LWALA

2025 ANNUAL REPORT

LETTER FROM OUR CO-CEOS

Dear Allies,

At Lwala Community Alliance, 2025 was defined by both challenge and growth. Across the communities we serve, we witnessed resilience in action–and learned lessons that continue to shape how we move forward together.

1

Community-led change is not just a principle–it is the engine of lasting impact.
Time and again, we saw what happens when communities are trusted to lead. Community groups stepped forward to uncover challenges, advocate for better services, and hold health systems accountable. Professional community health workers (CHWs) across Kenya reached more households than ever before, ensuring that health care is consistent and close to home. These moments reinforce a simple but powerful truth: lasting change begins within communities themselves.

2

Partnership with government saves lives at scale.
Real transformation needs more than strong programs–it requires systems that endure. This year, we deepened our work with county and national governments to strengthen primary health care. As a result, the national government delivered 100% of CHW payments to all 47 counties, and county governments have added CHW payment to their annual budgets. Additionally, as we scale emergency maternal and newborn care across 15 counties, new research reveals that our approach leads to a 29% decrease in deaths among women who experience obstetric hemorrhage.

3

When global systems falter, rapid local action can keep care flowing.
In 2025, the end of USAID and shifts in foreign aid created uncertainty across the world. In the face of these disruptions, communities could not afford to wait. Lwala moved quickly alongside government and partners to identify shortfalls in essential commodities, and we raised $2.6 million to fill the gap. This led to a 32% reduction in stockouts across our three counties. It also reminded us that we can solve seemingly intractable problems with creativity, flexibility, and partnership.

Taken together, these lessons underscore a deeply held belief: that resilient health systems must be built by and for the people they serve. We are profoundly grateful to the communities who lead, the governments who partner with us, and the supporters who stand with us. You make this work possible.

In solidarity,

Ash Rogers
Co-Chief Executive Officer

Julius Mbeya
Co-Chief Executive Officer

COMMUNITY-LED HEALTH

Founded by a group of committed Kenyans, Lwala Community Alliance unlocks the potential of communities to advance their own comprehensive well-being. We're working at the national and county level in Kenya to ensure that primary health care is designed, owned, and paid for by government–and directed by communities.

Community Committees
Supporting communities, especially women, to hold health systems accountable.

Professional Community Health Workers (CHWs)
Enabling government CHWs–who are paid, trained, supervised, and equipped–to extend care to every home.

Health Facilities
Partnering with government facilities to improve quality of care, rebuilding trust in the health system.

Data
Using digital tools and university-backed research to solve health challenges.

Policy & Advocacy
Strengthening policies, guidelines, and budgets to deliver health for all at every level of the health system.

OUR IMPACT

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

LWALA CHWS VISIT
3X
AS MANY HOUSEHOLDS AS UNDER-SUPPORTED CADRES[1]

95%
OF COMMUNITY HEALTH COMMITTEES ARE HOLDING GOVERNMENT ACCOUNTABLE

WOMEN ARE
2.6X
MORE LIKELY TO USE CONTRACEPTIVES[2]

PREGNANT WOMEN ARE
14%
MORE LIKELY TO ATTEND 4 OR MORE ANTENATAL CARE VISITS[3]

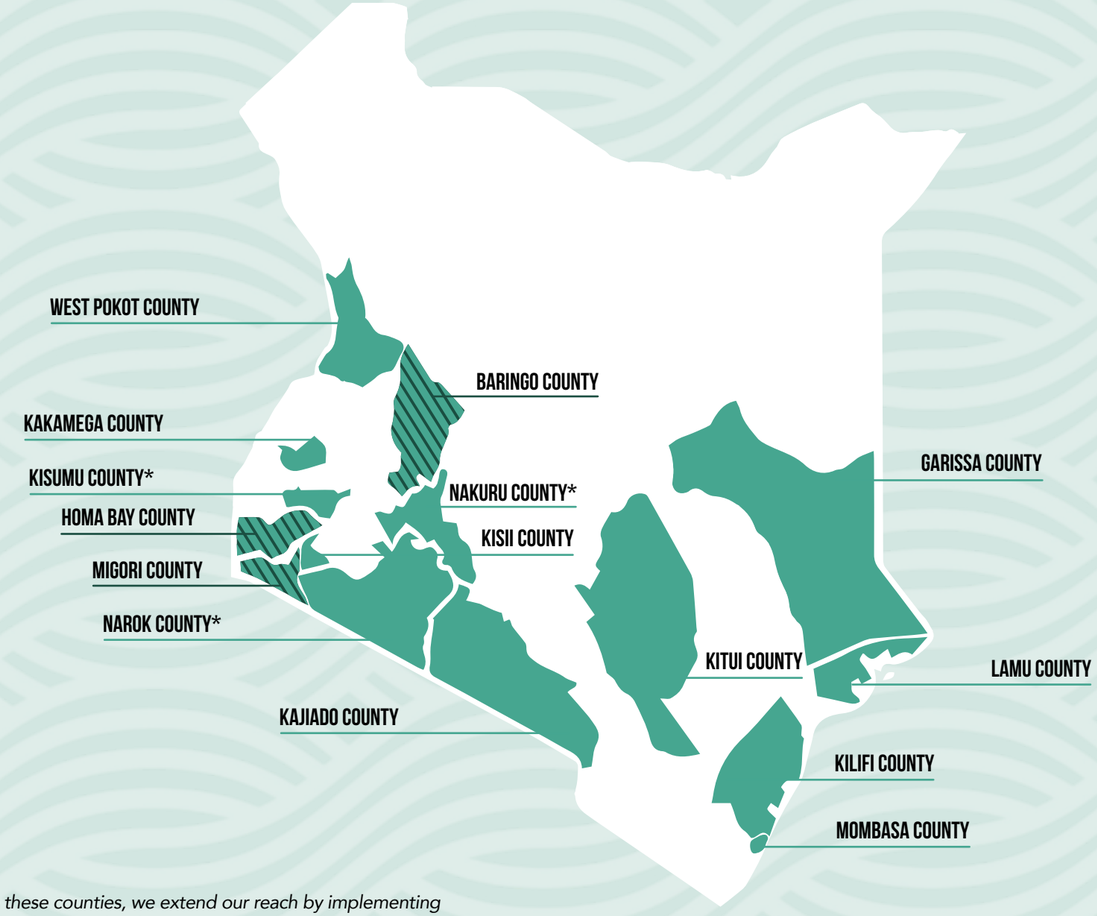
CHILDREN ARE
3X
MORE LIKELY TO RECEIVE CARE WHEN THEY ARE SICK[4]

1 Joseph R. Starnes et al., "Childhood mortality and associated factors in Migori County, Kenya: evidence from a cross-sectional survey," BMJ Open 13 (August 2023): doi:10.1136/bmjopen-2023-074056.
2 Troy D. Moon et al., "Determinants of Modern Contraceptive Prevalence and Unplanned Pregnancies in Migori County, Kenya: Results of a Cross- Sectional Household Survey," African Journal of Reproductive Health 25 (Feb 2021): doi: 10.29063/ajrh2021/v25i1.4.
3 Ash Rogers et al., "Training and experience outperform literacy and formal education as predictors of community health worker knowledge and performance, results from Rongo sub-county, Kenya," Frontiers in Public Health 11 (April 2023): doi: 10.3389/fpubh.2023.1120922.
4 Ash L. Rogers et al., "Predictors of Under-Five Healthcare Utilization in Rongo Sub-County of Migori County, Kenya: Results of a Population- Based Cross-Sectional Survey," Pan African Medical Journal 41 (Feb 2022): doi: 10.11604/pamj.2022.41.108.31618.

OUR REACH

FULL COMMUNITY-LED HEALTH MODEL

EMERGENCY MATERNAL AND NEWBORN CARE



In these counties, we extend our reach by implementing through strong local partners.

IN 3 COUNTIES...

Partnering with government to expand community-led health–we are professionalizing CHWs, improving community accountability, and supporting health facilities.

IN 15 COUNTIES...

Strengthening emergency maternal and newborn care–including training health workers and equipping facilities with lifesaving tools like the non-pneumatic anti-shock garment.

IN KENYA...

Bridging gaps between communities and policymakers, ensuring that local solutions are translated into policies that transform the health system.

GLOBALLY...

Working with coalitions and leading universities to contribute to the global body of evidence and fuel advocacy toward health for all.

OUR REACH IN 2025
2.85 MILLION

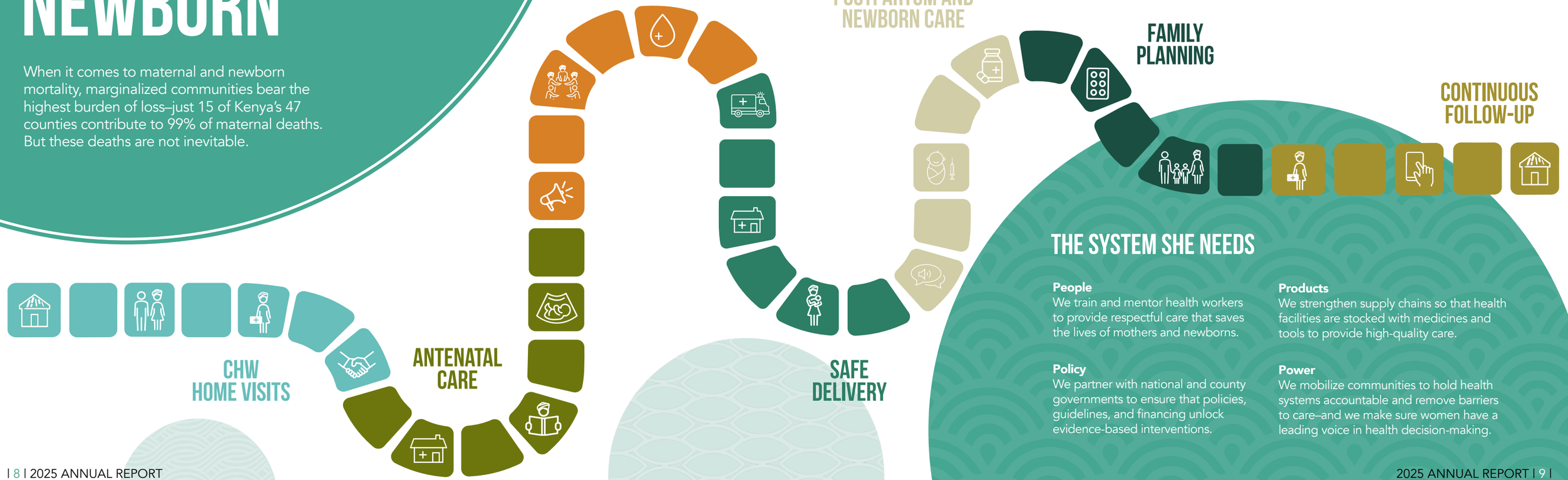
OUR REACH IN 2028
5 MILLION

A PATHWAY OF CARE FOR EVERY MOTHER AND NEWBORN

When it comes to maternal and newborn mortality, marginalized communities bear the highest burden of loss–just 15 of Kenya's 47 counties contribute to 99% of maternal deaths. But these deaths are not inevitable.

THE CARE SHE NEEDS

Lwala supports women on their journey to motherhood. Professional CHWs accompany her throughout pregnancy, offering her health information, encouraging her to seek care at a health facility, and identifying any danger signs. Her support system includes former traditional birth attendants, who are now champions of skilled delivery. At her local clinic, trained health workers offer her prenatal screening and ultrasounds, connecting her to higher levels of care if there are any risks. When it's time to deliver, she receives respectful, dignified maternity care–and she and her newborn are in safe hands with providers who are trained and equipped to respond to emergencies. After returning home with her baby, the health system continues to provide for her through postnatal care and access to family planning.



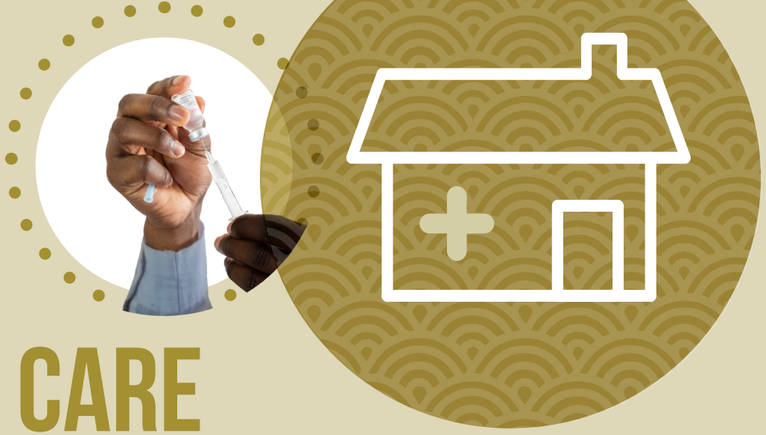
THE SYSTEM SHE NEEDS

People
We train and mentor health workers to provide respectful care that saves the lives of mothers and newborns.

Products
We strengthen supply chains so that health facilities are stocked with medicines and tools to provide high-quality care.

Policy
We partner with national and county governments to ensure that policies, guidelines, and financing unlock evidence-based interventions.

Power
We mobilize communities to hold health systems accountable and remove barriers to care–and we make sure women have a leading voice in health decision-making.

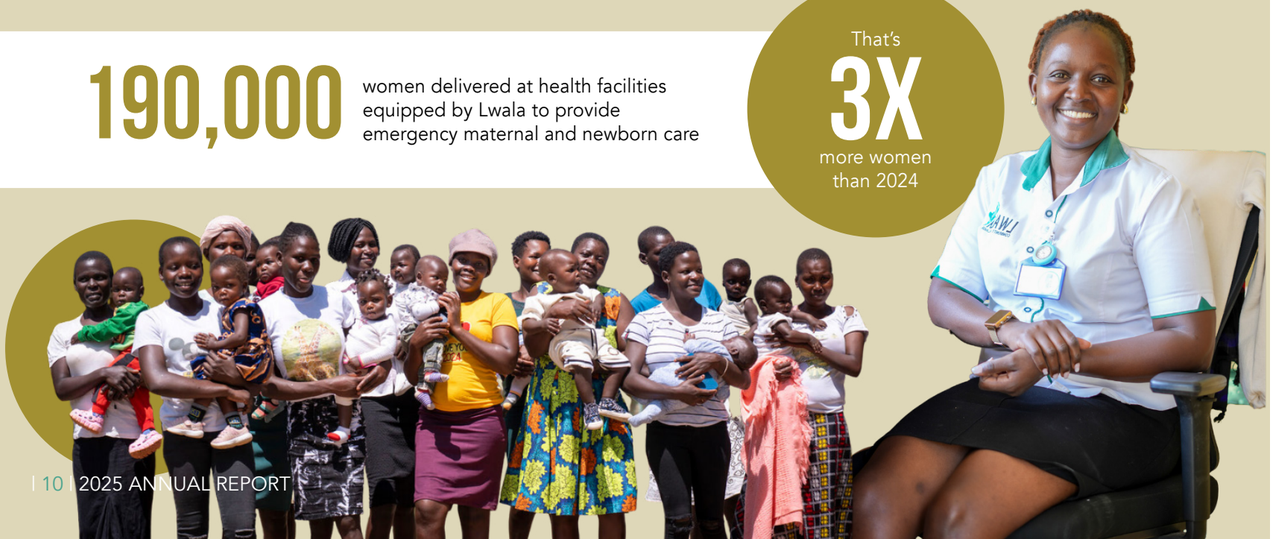


IMPROVING QUALITY OF CARE AT HEALTH FACILITIES

When people receive high-quality, dignified care, they are more likely to return again and again for lifesaving services. With Lwala Community Hospital setting the standard, we work at health facilities across Migori to strengthen service delivery, collect better data, and help health workers build new skills. We also support more than 1,000 health facilities across 15 counties to deliver lifesaving maternal and newborn care. **Together, we are rebuilding trust in the health system.**

190,000 women delivered at health facilities equipped by Lwala to provide emergency maternal and newborn care

That's **3X** more women than 2024



SCALING SOLUTIONS THAT SAVE MOTHERS

Maternal mortality is not just a health indicator–it's a barometer of how much a society values women's lives. Lwala brings together health worker training, access to lifesaving supplies, and community accountability to ensure that no mother dies while giving life.

For years, Lwala has championed the use of the non-pneumatic anti shock garment (NASG) to stabilize women experiencing severe bleeding during birth. What began as a pilot is now being scaled across Kenya: Lwala led the first countywide rollout, supported NASG inclusion in the national curriculum and essential commodities list, and trained thousands of health workers in its use. Now the Kenya Medical Supplies Authority will stock the NASG and other lifesaving supplies, so that every county across Kenya can purchase them for public health facilities.

Through these efforts, Lwala is realizing our vision–that every mother in Kenya gives birth in a facility that is well-equipped to save her life.

BECAUSE OF THIS WORK, THERE WERE 29% FEWER DEATHS AMONG WOMEN WHO EXPERIENCED OBSTETRIC HEMORRHAGE

New research from Lwala and the University of California San Francisco evaluated the impact of training and equipping health workers to respond to obstetric hemorrhage. We found a:

- 29% reduction in deaths among women who experienced obstetric hemorrhage
- 49% reduction in blood transfusions, meaning health workers prevented more severe cases of bleeding
- 25% reduction in hysterectomies, a last resort procedure that prevents maternal death but results in infertility

15 COUNTIES WORKING WITH LWALA FOR BETTER MATERNAL AND NEWBORN HEALTH

2,026 NON-PNEUMATIC ANTI-SHOCK GARMENTS DISTRIBUTED

1,057 HEALTH FACILITIES EQUIPPED WITH LIFESAVING TRAINING AND TOOLS

7,110 HEALTH CARE WORKERS TRAINED AND MENTORED

STRONGER FACILITIES, BETTER CARE

Lwala brings together health facility staff, CHWs, and community members to improve quality of care. Through this work, health facilities are strengthening service delivery, collecting more accurate data, helping health workers build new skills, and opening dialogue with community members. These improvements are increasing accountability to community needs and ensuring that investments in systems, staff, and infrastructure translate into better patient care.

NEW OPERATING THEATER MEANS SAFER DELIVERIES

When complications arise, it's important to have care within reach. Lwala helped equip Migori's first specialized maternal and neonatal operating theater in Awendo, **which has seen a 44% increase in deliveries since its construction.**

EVERY MATERNAL DEATH MUST LEAD TO ACTION

The best way to end maternal deaths is to learn from the past. Lwala made the case for regular maternal death reviews nationally, and as a result, the Ministry of Health, Council of Governors, and county governments are taking action. So far, **11 counties are now conducting weekly review meetings to safeguard against maternal deaths.**

RELIABLE DATA IMPROVES DECISION-MAKING

Better data management helps facilities make evidence-based decisions. Lwala supports facilities to review data and systems, ensuring accuracy and reliability. This has led to **86% data accuracy, up from 79% in 2024.**

"MATERNAL DEATH REVIEWS ALLOW OUR PROVIDERS TO TELL A STORY WITHOUT FEAR OR SHAME. IT'S ABOUT PROBLEM-SOLVING. ONLY WHEN WE HAVE THE AGENCY TO ACKNOWLEDGE GAPS IN OUR HEALTH SYSTEM, SERVICE DELIVERY, AND DECISION-MAKING, CAN WE WORK WITH THE GOVERNMENT TO INVEST IN ADDRESSING THEM. THAT VULNERABILITY ISN'T A WEAKNESS—IT'S AN ACCOUNTABILITY WIN."

- Alinda Ndenga
Lwala Reproductive, Maternal, and Newborn Health Advisor

EXCELLENCE IN ACTION AT LWALA COMMUNITY HOSPITAL

Lwala Community Hospital is a training ground for high-quality, people-centered primary care–serving over 82,000 patient visits this year. Patient visits have increased by 74% since the COVID-19 pandemic and nearly tripled over the last 10 years.

To evaluate the quality of our services, Lwala uses SafeCare, a third-party certification system that helps health facilities measure and improve their services. This year, Lwala earned a SafeCare Award for Outstanding Commitment to Quality of Care and achieved our highest score ever–receiving a Level 5 certification, the top rating possible.

This recognition reflects years of investment by Lwala in systems, staff training, and continuous improvement as we set a standard for hospitals across Kenya.

THIS MEANS MORE WOMEN ARE RECEIVING HIGH-QUALITY CARE

82%

of women who deliver at Lwala Community Hospital attend the recommended 4 or more antenatal care visits

3,000

ultrasounds provided to pregnant women this year, a record for Lwala Community Hospital

At Lwala Community Hospital, a new ambulance and outpatient waiting room are helping more patients access dignified, responsive care.

High fives all around as Lwala Community Hospital staff celebrate their Level 5 achievement.

PROFESSIONAL COMMUNITY HEALTH WORKERS

Lwala is committed to creating a professional workforce of community health workers (CHWs), where every CHW is paid, trained, supervised, and equipped with commodities and digital tools. Professional CHWs unlock the door for more accessible, higher quality health services.

Women make up 70% of the CHW workforce. These caregivers understand the needs of women in their communities–and they make health systems work better for women.

8,300

CHWs supported by Lwala in partnership with county governments

107,000

CHWs in Kenya impacted by Lwala's systems change strategy

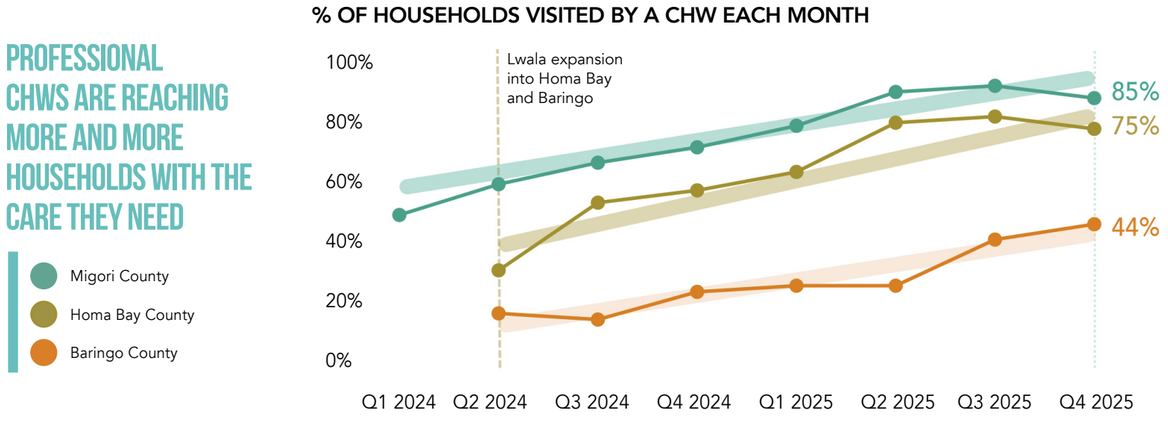
Lwala is walking alongside the Kenyan government as they professionalize CHWs–changing policies to improve payment and supplies, creating standardized training, and building digital systems. We are also protecting the role of women in the workforce and championing the inclusion of traditional birth attendants. Together, we are creating a reality where CHWs are paid, trained, supervised, and equipped to deliver the care communities deserve.

> **"OUR MISSION WAS TO MAKE SURE OUR WORK WAS NO LONGER INVISIBLE, AND THAT THE GOVERNMENT SAW US AS PROFESSIONALS WHO DESERVE TO BE PAID. WE ARE NOT JUST ASKING FOR OURSELVES; WE ARE SAYING THAT WHEN CHWS ARE VALUED, THE WHOLE COMMUNITY BENEFITS."**
>
> **- Euniter Nyasita,** Community Health Worker

TURNING POLICY INTO PAYMENT

- Lwala worked with the government to create a national CHW registry, which tracks gender for the first time and supports on-time payment.
- The national government delivered 100% of CHW payments to all 47 counties.
- As a result of our advocacy, Migori, Homa Bay, and Baringo Counties all included sufficient funds for CHW stipends in their annual budgets.

PROFESSIONAL CHWS ARE REACHING MORE AND MORE HOUSEHOLDS WITH THE CARE THEY NEED



SUPERVISION LEADS TO BETTER CARE

- In the counties we support, 99% of CHWs reported receiving supportive supervision. This translates to better job satisfaction for CHWs and better care for communities.
- Using what we've learned, we are helping develop national-level guidelines for CHW supervision.

TRAINED TO DELIVER IMPACT

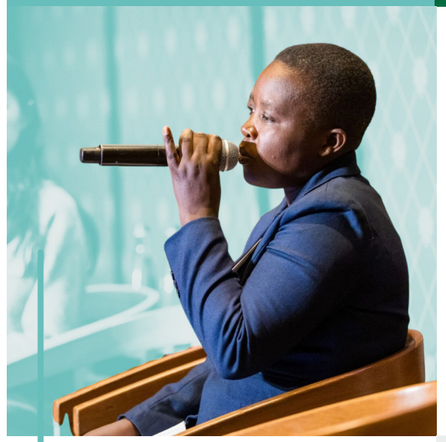
- Lwala helped create Kenya's national CHW training curriculum, ensuring that CHWs across Kenya receive the same training.
- We advocated to protect CHWs' role in providing a range of services–including triaging malaria cases and spotting danger signs during pregnancy.
- We co-designed national trainings on mental health and disability, digital health, and supply chain.

MEET OUR CHW ADVOCATES

CHWs are their own best advocates–their voices strengthen policy and improve health care for their communities. Lwala has trained more than 2,800 CHWs as advocates to represent the needs of frontline workers, joining the global movement for professional CHWs.

BRINGING NEW IDEAS TO BACK HER COMMUNITY

After attending the National Mental Health Conference, CHW Grey Odero came home with new ideas. She worked with her local facility and supervisor to build a referral plan for community members who need mental health support. She is excited that the national government is also adding mental health screening to CHWs' digital tools.



BUILDING A MOVEMENT FOR CHW PROFESSIONALIZATION

In 2025, Bernard Otieno, Migori County's CHW Advocate Lead, was elected to serve on Community Health Impact Coalition's Advisory Board. Here, he represents his fellow CHWs around the world and informs the coalition's global strategy on research, policy change, and professionalization.

DEVELOPING A GLOBAL CURRICULUM FOR INCLUSION

Millicent Miruka is a passionate advocate for CHWs on the global stage, speaking alongside former Irish President Mary Robinson on a panel focused on gender equity in the health workforce. She also helped develop the World Health Organization's global curriculum for CHWs, which will help governments around the world equip and train CHWs.

ENSURING POLICYMAKERS KEEP THEIR COMMITMENTS

CHW Regina Odour is a leader in Baringo County's advocates forum, mobilizing her peers to influence the county budgeting process and prioritize timely CHW payments. Thanks to her active participation, the county paid 100% of its CHWs in 2025.

100%

of communities are now represented by a trained health committee

COMMUNITY ACCOUNTABILITY

A breakdown of trust is at the root of poor health–when communities don't trust the health system to provide high-quality care, they are less likely to seek care. Lwala works within existing government structures, like community health committees, to rebuild trust. We strengthen the capacity of these groups to transform health care and hold government accountable, and we elevate women's leadership. When women are represented on these committees, they can ensure that health services reflect the needs of women and girls.

685

community health committees representing the priorities of 2.85 million people

At Lwala, our vision is that every person has a community health committee (CHC) to represent their needs and hold the health system accountable. **Across our 3 counties, 2.85 million people now have a stronger voice in their health care.**

This year was marked by expanding CHC coverage in Homa Bay and Baringo, and we conducted assessments to reveal progress across our three counties–more committees than ever have the skills to plan, execute, and evaluate health initiatives.

- CHCs are increasingly involved in monitoring commodities and supplies at their local health facility. 76% of committees in Migori played this role in 2025, up from 19% in 2023.

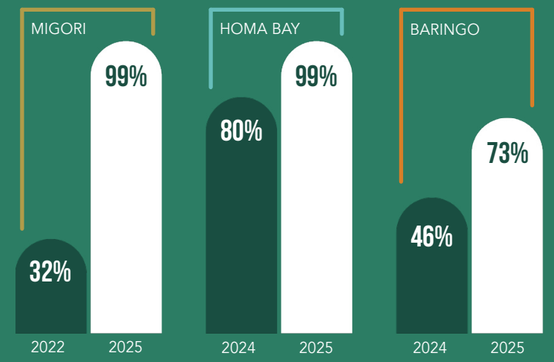
- More committees are creating an annual work plan to keep themselves accountable. Baringo has seen a doubling of these groups who develop annual plans from 2024 to 2025.

- CHCs are using health data to take action. In Homa Bay, 93% of committees meet monthly to review community health data with CHWs, up from 51% in 2024.

Lwala is using what we've learned to scale community accountability nationwide. Drawing from our community governance assessment, which we first piloted in Migori, we partnered with the Ministry of Health to design a new national tool to measure and strengthen CHCs–and it's now been rolled out to all 47 counties. Importantly, Lwala advocated for the inclusion of gender-disaggregated data, so that we can track women's leadership in these committees across Kenya.

OVER TIME, MORE COMMUNITY HEALTH COMMITTEES ARE MEETING, PLANNING, AND HOLDING GOVERNMENT ACCOUNTABLE.

Percent of community health committees that are able to fulfil these roles



“CENTERING WOMEN’S VOICES IN DECISION-MAKING IS ESSENTIAL TO BUILDING A HEALTH SYSTEM THAT WORKS FOR GIRLS AND WOMEN... THEIR PERSPECTIVES HELP ENSURE THAT THE ISSUES AFFECTING THEM MOST ARE PRIORITIZED AND ADDRESSED.”

- Dr. Kezia K’Oduol
Lwala’s Director of Primary Health Care

51%
of committee members are women

CONTAINING CHOLERA: A COMMUNITY-LED RESPONSE

Kenya’s rainy season always brings challenges–it displaces families, destroys crops, and makes roads difficult to pass. Extreme flooding also spikes the spread of diseases like cholera by contaminating water sources and straining already limited sanitation infrastructure. But a strong community response helped contain Migori County’s most recent outbreak. “We are ready to be called upon during these moments,” says John Bogie, the Community Health Committee Lead in Kehancha Subcounty. “We have an important role to play in the larger health system.”

Across the 19 villages affected by the outbreak, community health committees worked alongside CHWs and government teams to identify hotspots, trace contacts, and design solutions that reached places they were needed most. Committee members helped translate technical public health guidance into practical action, reaching more than 50,000 people with targeted outreach. They also helped guide the response in high-risk environments like gold mining areas, where overcrowding, frequent travel, unsafe water sources, and limited waste management increased vulnerability to the disease.

“This coordination between government, partners, and communities meant that no alarm went unheard, and no family was left behind,” explained Pius Ondiek, the Water, Sanitation, and Hygiene Coordinator for Kuria West Subcounty. Together, they helped identify and refer nearly 500 people who had been in contact with the 53 confirmed cholera patients. Cholera outbreaks usually spread quickly across the county. This time, a focused, local response kept the disease contained to just a few wards—and within 11 weeks, cases were back to zero.

“IN THE PAST, THERE WASN’T AS MUCH COORDINATION. THIS TIME, COMMUNITY COMMITTEES, CHWS, AND THE HEALTH SYSTEM WORKED TOGETHER CLOSELY. WE FOCUSED ON HOTSPOTS, SHARED CLEAR MESSAGES, AND MADE SURE RESOURCES REACHED THE RIGHT PLACES. BECAUSE OF THIS, WE DETECTED CASES EARLY AND ACTED FAST.”

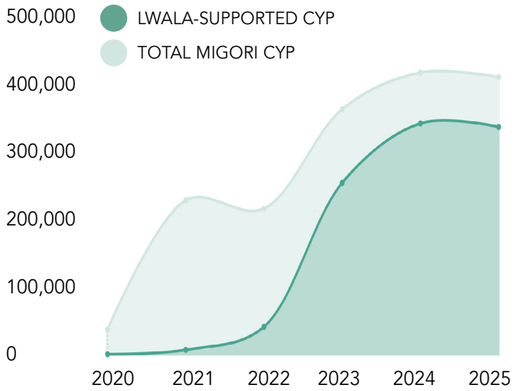
- Pius Ondiek
Water, Sanitation, and Hygiene Coordinator, Kuria West Subcounty

YOUTH LEADING THEIR HEALTH

Around the world, access to sexual and reproductive health care remains out of reach for many young people. But when we work with young people to design health care solutions–centering their knowledge and voice–we unlock the door to lifelong health for Kenya's next generation.

Lwala supports youth in Migori County, showing what's possible when young people are not just beneficiaries but leaders in the health system. We deploy a cadre of young people to serve their peers, support health facilities to offer youth-friendly services through a range of access points, and leverage community leadership to change norms, policy, and behaviors.

MIGORI COUNTY CONTRACEPTIVE UPTAKE
AS MEASURED BY COUPLE YEARS PROTECTION (CYP)



7-FOLD INCREASE IN CONTRACEPTIVE UPTAKE OVER THE LAST 5 YEARS

Lwala's cost of providing a year of protection from unplanned pregnancy has **DECLINED 10%** since 2023

Since we began our intervention in 2017, teenage pregnancy in Migori County has declined from **35% TO 18%**

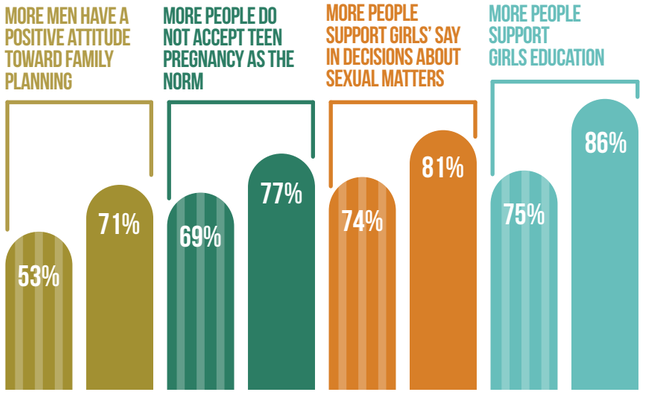
A ROLE FOR YOUNG PEOPLE IN THE HEALTH SYSTEM

Lwala's model is to work with youth peer providers, aged 18 to 24, who provide information to their peers on sexual and reproductive health. They also distribute condoms, contraceptive pills, and connect their peers to youth-friendly health care. These young people provide essential services, but their role exists outside the formal health system. This year, we supported the county government to change that.

Together, we developed a Youth Peer Provider Guide, which formally recognizes their role and sets standards for recruitment, training, and conduct. This is a major step toward government adoption of this youth-led model.

SOCIAL NORMS SHIFT OVER TIME

2023 BASELINE 2025 ENDLINE



OUR VISION FOR THE FUTURE

Our partnership with young people in Migori has taught us what works. Now we're on a mission to support county governments across Kenya to center youth decision-making and improve access to sexual and reproductive health services. By 2030, we'll grow our reach from **400,000 young people to 2.5 million across 5 counties.** At the same time, we're using what we've learned to change national policies and scale our youth-led model nationwide.

BRIDGING THE COMMODITY GAP

When the U.S. government abruptly halted foreign assistance in early 2025, Kenya's health system experienced widespread stockouts of essential medicines. This gap threatened the care that mothers, newborns, and children depend on at health facilities and through CHWs.

Lwala moved quickly. Working alongside government partners in Migori, Homa Bay, and Baringo Counties, we conducted facility audits, identified critical gaps, and helped redistribute supplies to where they were needed most. We then raised $2.6 million from strategic funders to procure and distribute maternal, newborn, and child health commodities and family planning supplies to 475 health facilities across all three counties.

The results were significant. Stockout rates dropped by 46% in Migori, 32% in Baringo, and 28% in Homa Bay between April 2025 (shortly after USAID's Stop Work Order) and January 2026.

2.6M
dollars raised from strategic funders

475
health facilities supplied

32%
reduction in stockouts across 3 counties*

*between April 2025 and January 2026

In Migori alone, where Lwala has worked the longest to build supply chains in partnership with Village Reach, we contributed to meeting approximately 30% of the county's total maternal and child health commodity needs for the 2025-26 fiscal year.

BUILDING BACK BETTER

These donor funds are unlocking new, sustainable revenue. A key first step is enrolling households in Kenya's new social health insurance and helping facilities claim reimbursements. Then, as facilities provide donated commodities, they receive payment and insurance reimbursements. Facilities reinvest this money in purchasing new commodities, creating a self-sustaining supply cycle. Additionally, Lwala worked with county governments to increase budget lines for essential health commodities.

We know that crises can present an opportunity to build back better systems–and Lwala is using this moment to strengthen insurance systems and grow domestic budgets, reducing dependency on foreign aid. We are also ensuring that communities across Kenya have the medicines they need, no matter what.

"WHEN YOU HAVE A ROBUST SUPPLY CHAIN, YOU KEEP COMMUNITY TRUST IN HEALTH SYSTEMS. THE COMMUNITY WILL GO TO A FACILITY BECAUSE THEY KNOW THEY WILL GET THE TREATMENT THEY NEED."

- Wycliffe Dunde
Homa Bay County Pharmacist

OUR TEAM

197 full-time professionals and 8,300 community health workers bring together expertise in global health, community development, policy development, research, and operations management

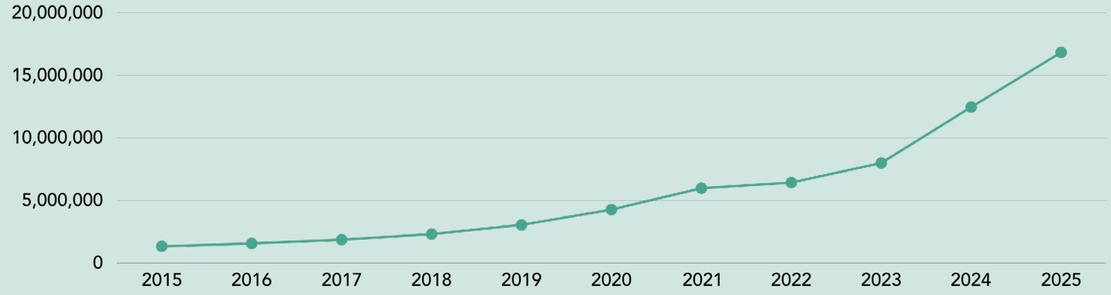
Co-CEOs
Ash Rogers and Julius Mbeya

Co-Founders
Dr. Fred Ochieng' and Dr. Milton Ochieng'

Leadership Team
Sandra Mudhune, Mary Kaigera, Robert Kasambala, Dr. Kezia K'Oduol, Elizabeth Mwashuma, Katie Gray, Kenneth Ogendo, Elizabeth Munyefu, Sam Oyugi, and Dr. Chadwick Ochieng

Global Council
Dr. Constance Shumba (Chair), Dr. Erin Ricci (Vice Chair), Jeffrey Tillus (Treasurer), Mary Mulusa (Secretary), Dr. Fred Ochieng', Dr. Milton Ochieng', George Srour, Dr. Marie Martin, Dr. Lawrence Were, Dr. Mamka Anyona, Magdalene Kariuki, Rakesh Rajani

ANNUAL EXPENSES



$500K+

Co-Impact
Children's Investment Fund Foundation
Action for Women's Health
The Patchwork Collective
Riippleworks
CRI Foundation
SAS-P
Crown Family Philanthropies
An Anonymous Foundation
Ray & Tye Noorda Foundation
Johnson & Johnson
Anonymous
BAVARIA Industries Group
Jasmine Social Investments
Anonymous
Mulago Foundation
Dovetail Impact Foundation
Michael & Susan Dell Foundation

$100K-$499,999

GE Healthcare Foundation
The ELMA Growth Foundation
Greenwood Place
Grand Challenges Canada
Vitol Foundation
Skip Family Foundation
National Philanthropic Trust
Epic Foundation
Skoll Foundation
Posettes Foundation
The Ripple Foundation
Partners for Equity
Imago Dei Fund
The Erik E. & Edith H. Bergstrom Foundation
One World Children's Fund
Sall Family Foundation
Bohemian Foundation
Comic Relief
Anonymous

Hauwa Ojeifo Global Impact Fund for Women & Girls
Tullman Family Office

$50K-$99,999

Every Mother Counts
Izumi Foundation
DAK International Network
Godley Family Foundation
Stichting Diorahpte
Vanderbilt University
Anonymous
Social Initiative - Impilo
Jester Foundation
Kate and Brian Boland
Risk Pool Alliance
Stavros Niarchos Foundation (SNF)
T&J Meyer Family Foundation

$25K-$49,999

Social Initiative - Private Donor
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Latter-day Saints Charities

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