Dear Allies,

The story of 2023 was one of change and growth—change in the Kenyan health system to prioritize community health, and the growth of Lwala to support more communities in making better health a reality. When we reflect on Lwala’s founding story, rooted in the dream of one community in Western Kenya to create access to health care where there was none, we can’t help but recognize how big this dream has grown—and the ripple effect it’s had on communities across Kenya.

We know that community health workers (CHWs) are the backbone of health care. For many years, Lwala and our partners have been advocating with CHWs to ensure that they are professionalized and recognized by the health system. This means paying CHWs and giving them the tools, training, and support they need to do their jobs well. Through Community Health Units for Universal Health Coverage, a coalition we co-founded, we made this a priority for candidates during the 2022 Presidential elections and then continued to build momentum through advocacy—culminating in the biggest legislative changes for community health in generations.

These sweeping changes were threefold. In September, the national government began to distribute standardized kits to equip CHWs with supplies and medications needed for daily services. The government also launched new digital tools, which Lwala helped develop, to support CHWs in collecting household data. And finally, in October, we celebrated the passage of new legislation that codifies CHW payment and community leadership in health.

But our work does not end here—it’s up to partners like Lwala to translate these policies into real change for communities across Kenya.

At the same time, these national changes have enabled Lwala to grow faster and dream bigger, reaching even more geographies than we had planned for 2023—and we are on pace to reach all 1.1 million people in Migori County by the end of 2024. Additionally, we are now implementing an emergency obstetric care initiative in 5 counties, where we are ensuring that health facilities have the training and tools they need to respond to obstetric hemorrhage, the leading cause of maternal death. Over the next few years, we will be expanding this work on emergency obstetric care to 15 high-burden counties and the community-led health model to 5 counties, starting with Homa Bay and Baringo in 2024.

As always, we thank you for being on this journey with us. Together, we have improved health for communities near Lwala—and that has unlocked better health for all of Kenya.

In solidarity,

Ash Rogers
Co-Chief Executive Officer

Julius Mbeya
Co-Chief Executive Officer

LETTER FROM OUR CO-CEOS
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.

WHEN COMMUNITIES LEAD, CHANGE IS LASTING

Lwala’s Community-Led Health Model

LWALA’S COMMUNITY-LED HEALTH MODEL

Lwala’s Community-Led Health Model 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.

HEALTH FACILITIES

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

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.

DATA

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.

COMMUNITY COMMITTEES

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.

Together We Are Transforming Health Outcomes

In the places Lwala works, improvements in health and wellbeing tell the story of community-led change.

Children are 15% more likely to be fully immunized*

Children are 3 times more likely to receive care when they are sick*

Women are 2.6 times more likely to use contraceptives*

46% improvement in quality of care at health facilities

Pregnant women are 14% more likely to attend 4 or more antenatal care visits

Children are 14% more likely to attend 4 or more antenatal care visits

Women are 2.6 times more likely to use contraceptives

46% improvement in quality of care at health facilities

I am thrilled each time a baby is delivered safely and the mother is doing well. There is nothing more satisfying than being able to serve my community.”

- Millicent Miruka, Community Health Worker


Underpinned by our experience and expertise, Lwala is working to change health systems at the county, national, and global levels. We advance policies and legislation that strengthen community health and accountability, develop curricula used to train CHWs and health workers across the country, strengthen data systems to improve decision-making, and elevate CHWs and community members at policymaking tables. We work in coalition to ensure that the health systems of tomorrow are built by community needs.

Lwala supports the delivery of community health services to 600,000 people and counting. Working directly with subcounty and county governments, we provide the tools, training, and implementation support to ensure that CHWs and health facilities provide high-quality care, and that communities drive health decision-making. Because of this work, our communities have better access to care that keeps their families healthy.

Powered by our communities, we explore new ways to make health care better. We test solutions and then use these insights to change policies and systems. Right now, we’re exploring innovations such as: expanding access to obstetric ultrasounds through task-shifting, training birth companions to ensure respectful maternity care, promoting early childhood development through CHWs, and reaching adolescents with reproductive health services through youth-led design.

In 5 subcounties in Migori, we work alongside local government to deliver community-led health. By 2024, we will reach all 8 of Migori’s subcounties.

We are currently delivering community-led health in Migori County and improving emergency obstetric care in 5 counties. Over the next few years, we will be expanding emergency obstetric care in 15 high-burden counties and community-led health in 5 counties, starting with Homa Bay and Baringo in 2024.

In Kenya, we advance community-led health in policy and practice. We bridge the gap between communities and policymakers, ensuring that local solutions are translated into policies that transform the health system.

Globally, we lend our voice and expertise to the movement for universal health care and CHW professionalization, partnering closely with groups like Community Health Impact Coalition.
2023 MILESTONES

NATIONAL AND COUNTY GOVERNMENTS REACH COST-SHARING AGREEMENT TO PAY KENYA’S 100,000 CHWs
Our advocacy through Community Health Units for Universal Health Coverage, a coalition we co-founded, helped fuel this national momentum for CHW payment.

WORLD’S FIRST MALARIA VACCINE ROLLED OUT IN MIGORI COUNTY WITH LWALA’S SUPPORT
In the fight against malaria, the RTS,S vaccine has been a breakthrough in saving lives, especially for children. After a national launch of the vaccine in March, Lwala worked with Migori’s Ministry of Health to plan for county-wide rollout, including training of health workers and CHWs.

LWALA COMMUNITY HOSPITAL LAUNCHES BIRTH COMPANION PROGRAM TO SUPPORT WOMEN DURING PREGNANCY, DELIVERY, AND POSTPARTUM
In partnership with the International Childbirth Initiative, we trained Migori County’s first birth companions at Lwala Community Hospital. These birth companions provide continuous emotional, physical, and informational support, ensuring that women receive the respectful maternity care they deserve.

PREZIDENT RUTO LAUNCHES UNIVERSAL HEALTH COVERAGE AND NEW LEGISLATION THAT ADVANCES COMMUNITY HEALTH
National momentum for community health culminated with the launch of the electronic Community Health Information System, distribution of commodities to 100,000 CHWs, and the passage of new legislation that codifies CHW payment. After years of advocacy, we celebrated alongside our communities and CHWs.

LWALA CONTINUES EXPANSION TO 5TH SUBCOUNTY IN MIGORI
These national changes for CHWs unlocked faster growth for Lwala. In November we moved to Kuria East, where we partnered with government on CHW selection, CHW digitization and training, and strengthening community accountability.

CHW ADVOCACY NETWORK IN MIGORI GROWS TO 1,500 MEMBERS AND HELPS SET HEALTH PRIORITIES
Throughout the year, CHWs were the driving voice in advocacy for professionalization, weighing in on both national and county policy. As part of this work, 715 CHWs in Migori have been trained as advocates, through a curriculum we helped develop with Community Health Impact Coalition and CHWs around the world.

ROLLOUT OF THE ELECTRONIC COMMUNITY HEALTH INFORMATION SYSTEM FOR CHWS IN MIGORI
This digital platform—developed by the national government, Lwala, and partners—equips CHWs with mobile tools to track household data. In early 2023, we began to roll out the platform in Migori, and we saw CHWs trade in heavy patient books for mobile devices that make their jobs easier.

BRINGING EMERGENCY OBSTETRIC CARE TO 4 NEW KENYAN COUNTIES
In 2022, we reached every health facility in Migori with training on emergency obstetric care and laid the groundwork for expanding to other counties. This March, we trained health providers in Homa Bay and Kilifi. By the end of the year, 329 facilities across 5 counties have been equipped and trained to save a hemorrhaging woman’s life.

LWALA EXPANDS YOUTH-LED SEXUAL AND REPRODUCTIVE HEALTH SERVICES TO 6 SUBCOUNTIES IN MIGORI
By May, Lwala had mobilized youth peer providers across 6 of Migori’s 8 subcounties to provide information and services to other young people. The expansion of youth-led sexual and reproductive health has driven a 56% increase in family planning visits in new geographies.

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LWALA EXPANDS TO SUNA WEST, REACHING 4 OF MIGORI’S 8 SUBCOUNTIES
On our journey to bring community-led health to all 1.1 million people in Migori County, Lwala expanded to a fourth subcounty. Suna West has three hard-to-reach populations: urban communities, gold-mining communities, and those living close to the Tanzanian border—we adapted to meet their needs.

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PROFESSIONALIZE COMMUNITY HEALTH WORKERS, IMPROVE GENDER EQUITY

Community health workers (CHWs) are the caregivers of their communities. Yet for too long, this workforce has been unpaid, under-trained, and under-resourced—only 14% of CHWs in Africa are salaried. This denies CHWs of income, and it keeps communities from receiving the high-quality care they deserve. Lwala is committed to creating a professional CHW workforce, one that is paid, trained, supervised, and equipped with commodities and digital tools.

CHW professionalization is an issue of gender equity—73% of CHWs in Kenya are women. The status quo is that governments and donors rely on the unpaid labor of these women to fill gaps in the health workforce. This perpetuates gender inequality and prevents CHWs from reaching their full potential and impact.

After years of advocacy from Lwala and our partners, this status quo is changing—the national government passed legislation to pay all 100,000 CHWs in Kenya and launched initiatives to equip CHWs with digital tools and a kit of commodities.

Lwala research finds professional CHWs perform better

More productive: pro-CHWs visit more than 3 times as many households as under-supported cadres.

More effective: children visited by a pro-CHW are 3 times more likely to receive care when they have a fever.

More knowledgeable: pro-CHWs are 5 times more likely to be knowledgeable of danger signs in pregnancy and infancy.

More satisfied: pro-CHWs are retained 40% longer than under-supported peers.

But our work is not done. As professionalization takes hold, women who have served as “volunteer” CHWs risk being pushed out of the workforce by discriminatory literacy and education requirements. One group most at risk are traditional birth attendants, who have provided health services to communities for generations but often have lower levels of formal education.

Lwala aims to remove the barriers that keep women out of professional CHW cadres: our research shows that professionalization and experience are more reliable predictors of CHW knowledge and performance than formal education and literacy.

There is no halfway with pay

Around the world, many community health programmes are organized into a dual-cadre system, where paid and unpaid CHWs work alongside each other. Through joint research with Community Health Impact Coalition, we found that more than half of volunteer CHWs in dual cadre programs experience labor exploitation. These findings will be used to advocate for proCHW labor laws, fair contracts, and international funding that does not exploit women’s labor.

- Peris Odera, Community Health Worker

BIRTH COMPANIONS AT LWALA COMMUNITY HOSPITAL

Dorothy Auma Omoro, a patient attendant at Lwala Community Hospital, was conducting informational sessions for expecting mothers when she noticed her neighbor Mary. At eight months pregnant with her first child, Mary shared that she was apprehensive about her upcoming delivery. “I knew that I could be her support,” said Dorothy, who had just been trained in Lwala’s inaugural class of birth companions.

Our birth companions program is an extension of our community-led health model—community health workers encourage pregnant women to visit a health facility, we must ensure that they are met with respectful, dignified care. This builds trust in the health system—if women feel supported, they are more likely to return for services, which drives better maternal and child health outcomes.

“Pregnancy is a very vulnerable time,” says Carren Siele, Nursing Officer In-Charge at Lwala Community Hospital. “Women need caregivers who offer them the information they need, encourage them to make their own choices, and advocate on their behalf.” Research shows that continuous support during labor improves outcomes for women—they need fewer pain medications, have more vaginal births, and require fewer interventions.

In partnership with the International Childbirth Initiative, Lwala trained 24 health care professionals as birth companions—including CHWs, traditional birth attendants, midwives, and patient attendants—from Lwala Community Hospital and nearby Minyenya Health Center. The week-long training equipped these individuals to provide expecting mothers with continuous physical and emotional support, as well as guidance during and after labor.

This training prepared Dorothy to be Mary’s birth companion. Dorothy was present through her entire labor—she took walks with Mary, answered questions, and held her hand in moments of fear. “Everything she needed, I provided,” says Dorothy. “At one point, I asked her, ‘can you dance?’ And we did. We laughed that even her baby was dancing because she liked the song. If Mary’s back hurt, I would massage. Every moment, I noticed what was needed, and I used my birth companion training to offer the best support I could give.”

The baby was born 7 hours later, but Dorothy’s support didn’t stop there. She stayed with Mary and gave her nutritional advice, breastfeeding tips, and insights to identify post-delivery danger signs. From pregnancy to birth to recovery, Dorothy listened to Mary, advocated for her, and cared for her emotional and physical wellbeing—and Mary had the respectful, dignified care that every woman deserves.
For the past 16 years, Lwala has worked with government and communities to innovate, test, and adapt our community-led health model. As we brought more communities into the fold, our roots in Lwala Village grew to all of Rongo Subcounty. Over the past two years, we expanded to four more subcounties in Migori-Nyatike and Awendo in 2022 and Suna West and Kuria East in 2023—where we are now working with new communities across a population of 600,000.

We are on pace to reach all of Migori County—1.1 million people—with community-led health by the end of 2024.

Through this work, we have built deep partnerships with local government and developed joint work plans. Together, we are implementing our full community-led health model: supporting professional CHWs inclusive of traditional birth attendants, strengthening community governance, launching initiatives with health facilities to improve quality of care, and collecting data to measure change over time.

Professionalized CHWs 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 also works with community committees and government to support local clinics to have the resources, training, and systems to provide quality care.

This year, Lwala partnered with Digital Medic to create a digital training tool that builds CHWs’ skills in identifying signs of common childhood illnesses, caring for sick children at home, and referring families to health facilities when needed. These digital tools help ensure no child slips through the cracks.

For the first time, Lwala is partnering with the government of Migori County to ensure children are vaccinated during routine immunization. This work includes training CHWs to provide information, connect children with health workers who can administer the vaccine, and follow-up to make sure children stay on the 4-dose schedule. It also includes supporting facility-based staff to incorporate the malaria vaccine into health outreach events in the community. In 2023, we helped administer more than 100,000 doses of the vaccine, giving our communities hope for a malaria-free future.
Women and girls have unique health needs at every stage of their life—from contraception, pregnancy, and childbirth, to ensuring the health and wellbeing of themselves and their families. Lwala improves the health of women and girls across the life course, and we strengthen their representation in the health system so they can make decisions about their own care.

This year, more women than ever had access to high-quality maternal health care. Aided by new digital tools, CHWs continued to accompany pregnant women, monitor their health, and support antenatal care and skilled delivery. In new geographies, we incorporated more traditional birth attendants in CHW cadres, transforming these trusted caregivers into champions of skilled delivery. We are also enabling the health system to provide more ultrasounds to pregnant women, placing ultrasound machines in government facilities and implementing a roving sonographer program to expand access.

To address sexual and reproductive health, we supported health facilities and CHWs to deliver a full range of contraceptive options—including services designed by young people for young people.

### ADVANCING WOMEN’S HEALTH AND RIGHTS

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.

Our work on emergency obstetric care is helping us achieve that vision. Lwala has championed a bundle of protocols and tools that can treat obstetric hemorrhage—it relies on lifesaving supplies like uterotonics, the uterine balloon tamponade, and the non-pneumatic anti-shock garment.

Alongside government, Lwala brought this bundle of training and technologies to every facility in Migori County. And over the past year, we forged partnerships to expand this work to four additional counties: Homa Bay, Kilifi, Mombasa, and Garissa. We’ve now trained 4,200 health providers across 329 facilities, and we are testing new mentorship approaches to reduce cost and improve knowledge.

Lwala is also working to ensure that emergency obstetric care is adopted throughout the country. In 2022, we celebrated when the Ministry of Health added technologies and protocols to national training tools for health workers. And after years of advocacy, commodities for emergency obstetric care were recently included in Kenya’s essential medicines lists, which will make it easier for counties to procure the commodities they need.

### EMERGENCY OBSTETRIC CARE

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### 97% SKILLED DELIVERY RATE

### 103% INCREASE IN OBSTETRIC ULTRASOUNDS CONDUCTED FROM 2022 TO 2023

### 116% INCREASE IN CONTRACEPTIVE PROVISION ACROSS 6 SUBCOUNTIES FROM 2022 TO 2023

1 As measured by couple years of protection.

4,200 HEALTH PROVIDERS TRAINED ON EMERGENCY OBSTETRIC CARE ACROSS 329 HEALTH FACILITIES

I believe that young people should be empowered to make informed sexual and reproductive health decisions. In my community, young people face a lot of barriers while trying to access these services. I feel happy when I can help them protect their future and achieve their full potential.”

– Gordon Mito, Youth Peer Provider

DESIGNED BY YOUNG PEOPLE, FOR YOUNG PEOPLE: STORIES OF YOUTH-LED CHANGE

In Rongo Subcounty, youth peer providers teamed up with staff at Kochola Dispensary to improve services for young people. They established a “Youth Peer Provider Desk,” where young people are received by their peers upon arrival. They also identified and designated an area for youth-friendly care to improve privacy. At the same time, all staff at Kochola underwent an orientation to youth-friendly care, and youth peer providers played a crucial role in bringing the perspective of their peers to the table. Due in part to this work, family planning visits among youth at Kochola have increased 140% from 2022 to 2023.

In Nyatike Subcounty, where many young people are engaged in mining and fishing, it can be difficult to visit a health facility for sexual and reproductive health services. Local youth peer providers adapted the Roving Provider Initiative to offer services at a time that works for young people–at nighttime. According to Benard Okeyo Nyasaya, Nyatike’s Adolescent and Youth Coordinator, after hours support is specifically targeting young people who may have foregone health care due to busy schedules or concerns about privacy, stigma, and embarrassment. “The convenient location of services and staff who are trained to provide destigmatized care make young people feel more comfortable and at ease,” he says. This is supported by data: between 2022 and 2023, Nyatike saw a 178% increase in contraceptive uptake.

I don’t want to be seen as a beneficiary. Instead, I want to actively participate in finding solutions to help young people in our generation achieve their dreams.”

– Vincent Owino, Lead Youth Peer Provider, Rongo Subcounty

For many years, Lwala has partnered with government and youth to improve access to sexual and reproductive health services, innovating and iterating on our model in Rongo Subcounty. We deploy a cadre of young people to serve their peers, and we promote high-quality comprehensive sexuality education in schools using age-appropriate curricula. We also provide information and access to a range of modern contraceptive methods, delivered through health facilities and other youth-friendly access points.

At the center of this work is the leadership and knowledge of young people.

Over the past year, Lwala expanded this model beyond Rongo to five additional subcounties in Migori-Awendo, Nyatike, Uri, Suna East, and Suna West–reaching a population of 300,000 young people. We recruited and trained 433 youth peer providers, aged 18 to 24, who provide information to their peers on sexual and reproductive health, as well as distribute condoms, oral contraceptive pills, and emergency contraceptive pills. We work with youth peer providers and other young people to plan gatherings during school holidays, where they can access sexual and reproductive health information and services. Additionally, youth peer providers designed the “Roving Provider Initiative,” which brings health providers to a safe space in the community to offer methods like injectable contraceptives and implants. Finally, we are supporting over 100 health facilities to improve services for young people.

As a result of this work, we’re reaching more young people than ever with the sexual and reproductive health services they deserve–unlocking the door for better health and gender equality.

56% INCREASE IN FAMILY PLANNING VISITS AFTER IMPLEMENTATION IN 5 NEW SUBCOUNTIES

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A NEW WAY TO MEASURE COMMUNITY ACCOUNTABILITY

Through a first-of-its-kind functionality assessment, Lwala is measuring the ability of community health committees to represent community needs over time. Between 2021 and 2023, we saw significant improvement:

- **44%** increase in committees who engage in annual planning
- **88%** increase in committees’ involvement in CHW recruitment
- **79%** increase in committees that hold monthly meetings with CHWs to review health data

HEALTH FACILITIES IMPROVING CARE

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 61 partner facilities, Lwala unites community members, facility-based health providers, and community health workers. Together, we support facilities to make improvements in service delivery, health workforce, information systems, supply chain, finance, and governance—the 6 building blocks of the health system.

We work with these groups to conduct annual assessments, which identify areas of progress and priorities for action. Armed with this information, facility teams develop and implement improvement plans, review outcomes, and make adjustments—ultimately improving the quality of health care.

A TRANSFORMATION AT RONO SUBCOUNTY HOSPITAL

When Rongo Subcounty Hospital joined Lwala’s quality improvement program in 2021, it faced several challenges—there was not an active governance body, the medical supply room was in need of renovation and organization, and many staff felt they lacked training to provide the best care to their patients. Additionally, the hospital lacked an operating theater, so patients in need of surgery—including cesarean sections—were referred to far away facilities.

Just two years later, things are very different at Rongo Subcounty Hospital because of the joint work of facility staff, community members, local government, and Lwala. The hospital now has an active Board that meets regularly, sets annual plans, and drives improvement initiatives. Lwala worked with the Board to renovate the medical supply room and streamline record keeping, resulting in fewer drug shortages. Staff supervision has also improved, and health providers were trained on key health modules including obstetric hemorrhage, neonatal resuscitation, quality improvement, focused antenatal care, and noncommunicable diseases. Finally, the hospital now has a functioning operating theater, meaning more people can access the care they need, closer to home.

As a result of this work, the hospital’s quality improvement score has increased 86% since 2022. This has translated to a rise in patient satisfaction from 75% in 2022 to 93% today—a meaningful step toward re-establishing trust between communities and the health system.
OUR TEAM

171 full-time professionals and 2,115 community health workers together create 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: Doreen Awino, Helen Gwara, Hildah Ngondoki, Robert Kasambala, Elizabeth Munyefu, Rose Adem, Sandra Mudhune, Vincent Okoth, and Wycliffe Omwanda

Global Council:
- Dr. Constance Shumba (Chair)
- Dr. Erin Ricci (Vice Chair)
- Jeffrey Tillus (Treasurer)
- Gladys Onyango (Secretary)
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- Dr. Erin Ricci (Vice Chair)

Mudhune, Vincent Okoth, and Wycliffe Omwanda

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Co-CEOs: Ash Rogers and Julius Mbeya

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

Leadership Team: Doreen Awino, Helen Gwara, Hildah Ngondoki, Robert Kasambala, Elizabeth Munyefu, Rose Adem, Sandra Mudhune, Vincent Okoth, and Wycliffe Omwanda

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AGENCY, HEALTH, AND WHOLENESS OF LIFE

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