across Kenya, Lwala collaborates with government to integrate nurturing care into existing health systems and policies.

THE IMPORTANCE OF PLAY

At a community parenting session, CHW Elizabeth dives into the day’s topic: play-based learning. “Why is play important?” Elizabeth asks caregivers. “It helps children interact with others and with their environment, strengthens the imagination, and enables them to learn new things.” Elizabeth then demonstrates how to make toys like balls and shakers from household materials.

A mother named Hellen is already putting this knowledge to use in her own home: “Now I engage my daughter while doing household chores. For example, while I am cooking, I give her a container and a spoon so that she can pretend that she is also cooking.”

We know from research that this type of parental engagement leads to better learning outcomes for children, underscoring the importance of play.
As a nurse at Rongo Subcounty Hospital, Benter had seen countless women in need of a Cesarean section. Until recently, Migori County only had one public hospital offering surgeries to a population of 1.1 million. This meant that women in Lwala-supported communities were sent to distant hospitals for Cesarean sections.

“Every minute matters when delivering a child,” Benter says. “When women have to be transferred elsewhere for a C-section, they lose money on transport, they lose support from family who cannot travel with them, and most importantly, they lose precious time.” As community health workers encourage more women to deliver in a health facility, Lwala wanted to meet new demand with high-quality services—including Cesarean sections.

In 2019, Lwala began engaging with the Ministry of Health and Health Facility Management Committee—a community group that oversees health services at Rongo—to find a solution. There had been previous investments in building an operating theater, but it was unfinished, unstaffed, and lacked stable electricity and running water. Together, we worked to make the operating theater functional. We developed a plan with the Ministry of Health to account for long-term costs, like lighting, water, equipment, and staff. After years of advocacy and collaboration, the operating theater was ready for its first patient in June 2022.

As fate would have it, that first patient was nurse Benter. She needed a Cesarean section to safely deliver her son, and when she learned the operating theater was ready, she agreed without hesitation. “I had so much faith in my facility and my co-workers,” Benter recalls.

On June 22nd, Benter’s healthy baby boy took his first breath of life at the new operating theater. Overwhelmingly grateful to have safely delivered her child, right in her home of Rongo with her family present, Benter reflected on what made this moment possible. She decided to name her boy Milton after one of Lwala’s co-founders. “I’m happy about his name, and the legacy I know it represents.”

With the opening of the operating theater, more people can access the care they need, closer to home—ultimately building trust between communities and the health system.
In Kenya, obstetric hemorrhage, or excessive bleeding during childbirth, is the leading cause of maternal death. This life-threatening condition is treatable with the right training and tools. Lwala’s vision is that every mother in Kenya gives birth in a facility that is well-equipped to save her life.

The Obstetric Hemorrhage Initiative (OHI) is helping us achieve that vision. OHI is a bundle of protocols and tools that can treat obstetric hemorrhage, and it relies on lifesaving supplies like uterotonic, tranexamic acid, the uterine balloon tamponade, and the non-pneumatic anti-shock garment (NASG).

In partnership with government, Lwala has expanded OHI to every facility in Migori County—214 in total. Additionally, we worked with Jacaranda Health to launch a website that shows the real-time availability of blood products across Migori County, enabling health facilities to more rapidly conduct blood transfusions for hemorrhaging mothers.

Lwala is also working to ensure that OHI is adopted throughout the country. We launched a partnership with Kilifi and Homa Bay Counties, where we have begun to train health providers. And after years of advocacy, the Ministry of Health added new OHI technologies and protocols to national training tools, which will prepare health workers across Kenya to provide emergency obstetric care.

SAVING LIVES DURING BIRTH

Lillian Akello safely delivered her third baby at a nearby health facility last year. But soon after birth, she began bleeding and collapsed in the bathroom. Staff who had been trained on OHI leapt into action. They used the NASG and uterine balloon tamponade, giving Lillian critical time to reach a higher-level facility, where she received a blood transfusion.

Lillian’s community health worker, Pamela, was by her side in the ambulance. It was because of Pamela’s encouragement that Lillian chose skilled delivery in the first place. "If she didn’t go to the facility," Pamela says, "she may not have made it." Today, Lillian and her 1-year-old son are both healthy, and Pamela continues to check up on their family.
I believe that change can be driven by young people. As peers, we have the ability to understand each others’ problems, figure out a solution, and advocate for change.”

- Odera Vincent Ochieng, youth advocate

EMPOWERING YOUTH-LED IMPACT

When young people have access to sexual and reproductive health services, they unlock the door for better health and gender equality. Partnering with young people in our communities, Lwala makes this a reality by:

- Deploying cadres of Youth Peer Providers to serve their peers
- Fostering leadership on youth committees to shift community norms on sexual and reproductive health and rights
- Promoting high-quality comprehensive sexual education in schools
- Supporting girls to return to school post-pregnancy
- Providing information and access to a range of modern contraceptive methods, delivered through youth-friendly access points

At the center of this work is the leadership and knowledge of young people, constantly creating new ways to meet the needs of their peers.

This is how the Roving Provider Initiative was born. Youth Peer Providers already offered condoms, oral contraceptive pills, and emergency contraception. But they knew that young people wanted more options. Using their connections with health facilities, Youth Peer Providers now call on trained health workers to come to a safe space in their community, where they can provide methods like injectable contraceptives and implants. This means that young people have access to a full range of family planning options, available at stigma-free, convenient locations.

INCREASE IN CONTRACEPTIVES DISTRIBUTED BY YOUTH PEER PROVIDERS

120%

Safe water and sanitation are the most basic of human needs—and are essential to good health. Yet around the world, billions of people lack access to clean water, the ability to wash their hands, or a working toilet.

That’s why water, sanitation, and hygiene (referred to as WASH) are integral to our community-led health model. With the right training and skills, community groups can transform WASH outcomes for their neighbors. They provide information to their communities on the importance of WASH, including handwashing, latrine use, and clean water. Alongside CHWs, they also organize action days, where community members come together to build latrines and handwashing stations and to rehabilitate water sources.

I love seeing my community clean. Together, we make sure no one is left behind.”

- Christine Adhiambo, WASH committee member

TRANSFORMING HEALTH WITH SAFE WATER AND SANITATION

Safe water and sanitation are the most basic of human needs—and are essential to good health. Yet around the world, billions of people lack access to clean water, the ability to wash their hands, or a working toilet.

That’s why water, sanitation, and hygiene (referred to as WASH) are integral to our community-led health model. With the right training and skills, community groups can transform WASH outcomes for their neighbors. They provide information to their communities on the importance of WASH, including handwashing, latrine use, and clean water. Alongside CHWs, they also organize action days, where community members come together to build latrines and handwashing stations and to rehabilitate water sources.

85% OF HOUSEHOLDS HAVE A LATRINE AND A HANDWASHING STATION

Improving access to WASH is also about combating inequity. We elevate people living with HIV and disabilities as leaders in community groups. Here, they can direct WASH improvement projects that meet their needs. In addition to building new latrines, these groups mobilize their communities to improve latrines, making them more accessible for people living with disabilities.

I love seeing my community clean. Together, we make sure no one is left behind.”

- Christine Adhiambo, WASH committee member

SINCE 2020, COMMUNITIES HAVE:

- Built 3,600 latrines and 10,600 handwashing stations
- Improved nearly 2,000 latrines to make them longer lasting and more accessible

85% OF HOUSEHOLDS HAVE A LATRINE AND A HANDWASHING STATION

Improving access to WASH is also about combating inequity. We elevate people living with HIV and disabilities as leaders in community groups. Here, they can direct WASH improvement projects that meet their needs. In addition to building new latrines, these groups mobilize their communities to improve latrines, making them more accessible for people living with disabilities.
When it comes to improving health, Lwala believes that communities should be in the driver's seat. We work within existing structures, like community health committees (CHCs), and strengthen their capacity to transform health care. CHCs identify health-related challenges affecting their community, work with CHWs and health facilities on creative solutions, and hold government accountable.

CHCs are key platforms to elevate women’s leadership. When women are fully represented on CHCs, they can ensure that health services reflect the needs of women and girls.

COMMUNITIES DRIVING CHANGE

In Kanyawanga, the CHC and local Chief mobilized funds from community members for two motorbikes, providing emergency transport for laboring women.

In Kuria West, CHC members donated land and labor to start a sweet potato farm, which will sustain future health initiatives.

In Kanyimach, CHC members built a bed at a facility outreach site, preventing pregnant women from lying on the floor during abdominal examinations—and encouraging more women to seek care.

The CHC in Suna Rabour was one of the first groups to pilot the National Community Scorecard. Dialogue with community members revealed a few key issues: they noted a lack of emergency referral services, and they raised concerns with consistent water and electricity at the health facility. Together, community members, health facility staff, and local leaders created a plan for action.

To close the gap in emergency referral services, Suna Rabour’s CHC coordinated with private car owners to provide emergency transport at reduced costs. With Lwala’s support, the CHC recently submitted a funding proposal to the local government to install a new rainwater catchment for the roof to collect water, as well as a solar panel to reduce electricity blackouts.

The CHC’s commitment has driven community ownership, sustainability, and improved health outcomes—and as word of improvements at the health facility spread, more people came for services. Since 2021, Suna Rabour’s antenatal care visits increased 23%, family planning visits increased 60%, and skilled facility deliveries increased 62%.

Lwala’s goal is to unlock community-led change—and community health committees are the engine.”

- Doreen Awino, Director of Health Systems Strengthening

Unlocking community-led change across Kenya

Using our lessons from Migori, Lwala worked with the Ministry of Health to develop a National Community Scorecard and CHC Curriculum, both launched in 2022. The scorecard is now a foundational tool for accountability—it jumpstarts a process where CHCs collect community input, and then share that input with CHWs, health facility staff, and local leaders to plan for change.

The CHC’s commitment has driven community ownership, sustainability, and improved health outcomes—and as word of improvements at the health facility spread, more people came for services. Since 2021, Suna Rabour’s antenatal care visits increased 23%, family planning visits increased 60%, and skilled facility deliveries increased 62%.
Improving health services requires constantly identifying new challenges—and working with facilities and communities to implement solutions. Over the past year, facilities have opened new laboratories, reduced patient waiting times, improved data collection, and trained health providers on new protocols. To address drug stock-outs, Lwala has supported the transfer of commodities from facilities with an oversupply to facilities with a limited supply. Since the beginning of this work in 2018, we’ve seen a 79% average improvement in quality of care.

Lwala Community Hospital serves as a center of excellence in the region.

This year, Lwala Community Hospital had record patient numbers—more women and children received services like antenatal care and well-child visits than ever before. Amidst this increase, we were successful in keeping patient wait times stable—a key contributor to patient satisfaction. We also strengthened our focus on non-communicable diseases (NCDs) like diabetes, hypertension, sickle cell anemia, and epilepsy, which are often neglected in service delivery. We created NCD patient support groups, hosted designated clinic days, and deployed patient ambassadors to mobilize their neighbors and networks to seek care.

A TRANSFORMATION AT NGERE HEALTH FACILITY
At Ngere Health Facility, many women weren’t seeking antenatal care. They noted long wait times and frequent stockouts of medicines, plus the facility lacked a laboratory to conduct key tests. As a result, pregnant women in the area sought care elsewhere or skipped it altogether.

Hearing these concerns, staff and the community committee—trained by Lwala—created a plan to improve the quality of care for pregnant women.

First, Ngere converted unused staff housing into a laboratory, where they could conduct antenatal care profiling, a series of tests that identifies risks to a mother and baby’s health. Meanwhile, Lwala helped fill gaps in missing test supplies at Ngere and other health facilities.

Finally, Ngere began to offer free ultrasounds (Lwala provided the machine and the technician), and staff helped clients register for Linda Mama, Kenya’s free health insurance for pregnant women—both of which encouraged women to visit the facility. As a result, antenatal care visits at Ngere have increased by 51% since 2021.

A 33% increase in antenatal care visits at Lwala partner facilities from 2021 to 2022, compared to a 8% increase across comparison facilities.

A 48% increase in postnatal care visits at Lwala partner facilities from 2021 to 2022, compared to a 18% increase across comparison facilities.

80% of patients say they are satisfied with the care they receive at our partner health facilities.

When people receive high-quality, dignified care, they are more likely to return again and again for lifesaving services. By rebuilding trust in health facilities, we can improve health outcomes.

Across a network of 10 partner facilities, Lwala brings together community members, facility-based health providers, and community health workers. We work with these groups to conduct biannual assessments, which identify areas of progress and priorities for improvement. Armed with this information, facility teams develop and implement improvement plans, review outcomes, and make adjustments—ultimately improving the quality of health care.

Alongside our expansion, we have established partnerships with 51 new public facilities in Nyatike and Awendo Subcounties, and we conducted a baseline assessment to jumpstart the process of quality improvement.

80% of patients say they are satisfied with the care they receive at our partner health facilities.

ELEVATING THE QUALITY OF HEALTH CARE

Improving health services requires constantly identifying new challenges—and working with facilities and communities to implement solutions. Over the past year, facilities have opened new laboratories, reduced patient waiting times, improved data collection, and trained health providers on new protocols. To address drug stock-outs, Lwala has supported the transfer of commodities from facilities with an oversupply to facilities with a limited supply. Since the beginning of this work in 2018, we’ve seen a 79% average improvement in quality of care.

Lwala Community Hospital serves as a center of excellence in the region.

This year, Lwala Community Hospital had record patient numbers—more women and children received services like antenatal care and well-child visits than ever before. Amidst this increase, we were successful in keeping patient wait times stable—a key contributor to patient satisfaction. We also strengthened our focus on non-communicable diseases (NCDs) like diabetes, hypertension, sickle cell anemia, and epilepsy, which are often neglected in service delivery. We created NCD patient support groups, hosted designated clinic days, and deployed patient ambassadors to mobilize their neighbors and networks to seek care.

A 33% increase in antenatal care visits at Lwala partner facilities from 2021 to 2022, compared to a 8% increase across comparison facilities.

A 48% increase in postnatal care visits at Lwala partner facilities from 2021 to 2022, compared to a 18% increase across comparison facilities.

80% of patients say they are satisfied with the care they receive at our partner health facilities.

Improving health services requires constantly identifying new challenges—and working with facilities and communities to implement solutions. Over the past year, facilities have opened new laboratories, reduced patient waiting times, improved data collection, and trained health providers on new protocols. To address drug stock-outs, Lwala has supported the transfer of commodities from facilities with an oversupply to facilities with a limited supply. Since the beginning of this work in 2018, we’ve seen a 79% average improvement in quality of care.

Lwala Community Hospital serves as a center of excellence in the region.

This year, Lwala Community Hospital had record patient numbers—more women and children received services like antenatal care and well-child visits than ever before. Amidst this increase, we were successful in keeping patient wait times stable—a key contributor to patient satisfaction. We also strengthened our focus on non-communicable diseases (NCDs) like diabetes, hypertension, sickle cell anemia, and epilepsy, which are often neglected in service delivery. We created NCD patient support groups, hosted designated clinic days, and deployed patient ambassadors to mobilize their neighbors and networks to seek care.

A 33% increase in antenatal care visits at Lwala partner facilities from 2021 to 2022, compared to a 8% increase across comparison facilities.

A 48% increase in postnatal care visits at Lwala partner facilities from 2021 to 2022, compared to a 18% increase across comparison facilities.

80% of patients say they are satisfied with the care they receive at our partner health facilities.
OUR TEAM

144 full-time professionals and 1,414 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: Aziz Abdallah Ochieng, Doreen Awino, Hellen Gwaro, Hildah Ngondoki, Robert Kasambala, Rose Adem, Sandra Mudhune, Vincent Okoth, and Wycliffe Omwanda

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

Global Council:

Sandra Mudhune, Vincent Okoth, and Wycliffe Omwanda

Hellen Gwaro, Hildah Ngondoki, Robert Kasambala, Rose Adem, Aziz Abdallah Ochieng, Doreen Awino,

Leadership Team:

Co-Founders:

Dr. Fred Ochieng’ and Dr. Milton Ochieng’

Co-CEOs:

Dr. Fred Ochieng’ and Dr. Milton Ochieng’

Wellspring Philanthropic Fund

Segal Family Foundation

Bohemian Foundation

Social Initiative

Comic Relief

Deerfield Foundation

Every Mother Counts

Grand Challenges Canada

Dovetail Foundation

Crown Family Philanthropies

Mulago Foundation

Imago Dei Fund

The Ripple Foundation

Ray and Tye Noorda Foundation

The ELMA Foundation

Sint Antonius Stichting Projecten

The Ripple Foundation

报价

Multiplan Foundation

Crown Family Philanthropies

Downfall Foundation

Grand Challenges Canada

Every Mother Counts

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation

Crown Family Philanthropies

Downfall Foundation
AGENCY,
HEALTH, AND
WHOLENESS
OF LIFE

www.lwala.org
Lwala Community Alliance is a tax-exempt 501(c)(3) nonprofit