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

In 2007, Kenya faced the compounded crises of HIV, maternal death, and post-election violence. In that vulnerable time, a community banded together to build health solutions that could combat these threats. Our co-founder, Milton Ochieng’ captured his community’s spirit when he declared:

We dared to have hope in the dark.

Through a combination of local ingenuity and allegiance with world-class partners, Lwala Community Alliance was born.

Those early years were fragile, but Lwala persevered to build a durable community-led health model that is yielding dramatic outcomes. Facility delivery rates increased from 23% to 97%, child death was cut 64%, and we achieved virtual elimination of mother-to-child transmission of HIV.

Ten years later, our strength was again tested, as a tumultuous presidential election and a government nurses strike crippled the Kenyan health system. And once again, crisis called us to action. We engaged more deeply with the health system around us, viewing the moment as an opportunity to demonstrate the power of community-led health.

We deployed our Community Health Workers to step in and bridge the gap in health access for tens of thousands of people. We shifted tasks from nurses to these community leaders, preserving the distribution of essential medicines and earning cost savings to the health system. We held a leadership role with the Ministry of Health and created a short-term emergency transportation scheme that leveraged local taxi drivers. And, we supported our many community committees as they advocated for peace and justice. Our donors, implementing partners, and Board of Directors responded bravely, standing with us in the face of uncertainty.

This season has proven that when we put our faith in bottom-up solutions, we can create light in the midst of darkness. Indeed, we believe that to combat the complex health challenges facing Kenya, we must invest in professionalized Community Health Workers while empowering community groups to hold their health systems accountable.

And so, Lwala is driving forward in our effort to build a county model of community-led health. In the next few years, we’ll reach a population of one million, slash maternal and child mortality, and position ourselves for nationwide scale.

Once again, we have an opportunity to prove that when communities lead, change is drastic and lasting.

In solidarity,

ASH ROGERS,  
Executive Director

JULIUS MBEYA,  
Managing Director
Agency, Health and Wholeness of Life

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

Rather than implementing vertical solutions, we tackle the multidimensional drivers of poor health. We look at health systems holistically, combating challenges in homes, fields, clinics, and schools.

When Communities Lead, Change is Drastic & Lasting
We reject the notion that grassroots initiatives are not scalable. Indeed, community-led interventions can transform systems of inequity by leveraging the latent capacity of vulnerable communities. Because of this, bottom-up solutions are uniquely positioned for scale.
COMMUNITY-LED HEALTH MODEL

SUPPORTING 6 GOVERNMENT HEALTH CENTERS
We work alongside clinical staff to secure the management systems, infrastructure, equipment, and technical training required to improve provision of health services. We provide onsite accompaniment to clinicians and work with staff to measure changes overtime.

COMMUNITIES

COMMUNITY HEALTH WORKERS
Recruit, train, pay, and supervise traditional birth attendants in extending high-quality healthcare to every home.

DATA
Individual-level data delivered via mobile application plus rigorous evaluation in partnership with Vanderbilt Institute of Global Health.

HEALTH CENTERS
Provide on-site training and coaching for quality improvement in government health centers.
LWALA'S COMMUNITY-LED SOLUTIONS ARE UNIQUELY POSITIONED TO TRANSFORM HEALTH SYSTEMS

- **Innovation Hub**
  - 30,000

- **Current Population Served**
  - 60,000

- **Model County**
  - 1,000,000
  - Government adoption + peer replication + direct service

- **Replication**
  - 150,000
  - Direct service expansion

- **Influence**
  - Share research & advocate for community-led health

- **Advise**
  - Expand technical assistance across hotspots of poor health

- **Country**
- **County**
- **Community**
Central to our model is the recruitment of traditional midwives. These women have delivered healthcare to their communities for generations. But because traditional midwives have been cut off from the formal health system, these births are often dangerous for mothers and babies.

We leverage the deep connections of these midwives and train, pay, and supervise them as professionalized Community Health Workers. Lwala Community Health Workers identify pregnant women as they proactively visit homes in their village. Then, they link mothers to the formal health system by identifying early symptoms of high-risk pregnancies, ensuring adequate maternal nutrition and encouraging safe delivery at a facility. They also follow-up on postpartum care, provide breastfeeding support, and counsel new mothers on a wide range of contraceptive options.
THE IMPACT

COUPLE YEARS OF PROTECTION
A MEASURE OF BIRTH CONTROL PROVIDED, BASED ON THE NUMBER OF YEARS OF PREGNANCY PREVENTION IT PROVIDES

<table>
<thead>
<tr>
<th>Year</th>
<th>LWALA COMMUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>3,477</td>
</tr>
<tr>
<td>2016</td>
<td>5,771</td>
</tr>
<tr>
<td>2017</td>
<td>9,291</td>
</tr>
</tbody>
</table>

CONTRACEPTIVE PREVALENCE RATE
PERCENTAGE OF WOMEN USING CONTRACEPTIVES

<table>
<thead>
<tr>
<th>Area</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>LWALA COMMUNITIES</td>
<td>45%</td>
<td>62%</td>
<td></td>
</tr>
</tbody>
</table>

PERCENTAGE WOMEN WHO ATTENDED 4+ PREGNATAL CARE VISITS

<table>
<thead>
<tr>
<th>Year</th>
<th>LWALA COMMUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>56%</td>
</tr>
<tr>
<td>2016</td>
<td>61%</td>
</tr>
<tr>
<td>2017</td>
<td>78%</td>
</tr>
</tbody>
</table>

PERCENTAGE OF SKILLED DELIVERIES

<table>
<thead>
<tr>
<th>Year</th>
<th>LWALA COMMUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>53%</td>
</tr>
<tr>
<td>2011</td>
<td>26%</td>
</tr>
<tr>
<td>2017</td>
<td>97%</td>
</tr>
</tbody>
</table>

1 Kenya Demographic Health Survey (2014)
2 Lwala Community Alliance Household Survey (2017)
EVERY CHILD DESERVES A FIFTH BIRTHDAY

YOUR BIRTHPLACE SHOULDN’T DETERMINE YOUR LIFESPAN

In rural Kenya, 8% of children die before their 5th birthday, a rate 12 times higher than the United States.¹ Community Health Workers enroll children at birth, track child growth, and manage immunization timelines. They provide home-based screening for the most deadly childhood conditions, including malaria, pneumonia, respiratory infection, malnutrition, and diarrhea. When a child does get sick, Community Health Workers provide care and treatment in the home and refer complicated cases to the local clinic-making certain that no child slips through the cracks.

¹ Kenya Demographic Health Survey (2014)

THE IMPACT

INDIVIDUALS REGULARLY VISITED BY A COMMUNITY HEALTH WORKER

12,000

IMMUNIZATION RATE

PERCENTAGE OF CHILDREN WHO RECEIVED ALL SPECIFIED VACCINATIONS

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>57%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 LWALA COMMUNITIES</td>
<td>94%</td>
</tr>
<tr>
<td>2017 LWALA COMMUNITIES</td>
<td>96%</td>
</tr>
</tbody>
</table>

INFANT MORTALITY RATE

LWALA COMMUNITIES 13.6 PER 1,000 LIVE BIRTHS

COUNTY 39 PER 1,000 LIVE BIRTHS

1 Kenya Demographic Health Survey (2014)
EVERY CHILD DESERVES NUTRITION

THE LASTING IMPACT OF MALNUTRITION

Adequate nutrition is crucial during the first 1,000 days between conception and a child’s second birthday:

• 45% percent of child deaths are linked to malnutrition.¹
• Stunting due to malnutrition in early years of life leads to poorer cognitive skills and educational outcomes.¹
• Maternal malnutrition has a direct correlation with an increased risk of infant death.²

We screen households for vulnerability, provide therapeutic food and supplements, enroll families in gardening and nutrition training, and follow up regularly to monitor growth.

800 INDIVIDUALS
ENROLLED IN GARDENING AND NUTRITION TRAINING, ACCESSING SEED INPUTS & INDIVIDUALIZED FOLLOW-UP

The Impact

Building a Ladder to Nutrition Security

Treating Acute Malnutrition

Clinical Care – Intensified clinical training, longer hospitalization periods, designated nutrition unit, therapeutic food

Fighting Chronic Malnutrition

Food Security – Nutrition training, gardening training, seed inputs, fortified flour

Prevention

Maternal/Child Nutrition – Screening for nutrition, breastfeeding training, nutrition education, vitamins (A & zinc), de-worming

Priority Households – Community Health Workers follow-up daily after hospitalization, provide therapeutic food, provide fortified flour and enroll in long-term food security program

Nearly 3,000 Households Screened for Nutrition Vulnerability
My Community Health Worker, clinicians, and nurses gave me confidence that my newborn twins and I would be cared for effectively.

– ALICE, MOTHER OF 5

Alice is a mother of five who was accustomed to delivering her children at home. During her last pregnancy Alice developed complications late in labor. Alice rushed to a health facility, but by the time she arrived, she had lost her baby. Sadly, this is not unusual in Alice’s community.

The next time Alice got pregnant, Rose, a Lwala Community Health Worker, began tracking the pregnancy on Lwala’s mobile app. Rose helped Alice obtain prenatal visits, vitamin supplements, and a facility delivery. Later, Rose monitored Alice for postpartum warning signs, provided breastfeeding advice, and shared contraceptive options.

Rose’s early identification and intervention into Alice’s pregnancy culminated in a healthy birth and two flourishing babies. Rose will continue to monitor the twins’ growth until they surpass the age of 5.
Every Family Deserves Safe Water

In Kenya, water-borne illness is the number one cause of premature mortality.

Community-led WASH

Improved sanitation reduces diarrhea morbidity by 38%. Therefore, village-level Water, Sanitation, and Hygiene (WASH) teams promote the adoption of safe water and sanitation infrastructure. Through Lwala’s community-led process, community members construct latrines and secure water sources, which ultimately lead to village-wide declarations of Open Defecation Free status.

1 Institute for Health Metrics and Evaluation (2016)
2 United Nations Millennium Project (2016)
In March 2017, the WASH team began working in Dianga Village, a place with high rates of waterborne illness. Starting with a small village team, Lwala’s community-led WASH process soon dramatically transformed Dianga’s water and sanitation system. Soon enough, all but one of the households in Dianga village had access to – and actively used – a latrine.

The final household without latrine access belonged to an elderly woman named Salome, a widow living with her 14-year-old grandchild. She did not have the money or physical strength to construct her own latrine, so her neighbors banded together – assembling nails, wooden poles, and drapes for privacy – and built Salome’s latrine. Though she could not participate in the physical labor, Salome kept her neighbors strong with fresh water and snacks, providing moral support and finding ownership in the latrine project.

Upon the latrine’s completion, Salome told her neighbors, “I have been practicing open defecation my whole life because I didn’t have any strength to build on my own. I have always prayed to have a latrine, but I didn’t know how to get one. Now, my neighbors have answered my prayers.”

With the completion of Salome’s latrine, Dianga Village can now be declared Open Defecation Free.

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1 Kenya Demographic Health Survey (2014)
2 Lwala Community Alliance Household Survey (2017)
EVERY COMMUNITY DESERVES AN AIDS — FREE GENERATION

97 YOUTHS IN KENYA ARE INFECTED WITH HIV DAILY¹

Lwala provides comprehensive HIV programming aimed at empowering people with HIV to lead healthy and productive lives, while eliminating new infections.

Redefining their own luck

Participants in a Lwala program called HAWI (“Good Luck” in Dholuo) provide psychosocial support to each other and launch their own community health initiatives. Each participant in these groups is also visited regularly by a Community Health Worker.

**The Impact**

**AIDS-FREE GENERATION**

- **97%** Population Tested
- **93%** Enrolled in Care
- **93%** Sustained Therapy

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

“I’m proud of our invention because we are helping other young people avoid becoming HIV positive.”

— MICHEL

Youth Peer Providers, comprised of young people across every Lwala community, are trained to provide reproductive health services and HIV prevention information to their peers. They are also encouraged to develop their own initiatives, which is exactly what Michel did.

Michel and his fellow YPPs launched Dial-a-Condom, which they describe as “Uber for Condoms.” Two young people in each village are stocked with condoms and their cellphone numbers are distributed to a network of youth who can request condoms on demand.

1 UNAIDS. Fast-track to an HIV-free generation. (2016)

LWALA

**Virtually Eliminated Mother-to-Child Transmission of HIV**

Among its clients for the third year in a row.

Only 2% of HIV-exposed infants supported by LWALA tested positive for HIV 18-24 months after birth, compared to 8.3% in Migori County as a whole.1
EVERY COMMUNITY DESERVES A CENTER OF EXCELLENCE
THE IMPACT

ACCESSIBLE CARE

90%
OF OUR CATCHMENT POPULATION HAS BEEN TREATED AT LWALA COMMUNITY HOSPITAL

47,363
PATIENT VISITS

2
DELIVERIES A DAY

6,457
ADOLESCENT REPRODUCTIVE HEALTH VISITS

QUALITY CARE

93%
OF OUR PATIENTS SAY THEY WOULD RECOMMEND LWALA TO A FRIEND

HIGHEST RANKING
HEALTH CENTER OUT OF 63 FACILITIES ASSESSED BY USAID’S PEPFAR PROGRAM

QUARTERLY
CASE REVIEWS
WITH VANDERBILT UNIVERSITY MEDICAL CENTER CLINICIANS

SAFECARE CERTIFIED

INNOVATIVE CARE

CASHLESS CLINIC
THROUGH A PARTNERSHIP WITH MTIBA, LWALA HAS BECOME A CASHLESS CLINIC.
All payments are made through mobile money & patients can save for health expenses via a mobile health wallet.

NATIONAL HEALTH INSURANCE FUND
LWALA ACCEPTS NHIF REIMBURSEMENTS FOR SERVICE RENDERED TO THEIR CLIENTS. This is a growing revenue stream, adding to our sustainability.
EVERY CHILD DESERVES QUALITY EDUCATION

GIRLS’ EDUCATION IS A POWERFUL LEVER OF COMMUNITY HEALTH

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

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

13
GOVERNMENT PRIMARY SCHOOLS

5,315
STUDENTS IMPACTED

REACHING GENDER PARITY IN PRIMARY SCHOOL COMPLETION RATES

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys Completion Rate</th>
<th>Girls Completion Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>63%</td>
<td>37%</td>
</tr>
<tr>
<td>2011</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>2012</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>2013</td>
<td>55%</td>
<td>45%</td>
</tr>
<tr>
<td>2014</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>2015</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>2016</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>2017</td>
<td>48%</td>
<td>52%</td>
</tr>
</tbody>
</table>

HEALTH
Water and sanitation in schools
Comprehensive sexuality education
Youth-friendly health services

ACCESS
Uniforms and sanitary pads
Linkages to secondary scholarships
School re-entry support for young mothers

ACADEMICS
Mentoring for at-risk girls
Worldreader E-readers loaded with Kenyan curriculum
Design challenges to engage teachers in improving academic performance
2017 INDIVIDUAL ALLIES

$20K+
Brian and Jessie Adams
Anonymous
Chris and Kirstin Hobday
Ted and Karen Philip

$10K+
Chresten and Cole Barfield
Elizabeth and Stephen Carr
T.J. and Seran Glanfield
Sarah and Peter Lanfer
Linda and Don Norman

$5K+
Ravi and Sunanda Agarwal
Philip and Linda Andryc
Lee and Mary Barfield
Susan Douglas and Felix Dowsley
Will Edman

$2,500K+
Bert and Kim Bailey
John and Sallie Bailey
Kelley Barnaby
Karen Callahan
Anita Cochran
Claire Fitzgerald
Bill and Elizabeth Hawkins
Gary and Carol Hobday
Eric Klindt

$1K+
Michael Baker
Mike and Wendy Baker
Harry and Jeanne Baxter
Constance Britton
Ann and Frank Bumstead
Judson and Carol Burnham
Paul and Carol Caldwell
Carla Clark
Ziggy and Kim Clayton
Rebecca Cook
William Danforth
Pat and Alice Denton
Michael and Katy Deichhaus
David and Bettina Eilers
John and Carol Ferguson
Russell and Dinah Fitzgerald

MONTHLY DONORS

Oran Aaronson and Shannon Snyder
Jon Andereck
Jeff and Melinda Balser
Brandon and Shaila Bannock
Harry and Joanne Baxter
Randy Brothers
Joanne Candela
Rose and Autumn Carper
Laura Cleveland
Yvette Crabtree
Jane Easdown
Stephanus Eman
Russell and Dinah Fitzgerald
Kris Foery
Walden and Renee Garriss
Dionne Gayler
John C. Gitau and Rosemary W. Choge

Susan W. Glick
Natasha Halassa
Kristin and Kevin Harney
Anthony Janetos
Michelle Kiger
Michelle Kingsbury and John Walker
Christine Knippenberg
Valerie Lettsman
Larry and Kay Litten
Cheryl and Harvey A. Major
Bryan and Jocelyn Mason
Thomas McAuliff and Jana Perkinton
Mark and Erin Miller
Vanessa Moldovan
John and Julia Morris
OUR TEAM

Ash Rogers  Executive Director
Julius Mbeya  Managing Director

Co-Founders: Milton Ochieng’ & Fred Ochieng’

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

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

Thomas Glanfield (Global Chair), Joel Stanton, Susan Douglas, Chris Hobday, Elizabeth Carr, Fred Ochieng’, Milton Ochieng’, Dave Eilers, Bonnie Miller, Meliza Muyenyi, Jessie Adams, Richard Wamai, Lindsey Toomey, Gervasse Nykinye (LVDC Chair), Shem Ooko, Charles Obong’o, David Odwar, Perpetua, Okong’o, Charles Obunga, John Obunga, Rose Onyango, Samson Mbori, Robinson Mbori, Musa Odhiambo
I believe in women’s leadership, and as a leader I know that I can make a difference.

– WINNIE

As a child, Winnie experienced the struggles of living in an area with a poor healthcare system. After losing Winnie’s father to HIV, her mother set out to provide a more promising life for her family. Winnie’s mom became one of Lwala’s first Community Health Workers, and Winnie’s future with Lwala began to unfold.

As she grew up – witnessing healthcare conditions improve before her eyes – she knew she wanted to be a part of a purposeful mission. Winnie’s first job was an internship with Lwala, and she gradually advanced in management roles. Today, Winnie sits on our Leadership Team and is a key thought leader in the organization. “I have Lwala in my heart because of the impact it has had in my community, in my family and to me.” she says.

In 2017, Winnie received the prestigious iLeap Fellowship, recognizing rising international leaders in social change. With every new role at Lwala, she continues to exemplify our vision. Ask Winnie why she does what she does, and she’ll tell you “I believe in women’s leadership, and as a leader I believe that I can make a difference” And trust us, she has.
AGENCY, HEALTH, AND WHOLENESS OF LIFE