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FROM THE EXECUTIVE DIRECTOR

Dear Friends,

Our hope is that these pages bring to life the profound impact you are making in Lwala. As you will see, 2011 was a year of tremendous programmatic growth. Most notably, the clinic became a community hospital which provided more than 1,550 patient visits each month. More than 1,000 people are now on HIV care, a life-saving intervention in a community where nearly 1 in 4 people is infected. Beyond the numbers and successes listed in this report, I hope you will see real people in a real place.

As you read through the year in review, I would like to highlight three values that make the work of the Lwala Community Alliance unique:

Kenyan Ownership: We are Kenyan founded, and ultimately believe that the challenges of Kenya are better addressed by Kenyans, which is why 90% of our staff is national. We intentionally advance local responsibility and self-efficacy in Lwala by involving community voice in the planning, implementation, and evaluation of all major programs.

Multi-Dimensional Approach: While healthcare is our core competency, our wrap-around programs in education and economic development are also essential to our mission of advancing holistic well-being.

Geographic Focus: The various programs target a population of nearly 20,000 people in and around the North Kamagambo location, which is in Migori County of Nyanza Province, Kenya. This county and province have particularly high rates of HIV, maternal, infant, and child mortality, and very low rates of educational and economic attainment for women.

These values come to life in all that we do well. We are indebted to thousands of individuals and a dozen partner organizations that have respected this approach. To each of you, we want to say thank you. In particular, I want to publicly thank the Segal Family Foundation, Ronald McDonald House Charities, Blood:Water Mission, Vanderbilt University, the Real Medicine Foundation, and various ministries of the government of Kenya for their sustaining support.

Gratefully,

James Nardella

James Nardella
MISSION, STORY, MODEL

Our Mission

Our mission is to build the capacity of the people of Lwala, Kenya to advance their own comprehensive well-being.

Our Story

The Lwala Community Alliance was founded by Kenyan brothers Milton and Fred Ochieng’, subjects of the documentary film *Sons of Lwala*. Because of their academic promise and their parents’ support, Milton and Fred won scholarships to Dartmouth College and then to Vanderbilt University Medical School. Sadly, while the brothers were in college they lost both of their parents to AIDS. Milton and Fred took this as a call to action to provide access to primary care in their home village and opened the Lwala Community Hospital, where more than 80,000 patient encounters have been provided in the last 5 years. In April 2011, the facility tripled in size. Over time the organization has become a multi-dimensional community development agency.

Our Model

The Lwala Community Alliance understands that poverty itself is multifaceted. For instance, underdevelopment in health affects school attendance and underdevelopment in school access affects future economic activity in the community. While health is our central focus, we have launched wrap-around programs in public health outreach, education, and economic development.
2011 ACCOMPLISHMENTS

In April, we tripled our capacity from a clinic to become the Lwala Community Hospital.

By the end of 2011, over 1,000 people were enrolled in HIV care.

233 babies were safely delivered at the Lwala Community Hospital.

46 Kenyans were employed through our various programs.

We launched a Girls’ Education Program which reached out to 400 girls at 4 local schools.

Electricity grid access was obtained for the first time in Lwala’s history.

Over 400 people participated in Water, Sanitation, & Hygiene trainings.

An agricultural support project, in partnership with Development in Gardening, was implemented in October.

Co-founder Milton Ochieng’ spoke onstage with President Clinton at the 2011 Clinton Global Initiative.
On April 30, 2011, the new clinical care and maternal health wing in Lwala opened for patient care. The expansion tripled the infrastructure, transforming the facility from a health center to a community hospital. With dedicated space for labor, delivery, and postnatal care, 12 inpatient beds, and 4 private consultation rooms, we are now able to care for many more people.

Since the expansion, patient numbers have increased by 30% - from an average of 1,200 total patients per month to an average of 1,550 total patients per month. The complexity of cases has also increased, leading to more inpatients. The clinical staff in Lwala provide care every weekday and emergency care 24 hours a day, 7 days a week. This growth marks the fruition of a 3-year dream made possible by the Segal Family Foundation, Ronald McDonald House Charities, Real Medicine Foundation, the Deb Miller Memorial Fund, and hundreds of individual supporters.

The 2011 expansion is the first phase in a two-phase build. Funding is still needed for a second phase which will contain a new laboratory, records department, and room for well-child visits.

<table>
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<th>Total patient visits for 2011</th>
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<tr>
<td>General Outpatient</td>
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<td>HIV Appointments</td>
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<td>Child Welfare Clinic</td>
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<td>Antenatal Care</td>
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<td>Deliveries</td>
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<td>Postnatal Care</td>
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<td><strong>TOTAL</strong></td>
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Staff Profile: Joash Ochieng Solo

**Job Title:** Pharmacy Assistant

**Age:** 37

**Years of Service:** 5

**Background and Family:** Joash has lived in Lwala his entire life. He has a wife, Jael (Hospitality Manager at the Lwala guest house) and two sons, Teddy (age 9) and Vionee (age 2).

**Other activities:** Treasurer of his local church.

**What this job means to him:** “Now that I’m working here, it’s easy to buy my children school uniforms...and food for my family.” In 5 years, Joash hopes to see the Lwala Community Hospital expand further to treat more complex illnesses and traumas.

Visit [www.LwalaCommunityAlliance.org](http://www.LwalaCommunityAlliance.org) to watch a video profile of Joash.
When we began seeing patients in 2007, we underestimated the maternal health needs in the area. In Migori County, 65% of women deliver without a skilled attendant, and only 48% of babies receive all vaccinations. Since evidence indicates that half of all neonatal deaths occur in the first 24 hours after birth and up to 75% occur within the first 7 days, it was critical to child survival that we bridge this gap in access to care.

To this end, the Lwala Community Hospital expansion in 2011 included a dedicated maternity wing. We also trained hundreds of community members in maternal and infant health in order to increase demand for attended deliveries. This program has been named Umama Salama, Swahili for “safe motherhood.” In response to the mobilization and training in the community and the new maternity wing, antenatal care visits have risen by 71%, deliveries at the facility are up by 400%, and post-natal care visits have risen by 170%. In addition, well-child visits for immunizations and growth monitoring have nearly tripled. In order to meet all the maternal and child health needs in the community, we aim to double this growth in the coming years.

---

**Baby Paul**

On a Tuesday afternoon in late June, a woman arrived at the Lwala Community Hospital in labor. Her contractions had started on Sunday, and she had traveled 6 km from her home on a motorbike in order to have a safe delivery. Later that evening, baby Paul was finally born. However, due to prolonged labor, the baby had aspirated and experienced fetal distress in the womb. Shortly after his delivery, Paul’s fever spiked to 102 degrees. The hospital staff quickly administered an intravenous antibiotic in an effort to bring his fever down. By Wednesday morning, Paul’s fever had decreased to 99 degrees. Paul and his mother were closely monitored in our postnatal unit for 3 days. At the end of this period, baby Paul had stabilized enough to safely return home. If not for the quick and effective response of our clinical staff and the resources available in the expanded maternity wing, Baby Paul may not have survived. We are thankful he was able to receive the emergency care needed to return to good health.
HIV CARE

While the HIV prevalence in Kenya as a whole is 7%, the rate increases rapidly in the regions nearer to Lwala. In Nyanza Province, the HIV rate is 15% and in Migori County, where Lwala is located, the HIV rate is 20-24%.

That means nearly 1 in 4 people is HIV positive.

Since inception, the Lwala Community Alliance has been focused on tangibly reducing the impact of HIV. We reached a milestone in 2011 by extending care and anti-retroviral treatment for HIV to 1,000 people. This number has grown quickly since 2009. With a population of nearly 20,000 people in our catchment, coupled with the high prevalence, we will need to extend HIV care to at least 3,000 more people. To this end, new patients are tested and enrolled in care each day. Once enrolled, patients are supported by our community health staff who manage support groups, track nutritional needs, and ensure clients are properly adhering to the drug regimen. Since people with reduced immune systems are more susceptible to water-borne illnesses, HIV clients were also recruited to participate in water, sanitation, and hygiene trainings in 2011. One HIV support group was also actively involved in our new agricultural training program which teaches them how to grow highly nutritious vegetables.

In order to reach youth with prevention messages, we piloted a health education program at Kameji Secondary School and also offered a monthly club for children at the hospital. Since girls who complete school are less likely to contract HIV, we promoted girls’ education through providing scholarship items to girls at four area schools. We also offered voluntary male circumcision, a proven strategy for reducing transmission. Most remarkably, of the 232 babies born at our hospital in 2011, 45 were born to HIV positive mothers, and our staff provided all with proper treatment to prevent the transmission of HIV from mother to child. As a result, none of the babies delivered were HIV positive.

Leah

Leah has been a long-time beneficiary of Lwala Community Alliance in many regards. As an HIV-positive woman who is also suffering from TB, she regularly participates in the HIV support programs, receives her ARVs from the hospital, and is treated for opportunistic infections that result from her condition. Not one to hide in the corner because of her status, Leah has been outspoken in the community about living with HIV. She encourages people to be tested to learn their status and advocates good hygiene practices for people living with HIV as a WASH Trainer-of-Trainers (TOT). Leah also was instrumental in starting a group that makes liquid soap and disinfectant at the hospital for sale to villagers, schools, and other facilities. This project has been both a source of income for group members like Leah and has improved the availability of high quality, low-cost soap to improve sanitation and hygiene practices in the community.

Visit www.LwalaCommunityAlliance.org to watch a video profile of Leah.
PUBLIC HEALTH OUTREACH

WASH (Water, Sanitation and Hygiene)

According to the most recent census data, 42% of people in the Lwala catchment area retrieve their water from a river or pond, which exposes them to water-borne illness. Furthermore, 71% of the population use pit latrines while 29% of the population lack latrines altogether and are forced to practice open defecation. No one has piped water or sewage. In 2007, the Lwala Community Alliance conducted a study of intestinal worms in school aged children, finding that 68% of children were infected. These risk factors contribute heavily to the fact that children in the Lwala area are nearly 20 times more likely to die before the age of 5 than their peers in the U.S.

With support from our partner Blood:Water Mission we began training community members in better Water, Sanitation, and Hygiene (WASH) practices. The highly participatory curriculum covers causes of water borne illness, techniques for water treatment, instruction for latrine building, and skills for community mobilization. Since the program started in 2010, 507 community participants have completed a 4-day long training. After graduating from the course, all participants receive follow-up visits in their homes. By the end of 2011, 300 new latrines had been built in the community.

As a way to mobilize youth in the community, a WASH Sports tournament was held in August 2011. Men’s and women’s soccer, volleyball and netball teams were invited to compete under certain conditions: all team members had to complete WASH training and have latrines and hand washing stations at their homes. The tournament generated great demand for WASH training, especially amongst the youth.

UMAMA SALAMA

Each year, more than half a million women worldwide die of complications in pregnancy and childbirth; 99% of these deaths are in the developing world. The prevention of maternal and newborn death and disability is possible through the provision of emergency obstetric care. In Lwala, we work hard to make sure women access this care by first teaching men and women in the community to recognize and respond to complications in pregnancy and childbirth. Umama Salama, which means “safe motherhood” in Kiswahili, is a family-focused community-based program adapted from the Home-Based Life Saving Skills (HBLSS) curriculum which aims to reduce maternal and neonatal deaths in environments where delivering without a skilled attendant is the norm.

Through the support of Ronald McDonald House Charities, we have now trained more than 350 community trainees in Umama Salama. In 2011, a local trainer delivered 24 teaching hours of HBLSS instruction to 25 trainees each month. As a marker of success, the trainees have mobilized themselves into a community-based organization with its own meetings and leadership structure.

In order to fully utilize the expanded hospital and its emergency obstetric care, we began leveraging the trainees to recruit pregnant women to come for care in the new maternity wing. In 2011, we employed a rotating group of 8-10 Umama Salama members to accompany women who came in for antenatal care and delivery. We also incentivized the Umama Salama members to bring women to the hospital by splitting the fee for delivery. The 2011 success of this outreach was an early indicator of potential for the full-fledged train-the-trainer program that Ronald McDonald House Charities is supporting in 2012.
EDUCATION

Through partnership with local community members including parents, teachers, students, and education officials, Lwala Community Alliance is working to improve the quality of education for the children in the community. In a region where girls often do not finish primary school, we are educating parents on the benefits of ensuring that girls stay in school and providing uniforms and sanitary towels to girls in upper primary as an incentive to that end. In addition, we have provided training and infrastructure in water and sanitation to help students stay healthy and in school. Once students have completed primary school, they are eligible for one of our secondary school scholarships to continue their education. This year we have seen tremendous progress in improved test scores, higher enrollment of girls in upper primary classes, reduced illness amongst students, and greater community ownership in the development of local schools. Highlights from 2011 include the following:

- Capacity-building meetings and workshops with school stakeholders held at seven primary schools
- 400 uniforms/sets of sanitary towels distributed to girls in upper primary school
- Four primary schools (serving over 1800 students) and a local secondary school (serving over 800 students) provided with sources of clean drinking water
- 30 students provided scholarships to secondary school
- The ratio of girls to boys in Class 8 increased to .78 in 2011 and continues to grow towards parity

In 2011, Josephine was a Class 8 student at Kameji Primary School. She is an exceptionally bright student who has some of the highest scores in all of the local 13 primary schools. Along with the typical challenges that girls in the community face, Josephine’s father died from AIDS and she must care for her mother who regularly falls ill. Through our Girls’ Education Program, Josephine received a school uniform and set of reusable sanitary towels. Josephine says that being given these items has allowed her to consistently attend school even though her mother could not afford them. Additionally, Kameji Primary received rain water catchment infrastructure, which Josephine says has led to fewer times she has fallen sick because she no longer must get her drinking water from the river. At the end of 2011, Josephine’s scores made her eligible to apply for one of our high school scholarships, and she was selected for support.

Visit www.LwalaCommunityAlliance.org to watch a video on our Girls’ Education Program.
ECONOMIC DEVELOPMENT

New Visions Women’s Sewing Cooperative
In 2009, Grace Ochieng’, a native of Lwala and sister to founders Milton and Fred, began a microenterprise project with women tailors in the Lwala community. In partnership with Nashville-based nonprofit Got Your Back, the group of 8 women tailors, called the New Visions Women’s Sewing Cooperative, produces reusable cloth menstrual pads and school uniforms in an effort to curb school absenteeism in girls and improve the health status of women in an environmentally and economically sustainable way. In addition, New Visions makes a line of cloth bags in partnership with Thistle Farms, a social enterprise which sells women’s bath and body products in the U.S. This year, New Visions produced 2750 menstrual pads, 650 uniforms for school aged girls, and over 2,200 bags for Thistle Farms product lines.

FURAHA Soap Making Cooperative
After being trained on water and sanitation practices through the WASH program, some members of the community identified a local need for the accessibility of affordable soap. The group worked with WASH experts and Lwala Community Alliance volunteers to find a way to make soap that was affordable to the community and which could act as an income generation project for the group. The group is now making and selling liquid soap that can be used for washing clothes and dishes, as well as handwashing. The soap is marketed to local businesses, including hotels, restaurants, and shops.

Agricultural Demonstration Garden
Through a partnership with Development in Gardening (DIG), the Lwala Community Alliance implemented a program in October to bring improved farming knowledge and practice to the community. This project includes the development of a vegetable garden to supply vegetables to the hospital and community. DIG focuses on providing the vegetables needed for people living with HIV since current treatments are most effective when taken with a highly nutritious diet. In addition, the garden has three areas for community groups to have hands on training in organic agriculture techniques. Trainees learn to make double dug beds, raised beds, compost, and drip irrigation systems. The three groups currently training are the Umama Salama group, the HIV support group, and a youth group made up of young men and women who can use the knowledge and skills gained through this program to earn enough money to go back to school. While some of the produce is consumed by the hospital patients and community members, much of it is sold for the sustainability of the project and for income generation for the individual groups.
WE WOULD LIKE TO THANK OUR IMPLEMENTING ALLIES

- Ronald McDonald House Charities
- SEGAL Family Foundation
- Vanderbilt University Medical Center
- Blood:Water Mission
- Clinton Global Initiative
- DIG Development in Gardening
- Thistle Farms
- Got Your Back Movement
$25,000 and above
Ronald McDonald House Charities
Segal Family Foundation
Vanderbilt University Medical Center
Real Medicine Foundation
Blood:Water Mission

$1000-$4999
Tenvision
Got Your Back
Eric and Rebecca Klindt
Eric and Becky Lee
David and Susan Pyke
Development in Gardening
Bill and Anita Cochran
Dr. Jeff Andrews and Mrs. Michele Marston
St. George’s Episcopal Church (Nashville)
The Dorothy Cate and Thomas F. Frist Foundation
Linda Norman
Suzanne King
Judith Chaffee and Pete Wishnok
Dr. Waldon Garriss and Mrs. Renee Garriss
Drs. Sten Vermund and Pilar Vargus
Mary Speicher
Monty Erwin
Reed and Rosie Trickett
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Reagan and Alice Demas
James and Jena Nardella
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Dr. Bill Young and Mrs. Sarah Young
Paula and Carol Caldron
Warren Thompson
Gus and Diane Lee
Dr. William Danforth
Daniel and Sheila Riesel
Randy Brothers
Cathryn Rolfe
Jason Guy
Judson and Carol Burnham
Tammy Tims
Everett D. and Geneva V. Sugarbaker Foundation
Becca Stevens and Marcus Hummon
Dr. Doug Heimburger and Mrs. Beth Heimburger
Hunter King
Jim and Barbara Latimer
Eric and Laurie Wadsworth
Suzy Heer
Eileen Waters
Cristina Mahabir
John and Marcia Stone

$5000-$10,000
Thrill Hill Foundation
Magdalene/Thistle Farms
Healthstream
Dr. Carolyn Woodfork-Richardson
Dr. Luke Bonnett and Mrs. Betsy Bonnett

$500 - $999
Athens Distributing Company
Unity in Chicago
Ben Keh and Pat Gee
Tom Pierce
Brian and Jocelyn Mason
Bo and Sarah Bartholomew
Eric and Olivia Manders
Drs. Robert and Bonnie Miller
John and Mary Zic
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Ruth Stolz
Larry Trabue
Mark and Carrie Jackson
Timothy and Trishinel Johnson
Annabel Raebek
Alex Podolak
Justin and Karen Hill
Stephen and Lucy Tshuka
Douglas and Patricia Tietz
Charles Hill
William and Jane Krafft
Bill and Ann Brine
Formal audits have been completed in both Kenya and the U.S. for our 2009 and 2010 financials; both 2011 audits are in process. Please contact Katherine Falk at katherine@LwalaCommunityAlliance.org if you are interested in obtaining more detailed financial reports.
WHAT’S NEXT: 2012 AND BEYOND

Our hope over time is for all four of our program areas - clinical care, public health outreach, education, and economic development - to become more robust. We are invested in this geography for the long haul in order to build the capacity of local people, and we aspire to be a model community development program from which others can learn. We remain committed to building the Kenyan leadership of the organization and are very proud of the professionalism of our national staff who fulfill our mission daily.

OUR GOALS FOR 2012:

- 4,000 students with access to clean drinking water
- 1,500 people on HIV care
- 700 girls reached through our Girls’ Education Program
- 500 new WASH trainees
- 400 participants in our agricultural training
- 350 babies safely delivered at the Lwala Community Hospital
- 35 new Community Health Workers employed to reach mothers and children
- 20 people earning income through our sewing and soap-making cooperatives
- 10 new secondary school students receiving sponsorships
- 1 new ambulance providing emergency transport to those who need it

Kenya Program Director Robert Kasambala speaks to community members at the opening of the new hospital wing
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