

A young boy with a shaved head, wearing a white button-down shirt, is shown in profile on the left side of the image. He is holding a small green plant with yellow flowers. The background is a blurred field of similar plants under a bright sky.

# MAISHA 2025

## IMPACT & PARTNERSHIP REPORT

**FROM CLASSROOMS TO  
COMMUNITIES:  
A HOLISTIC MODEL FOR  
REGENERATIVE  
TRANSFORMATION**



**MAISHA 2025 IMPACT &  
PARTNERSHIP REPORT**

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# LETTER FROM THE FOUNDER

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It is my privilege to present The Maisha Project Impact and Partnership Report for 2025.

Maisha was founded on the conviction that durable development is not achieved through isolated programs. Education outcomes are shaped by nutrition and health. Economic opportunity depends on skills, infrastructure, and stability. Community resilience requires trust, leadership, and time. From its inception, Maisha has pursued an integrated, community-led model grounded in long-term presence rather than short-term intervention.

This model is sustained through a dual-geography platform. In Kenya, Maisha delivers direct programs rooted in local leadership and institutional partnerships. In the United States, Maisha operates an active engagement and support platform anchored in the Greater Oklahoma City area, with broader reach across the country.

This U.S. platform mobilizes volunteers, interns, partners, and financial resources, and serves as a critical engine for civic participation, public trust, and long-term sustainability. In 2025 alone, hundreds of individuals were engaged through U.S.-based service, internship, and community initiatives, and more than twenty partner organizations participated in Maisha's domestic work. These relationships enable consistency, repeat engagement, and accountability across borders.

Since 2006, this integrated approach has translated into sustained and measurable results. More than seven million school meals have been delivered since 2020, reinforcing attendance, learning readiness, and child well-being across Maisha-supported schools. In parallel, more than 100,000 patients have accessed primary healthcare services through Maisha-supported facilities since 2013, reducing preventable illness and strengthening household resilience. Together, these outcomes reflect a system in which education, health, livelihoods, leadership, infrastructure, and engagement reinforce one another over time.

This report captures the current state of that system. It consolidates results across



Maisha's five pillars, situates U.S. operations as an enabling platform for partnership and participation, and aligns outcomes with internationally recognized development and reporting frameworks.

Looking ahead to 2026, Maisha is entering a phase of deliberate strengthening and scale. Priorities include enhanced monitoring and learning systems, deeper institutional partnerships, and expanded U.S.-based initiatives that emphasize sustained community engagement, skills-based volunteering, and long-term partnership development, while keeping program implementation firmly rooted in Kenyan leadership.

This report is offered as both an account of progress and an invitation. We welcome partners who value long-term outcomes, evidence-informed decision-making, and collaboration grounded in trust, responsibility, and shared purpose.



Beatrice  
Founder, The Maisha Project



# EXECUTIVE SUMMARY

The **Maisha Project (Maisha)** is a community-based organization operating primarily in the Nyanza Province of Kenya, with a long-term mission to **improve human dignity, opportunity, and resilience among underserved communities**. Alongside its Kenya-based programs, Maisha maintains an active United States platform anchored in the Greater Oklahoma City area, with broader engagement across the United States, delivering domestic community support, mobilizing volunteers, interns, and partners, and generating the financial and civic resources that sustain its global work. Since its founding, **Maisha has evolved into an integrated, multi-sector platform delivering impact across education, health, economic empowerment, missions, and infrastructure**. These five pillars operate not as standalone interventions, but as a connected ecosystem designed to address the structural and intergenerational drivers of poverty.

Maisha's model recognizes that sustainable development outcomes are rarely achieved through single-sector solutions. Educational attainment is constrained by hunger and poor health; economic empowerment is limited without skills, confidence, and basic infrastructure; and community resilience depends on trust, leadership, and social cohesion. By working across these interlinked domains, **Maisha delivers compounding social value that extends beyond individual beneficiaries to households, institutions, and entire communities**. This integrated approach is reinforced by Maisha's U.S. engagement model, which emphasizes long-term relationships, repeat participation, volunteer development, and local partnerships rather than one-time transactions or isolated events.

As of 2025, Maisha has reached **tens of thousands of individuals** through direct service delivery and community-based programs in Kenya. These include sustained access to **education and school feeding, primary healthcare and water access, entrepreneurial development, broad mentorship and missions programming, and critical social infrastructure** such as classrooms, kitchens, clinics, and water systems.



# EXECUTIVE SUMMARY

*continued*

**In the United States**, Maisha's 2025 activities supported hundreds of individuals through homelessness-related outreach in Greater Oklahoma City, engaged more than **600 volunteers and interns** through structured service, meal-packing, and internship programs, **partnered with over twenty U.S.-based organizations**, and **delivered more than twenty structured public speaking and community engagement events**.



TOGETHER, MAISHA'S KENYA AND U.S. WORK SPANS BOTH IMMEDIATE HUMANITARIAN NEEDS AND LONG-TERM DEVELOPMENT OUTCOMES, WITH AN EMPHASIS ON **CONTINUITY**, **LOCAL OWNERSHIP**, **ACCOUNTABILITY**, AND **INSTITUTIONAL TRUST**.



# EXECUTIVE SUMMARY

*continued*

This Impact Report presents a **comprehensive overview** of Maisha’s work and performance across its five core pillars, while also situating the organization’s U.S. operations as an enabling platform for partnership development, volunteer mobilization, public engagement, and resource sustainability. It provides a clear articulation of **Maisha’s priorities, evidence of results, alignment with global sustainability frameworks, and partnership opportunities**. The report combines quantitative outputs and outcomes with qualitative insights, grounded in Maisha’s operational experience and community engagement over time in both Kenya and the United States.

Key features of this report include:

- **A clear articulation of Maisha’s five-pillar impact framework and how the pillars reinforce one another.**
- **Consolidated impact highlights and program-level results across education, health, empowerment, missions, and infrastructure.**
- **An overview of Maisha’s United States platform, including domestic community impact, volunteer and intern engagement, partnership density, and public-facing outreach, with a geographic distinction between Greater Oklahoma City and the broader U.S. footprint.**
- **Alignment with relevant Sustainable Development Goals (SDGs) and selected Global Reporting Initiative (GRI) indicators, to support corporate Environmental Social Governance (ESG) and impact reporting needs.**
- **A refined Theory of Change that reflects Maisha’s ecosystem approach across geographies.**
- **An overview of Maisha’s monitoring, evaluation, and learning (MEL) practices and evolving evidence base.**
- **A structured partnership value proposition, outlining how partners can engage meaningfully and transparently with Maisha’s work in both Kenya and the United States.**

While this report includes references to social return on investment (SROI) and impact efficiency, it **prioritizes clarity, credibility, and transparency** over headline ratios. Where data gaps remain, including in historical U.S. participation tracking, these are explicitly acknowledged, and are accompanied by forward-looking commitments to strengthen domestic data systems as Maisha expands its U.S.-based initiatives in 2026 and beyond, **reflecting the organization’s commitment to continuous improvement** rather than over-claiming impact.

# 2025 IMPACT SNAPSHOT

at a glance

# 7 MILLION

SCHOOL MEALS SERVED SINCE 2020



# 10,000+

TOTAL PEOPLE  
REACHED SINCE 2006

# 9,689+

STUDENTS SUPPORTED  
IN 2025

# 220

ENTREPRENEURS  
SUPPORTED SINCE  
INCEPTION

# 2025 IMPACT SNAPSHOT

at a glance

# 100,800

CLINIC PATIENTS  
SERVED SINCE 2013

# 12K

CLEAN WATER  
BENEFICIARIES

# 1,200

PEOPLE HOSTED  
THROUGH  
MISSIONS

15 CLASSROOMS  
5 KITCHENS  
1 LEVEL 4A HOSPITAL  
BUILT OR UPGRADED

COMBINED  
SROI (5  
PILLARS)

# 2.61x

# INTRODUCTION TO MAISHA

## 1.1. Institutional Context

**ABOUT MAISHA** Founded in 2006, Maisha is a **Kenya-based community development organization** dedicated to supporting children and families through holistic programs that address both immediate needs and long-term opportunities. Rooted in the Nyalenda and Kisumu East communities, Maisha operates through **long-standing trust, local leadership, and evidence-driven programming**. Maisha is also supported by an active U.S. platform based in the Greater Oklahoma City area, with engagement across the country. This network mobilizes volunteers, interns, partners, and civic participation, helping sustain Maisha’s Kenya-based work through **relationship-driven resource development**.



**MISSION** To **transform lives** and **empower communities** by providing lasting, holistic solutions that address poverty, hunger, disease, and under-education—rooted in love, driven by faith, and sustained through community-led development and Kingdom transformation.

**VISION** To **bring hope to the hopeless** and light to the darkness by raising a generation of children and leaders who are spiritually awakened, economically empowered, and equipped to transform their families, communities, and nation.

**CORE VALUES** Maisha is guided by a set of core values that shape every aspect of its work. Maisha holds itself to the highest standards of **integrity and excellence**, ensuring that its actions reflect **honesty, accountability, and a commitment to meaningful impact**. Compassion drives how Maisha serves communities, approaching every need with empathy and dignity. Maisha practices **responsible stewardship**, recognizing the trust placed in its mission and the importance of using resources wisely. Grounded in faith, Maisha pursues its purpose with hope and conviction, while fostering community leadership that **empowers individuals to create lasting change in their own environments**. These values inform both Maisha’s Kenya-based service delivery and its U.S.-based engagement, shaping how partnerships are built, volunteers are mobilized, and resources are stewarded across geographies.

# INTRODUCTION TO MAISHA

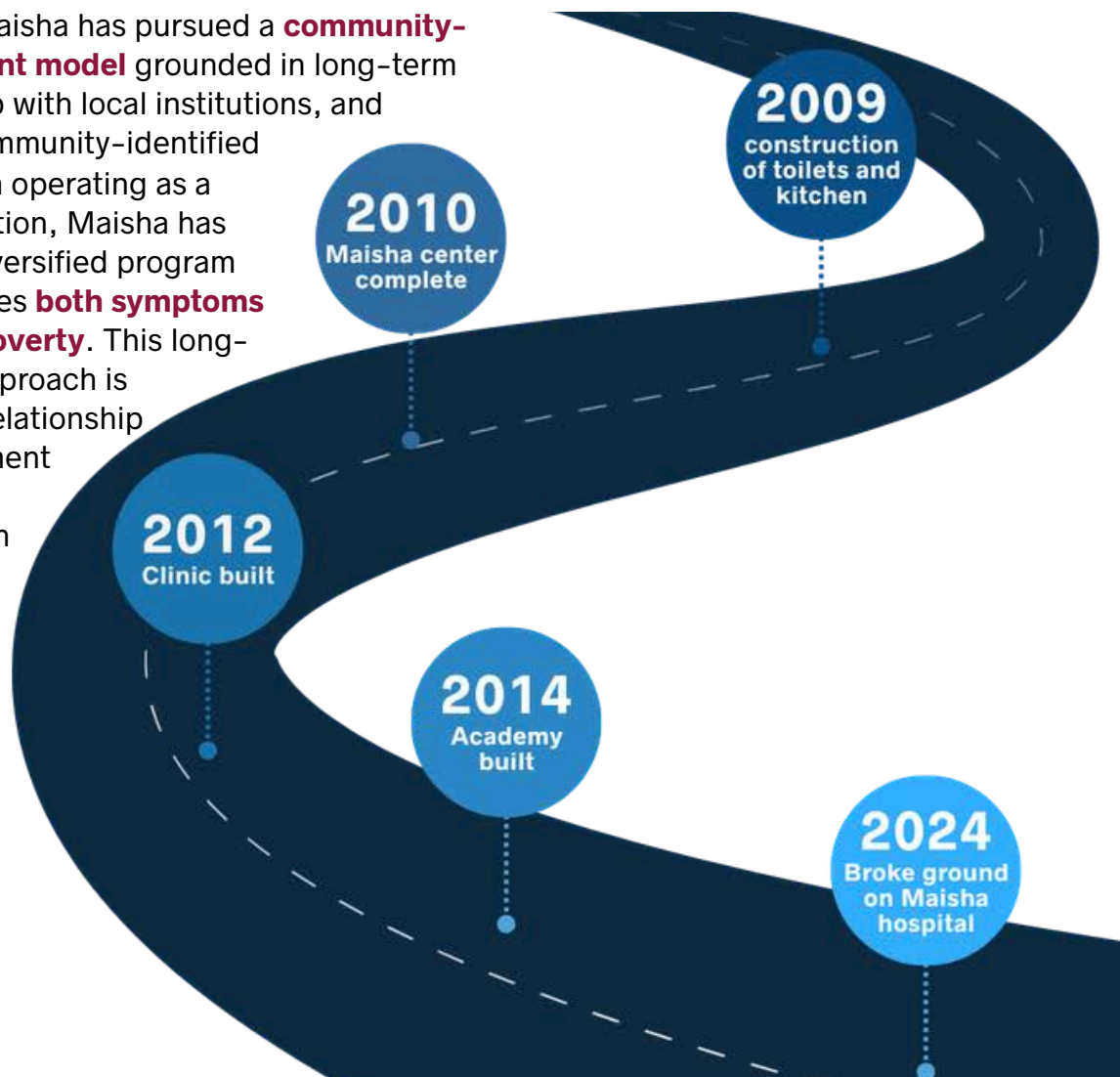
## 1.1. Institutional Context

### A COMMUNITY-DRIVEN MODEL

Maisha's strength lies in its **local ownership model**. Over 90 percent of staff are Kenyan, community members play central roles in program implementation, and leadership development is embedded across the organization. Program design, delivery, and accountability remain locally grounded in Kenya, while the U.S. platform functions as an enabling structure for partnership development, volunteer mobilization, and long-term sustainability rather than a directive operational arm.

Maisha operates in contexts characterized by **overlapping vulnerabilities**: limited access to quality education, food insecurity, preventable health conditions, constrained economic opportunities for women and youth, and under-resourced public infrastructure. These challenges are mutually reinforcing, often trapping families in cycles of dependency and limiting intergenerational mobility.

From its inception, Maisha has pursued a **community-centered development model** grounded in long-term presence, partnership with local institutions, and responsiveness to community-identified priorities. Rather than operating as a single-issue organization, Maisha has deliberately built a diversified program portfolio that addresses **both symptoms and root causes of poverty**. This long-term, place-based approach is complemented by a relationship-based U.S. engagement model with a clear geographic distinction between the Greater Oklahoma City area and Maisha's broader national footprint.



# INTRODUCTION TO MAISHA

## 1.2. Maisha's Integrated Development Approach

The organization's work is anchored in **five strategic pillars**:

### EDUCATION

Improving access, retention, and learning outcomes through schooling support, feeding programs, and safe learning environments.

### HEALTH

Expanding access to primary healthcare, nutrition, and clean water to reduce preventable illness and improve wellbeing.

### EMPOWERMENT

Strengthening community economic agency through skills training, enterprise development, and savings mechanisms.

### MISSIONS

Fostering leadership, psychosocial wellbeing, and cross-cultural engagement through mentorship, volunteerism, and faith-based programs.

### INFRASTRUCTURE

Investing in physical assets that enable service delivery and long-term community resilience, including classrooms, kitchens, clinics, and water systems.

# INTRODUCTION TO MAISHA

## 1.2. Maisha's Integrated Development Approach



Each pillar responds to a distinct set of needs, yet all are **intentionally designed to reinforce one another**. For example, school feeding programs support both **educational attainment and health outcomes**; women's economic empowerment improves **household nutrition and school attendance**; and infrastructure investments enable the **consistent delivery of education and healthcare services**. Maisha's U.S. platform reinforces this integrated model by mobilizing volunteer time, civic partnerships, and sustained supporter relationships that strengthen the organization's long-term capacity to deliver across pillars.

# INTRODUCTION TO MAISHA

## 1.3. Strategic Orientation and Impact Philosophy

Maisha's impact philosophy is grounded in **three core principles:**

## SYSTEMS THINKING.

Maisha recognizes that durable impact emerges from addressing interconnected constraints rather than isolated problems. Program design and resource allocation therefore prioritize complementarities across sectors. This systems perspective also informs Maisha's operating model, linking Kenya-based implementation with a U.S.-based engagement platform that supports sustainability, partnership development, and public trust.

## LONG-TERM COMMITMENT.

Many of Maisha's programs operate over multiple years, reflecting the reality that behavior change, institutional strengthening, and economic mobility require sustained engagement. Similarly, Maisha's U.S. engagement emphasizes continuity, repeat participation, and partner relationships that compound over time rather than episodic activity.

## ACCOUNTABILITY AND LEARNING.

Maisha is committed to evidence-informed decision-making. While data availability varies by pillar and historical period, the organization is actively strengthening its monitoring, evaluation, and learning systems to improve measurement quality, transparency, and partner reporting. This includes acknowledging historical limitations in U.S. participation tracking and formalizing a lightweight, high-utility approach to domestic measurement in 2026 and beyond, with a focus on volunteer engagement, partnership density, public-facing outreach, and domestic community support in Greater Oklahoma City.

# INTRODUCTION TO MAISHA

## 1.3. Strategic Orientation and Impact Philosophy

# MAISHA ALUMNI HIGHLIGHT

Linda Wanjira’s journey illustrates the cumulative impact of sustained investment in education, mentorship, and cross-border collaboration. Reflecting on her experience, Linda states that “education changed my life” and gave her “hope and a thriving future.” Her progression through schooling, supported by consistent sponsorship and community care, demonstrates how early educational access translates into long-term leadership outcomes.

Through continued partnership, Linda pursued higher education and gained exposure beyond Kenya, experiences that strengthened her professional and civic engagement upon returning home. She emphasizes that Maisha did not only meet immediate needs, but enabled her to “recognize the need to initiate monumental change” in her own community.

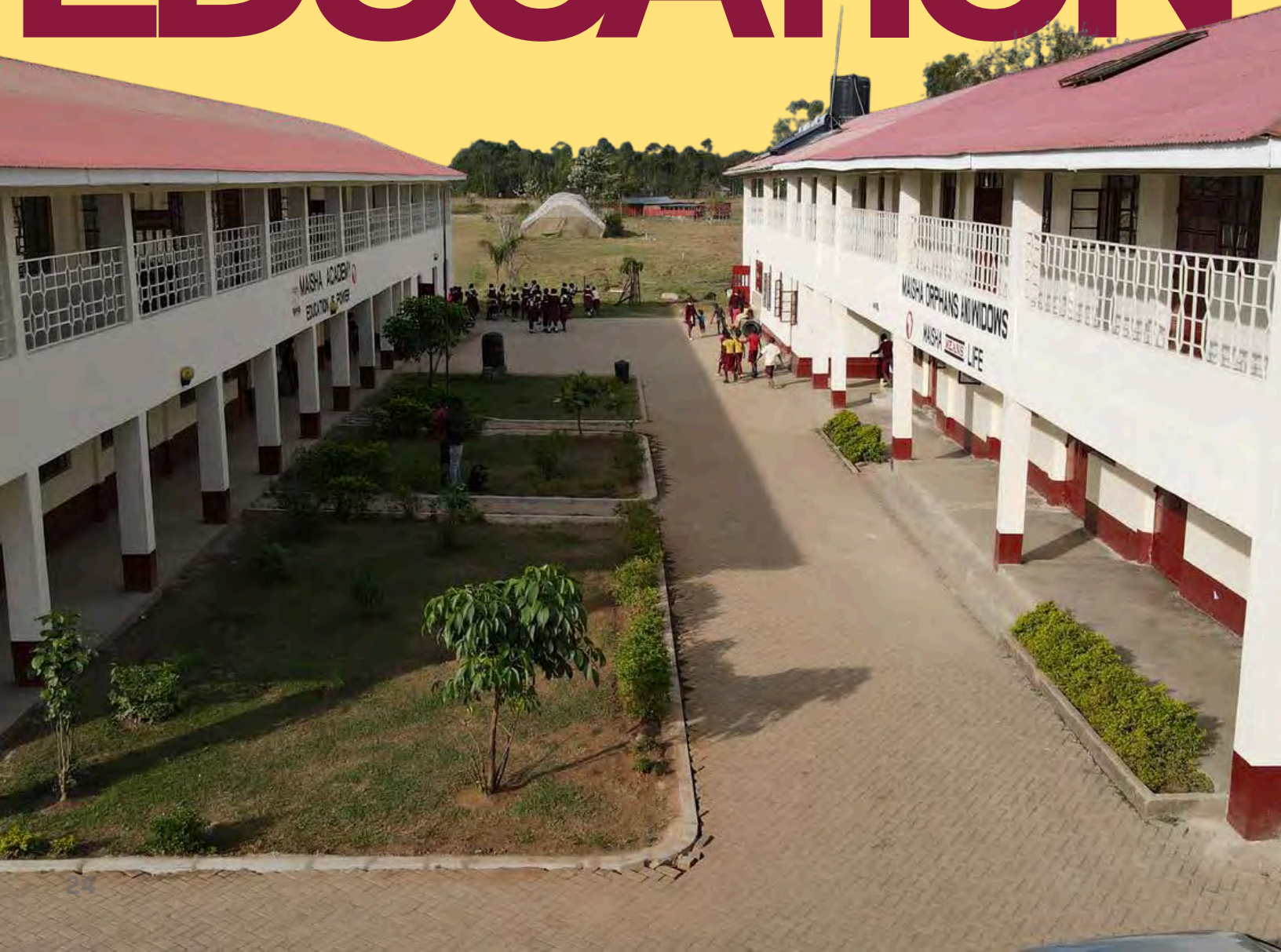
In the context of the 2025 Impact Report, Linda’s experience reflects Maisha’s education pillar in action. It demonstrates how long-term collaboration across donors, mentors, and local leadership produces outcomes that extend beyond individual achievement into community-level transformation.

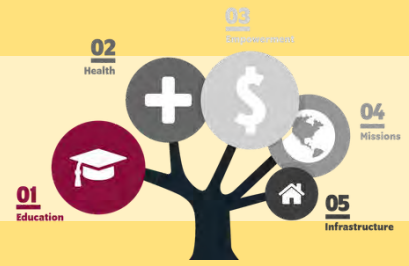
*LINDA WANJIRA  
EDUCATION, LEADERSHIP,  
AND LONG-TERM IMPACT*



# PILLAR 1

# EDUCATION





# EDUCATION:

# BUILDING THE FOUNDATIONS



# FOR LIFELONG OPPORTUNITY

The education pillar pursues two core objectives:

- Ensuring consistent school attendance and retention among vulnerable children, particularly those from food-insecure households, and
- Improving learning readiness, educational progression, and long-term attainment through holistic academic and non-academic support.



# EDUCATION

## 2.1. Strategic Intent

Education is the foundation of Maisha’s work and the entry point through which long-term transformation begins. The education pillar addresses the structural and interconnected barriers that prevent children from accessing, remaining in, and succeeding within formal education systems.

MAISHA RECOGNIZES THAT LEARNING OUTCOMES ARE NOT SHAPED BY CLASSROOM INSTRUCTION ALONE. **HUNGER, POOR HEALTH, UNSAFE WATER, INADEQUATE INFRASTRUCTURE, AND PSYCHOSOCIAL STRESS** ALL DIRECTLY UNDERMINE A CHILD’S ABILITY TO ATTEND SCHOOL CONSISTENTLY AND TO LEARN EFFECTIVELY. IN RESPONSE, MAISHA ADOPTS A **WHOLE-CHILD, ECOSYSTEM-BASED EDUCATION MODEL** THAT INTEGRATES SCHOOLING WITH **NUTRITION, HEALTH, WATER AND SANITATION, MENTORSHIP, AND SAFE LEARNING ENVIRONMENTS.**

Maisha’s U.S. platform complements this work by mobilizing volunteers, partners, and sustained supporter relationships that strengthen the resourcing and continuity of Kenya-based education delivery, particularly school feeding, student support, and learning-environment improvements.

# EDUCATION

## 2.2. Core Programs and Activities

Maisha's education interventions combine direct service delivery with enabling support systems that reduce both the direct and indirect costs of schooling for families. Core activities include:

- **Operation and support of learning institutions serving vulnerable children.**
- **A large-scale school feeding program providing daily meals to enrolled students.**
- **Provision of safe water, sanitation, and hygiene (WASH) facilities within school environments.**
- **Targeted investments in classrooms, kitchens, and learning infrastructure.**
- **Holistic student support, including sponsorships, mentorship, and psychosocial care.**



Together, these activities ensure that children are not only enrolled in school but are physically, emotionally, and cognitively prepared to learn. Where relevant for partner reporting, Maisha also links U.S.-based engagement to education sustainability by reporting volunteer participation and partnership development as enabling inputs to Kenya-based delivery.

# EDUCATION

## 2.3. Program Components

### 2.3.1. MAISHA ACADEMY

A model school delivering high-quality education alongside nutrition, mentorship, and holistic child development. The Academy serves Early Childhood Development (ECD) through primary grades and provides structured transition support into secondary education.

### 2.3.2. STUDENT SPONSORSHIP PROGRAM

A comprehensive sponsorship system linking donors directly to students and covering school fees, uniforms, meals, medical care, and emotional support. The program is managed through eTapestry and HelpYouSponsor, ensuring transparency, accountability, and regular communication with sponsors. For 2026 reporting, Maisha will strengthen sponsor and engagement reporting by distinguishing donor, volunteer, and partner participation within the U.S. platform where feasible.



### 2.3.3. MENTORSHIP AND CHARACTER DEVELOPMENT

Weekly mentorship sessions focused on life skills, faith-based values, leadership development, and psychosocial wellbeing. This component plays a critical role in student confidence, resilience, and long-term aspiration.

# EDUCATION

## 2.3. Program Components



### 2.3.4. AFTER-SCHOOL AND LITERACY SUPPORT

Targeted academic support, including tutoring, remedial classes, reading clubs, sports clubs, and library access, is designed to reinforce classroom learning and close achievement gaps.

### 2.3.5. HIGH SCHOOL PROGRAM

Scholarship and follow-up support ensuring that sponsored students successfully transition to and complete secondary education, with continued academic and psychosocial monitoring.

### 2.3.6. VOCATIONAL AND SKILLS TRAINING

Technical skills development in agriculture-based enterprise and Information and Communication Technology (ICT), providing older students with practical pathways into employment and self-reliance.



# EDUCATION

## 2.4 - 2.5. Target Populations + Key Outputs and Outcomes

Maisha's education results demonstrate both scale and continuity of impact:

- **Thousands of children are supported through sustained access to schooling.**
- **Millions of meals served, significantly reducing hunger-related and health-related absenteeism while improving overall nutrition.**
- **Improved attendance and retention, particularly among younger learners and children from food-insecure households.**
- **Enhanced learning environments through upgraded classrooms, kitchens, and WASH facilities.**

### TARGET POPULATIONS:

- Primary and secondary school students from low-income households.
- Orphaned and vulnerable children.
- Families affected by food insecurity, where hunger directly constrains school attendance and performance.

While standardized learning outcome measurement remains an area for continued strengthening, qualitative feedback from teachers, caregivers, and school administrators consistently links nutrition, infrastructure improvements, and water access to improved student concentration, engagement, and attendance. In 2026, Maisha will further strengthen education reporting by increasing clarity on what is directly measured versus proxy-based, and by improving consistency in documentation across schools and cohorts where feasible.

# EDUCATION

## 2.6. 2025 Education Impact Highlights

10,000+

STUDENTS  
REACHED  
THROUGH  
COMMUNITY  
OUTREACH  
PROGRAMS,  
2025

94%

LITERACY &  
NUMERACY GAINS,  
MAISHA ACADEMY

2,300+

STUDENTS WITH ACCESS  
TO SAFE WATER

96%

ANNUAL  
RETENTION  
RATE,  
MAISHA  
ACADEMY

SROI

2.81x

1:11

TEACHER-STUDENT  
RATIO, MAISHA  
ACADEMY

1,500+

SCHOLARSHIPS  
PROVIDED

+31%

ATTENDANCE  
IMPROVEMENT,  
MAISHA ACADEMY

3,350

STUDENTS ENROLLED  
IN THE MAISHA  
ACADEMY\*

1,582

TOTAL STUDENTS  
ENROLLED THROUGH  
LEGACY OF HOPE

9,689+

CHILDREN ON THE DAILY FEEDING PROGRAM

Learning and performance indicators reflect Maisha's internal monitoring systems and school-based records; Maisha is strengthening assessment consistency and documentation protocols as part of its 2026 MEL improvements.

\*Rolling annual total since 2012.

# EDUCATION

## 2.7 - 2.8. Outcomes and Impact + Evidence and Measurement

### Learning Outcomes

- Average literacy and numeracy scores increased by 94%.
- Students consistently outperform regional benchmarks.
- Nutritionally supported children demonstrate 30 to 40 percent stronger performance in cognitive tasks.

### Gender Equity

- Equal participation of girls and boys across programs.
- Reduced absenteeism due to WASH improvements and menstrual hygiene support.

### Holistic Development

- Students demonstrate improved confidence, leadership, and social skills.
- Mentorship programs increased self-reported well-being by 40%.

Maisha's U.S. platform supports continuity of education delivery by sustaining volunteer and partner relationships that contribute to program stability, and by strengthening Maisha's public trust and partnership readiness for multi-year support.

Education outputs are tracked through enrollment records, feeding program logs, sponsorship data, and facility usage records. Outcome-level monitoring focuses on attendance, retention, progression, and selected learning indicators. Maisha recognizes the importance of aligning education measurement with global best practice and is actively strengthening learning assessments and cohort-based tracking to deepen longitudinal analysis over time. For 2026, priority improvements include clearer documentation of assessment methods, disaggregation where feasible, and consistent recordkeeping across schools and outreach contexts.



# EDUCATION

## 2.9. Global Reporting Alignment

Impact indicators are aligned with international benchmarks. GRI refers to the Global Reporting Initiative metric. SDG refers to the 17 United Nations Sustainable Development Goals.

Indicator	GRI Standard	SDG
Students Enrolled	GRI 404	SDG 4
Retention Rate	GRI 404	SDG 4
Attendance improvement	GRI 404	SDG 4
School meals served	GRI 413	SDG 2
Literacy & numeracy gains	GRI 404	SDG 4
Students with access to safe water	GRI 413	SDG 6
Teacher-student ratio	GRI 404	SDG 4

## PILLAR 2

# HEALTH





# HEALTH:

## IMPROVING ACCESS TO



# PRIMARY HEALTHCARE NUTRITION CLEAN WATER

The objective of the health pillar is to:

- Reduce preventable illness, strengthen primary healthcare access, and improve long-term wellbeing, particularly among children, women, and underserved households.
- In parallel, Maisha's United States platform supports the continuity and scalability of Kenya-based health outcomes by mobilizing volunteers, partners, and public-facing engagement that sustains clinic operations, WASH investments, and nutrition-linked programming across the integrated model.



# HEALTH

## 3.1 - 3.2. Strategic Intent + Core Programs and Activities

Maisha's health pillar addresses one of the most persistent barriers to human development: preventable illness and chronic health vulnerability. In communities where access to affordable, quality healthcare is limited, poor health directly undermines children's ability to learn, adults' ability to work, and households' overall resilience.

Maisha recognizes that health outcomes are deeply interconnected with education, nutrition, water access, and economic stability. The health pillar is therefore designed to complement Maisha's education and empowerment work, ensuring that individuals are physically able to attend school consistently, participate in livelihoods, and engage fully in community life.

### 3.2. Core Programs and Activities

Maisha delivers integrated health services that combine clinical care, prevention, nutrition, and WASH interventions. Core activities include:

- Delivery of primary healthcare services through fixed clinics and mobile outreach.
- Preventive and basic curative care for common and avoidable illnesses.
- Nutrition programs targeting vulnerable populations, particularly children enrolled in school feeding initiatives.
- Expansion of access to clean and reliable water through harvesting, storage, and filtration systems.
- Community health education focused on hygiene, disease prevention, and maternal and child health.

These services are intentionally integrated with Maisha's education and infrastructure investments to maximize cross-pillar impact and ensure continuity of care.

# HEALTH

## 3.3 - 3.4. The Maisha Health Ecosystem + Program Components

Health interventions are delivered through a coordinated ecosystem that includes:

- **The Maisha Medical Clinic**
- **Mobile health camps and school-based outreach**
- **School health screening and deworming programs**
- **Community health education initiatives**
- **Nutrition programs, implemented in partnership with the Agriculture Center**
- **Water, Sanitation, and Hygiene (WASH) infrastructure and training**

Together, these components address both the immediate and underlying drivers of poor health in Nyalenda and Kisumu East.

### 3.4. Program Components

#### 3.4.1. THE MAISHA MEDICAL CLINIC

The Maisha Medical Clinic serves community members who would otherwise have limited access to affordable, quality healthcare. Core services include:

- **Outpatient consultations**
- **Treatment of malaria, respiratory infections, and diarrheal disease**
- **Maternal and child health services**
- **Health counseling and preventive care**

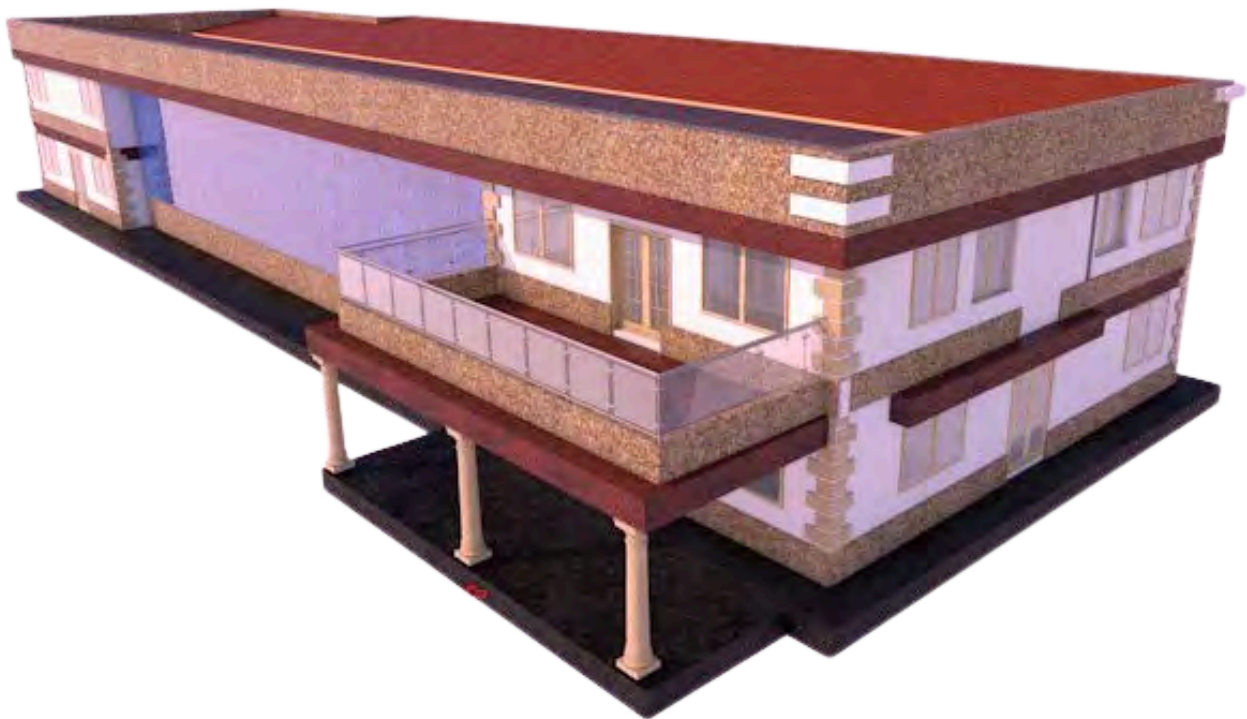
The clinic is staffed by licensed Kenyan nurses and community health workers, supported by visiting mission-based medical professionals.



# HEALTH

## 3.4. Program Components

Maisha is transitioning its existing medical clinic into a Level 4A hospital to meet sustained demand for first-referral health services in Nyalenda and Kisumu East, with the goal of achieving full service delivery capacity by 2027. The expansion is phased to ensure operational readiness, clinical quality, and financial sustainability before full commissioning.



Upon full opening, the Level 4A hospital will deliver the following core services on a daily basis:

- **Outpatient services for acute and chronic conditions, including malaria, respiratory infections, gastrointestinal illness, and routine follow-up care.**
- **Maternal and newborn health services, including antenatal care, skilled facility-based deliveries, postnatal follow-up, and early childhood services.**
- **Immunization and preventive health services aligned with Ministry of Health schedules, including Polio, HPV, Tetanus, TB, and deworming campaigns.**
- **Basic laboratory and diagnostic services to support outpatient and maternal care.**
- **Structured referral coordination for cases requiring advanced diagnostics or surgical intervention at higher-level facilities.**

# HEALTH

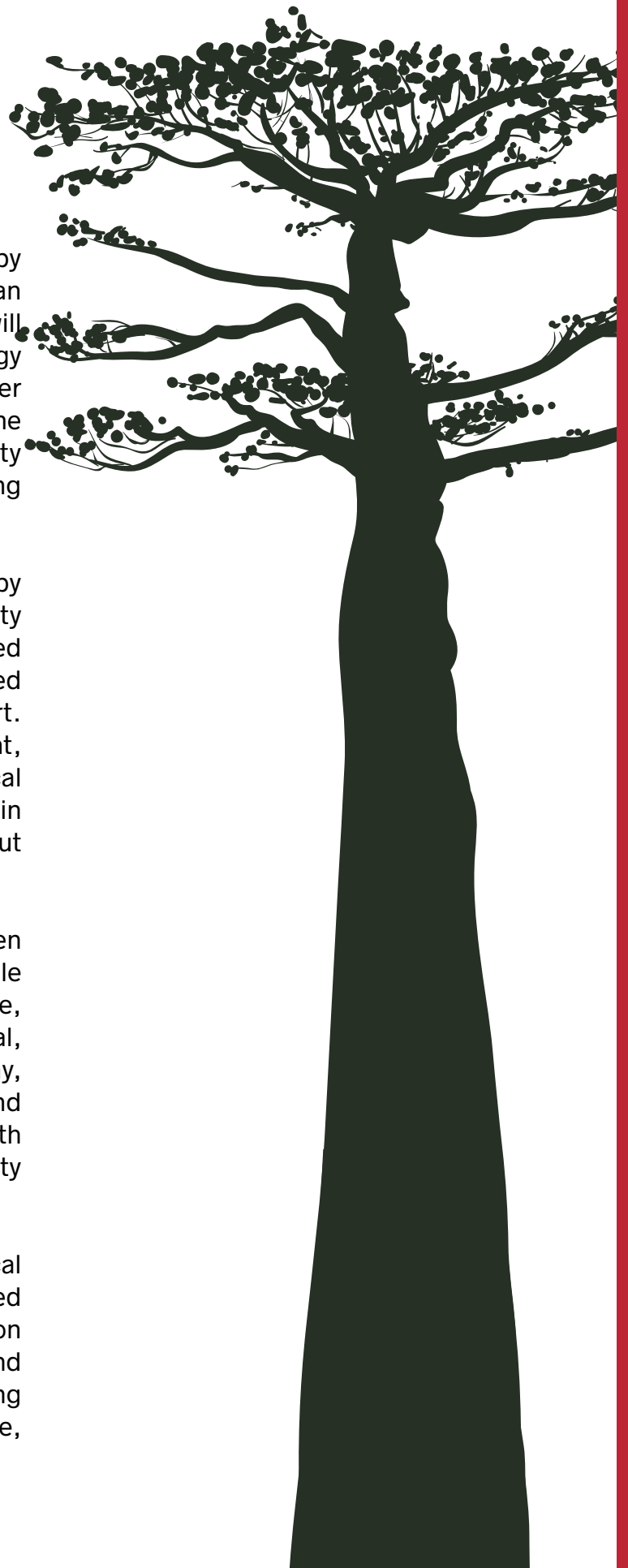
## 3.4. Program Components

Service delivery is underpinned by reliability-focused infrastructure rather than physical expansion alone. The hospital will be equipped with a dedicated solar energy system sized to ensure uninterrupted power for clinical lighting, cold-chain vaccine storage, laboratory diagnostics, maternity wards, and digital recordkeeping, mitigating grid instability risks.

Clinical care will be delivered primarily by licensed Kenyan nurses and community health workers, with visiting mission-based medical professionals providing targeted mentorship, training, and surge support. Phasing aligns workforce development, equipment procurement, pharmaceutical supply, and power capacity to maintain patient safety and care quality throughout expansion.

Beginning in 2026, Maisha will strengthen clinic reporting systems to enable disaggregation of service volumes by age, sex, service line (outpatient, maternal, immunization), and referral pathway, supporting operational planning and alignment with county and national health reporting frameworks as the facility approaches full operation in 2027.

This Level 4A hospital functions as a critical service backbone within Maisha's integrated model, directly supporting education continuity, nutrition outcomes, and household economic stability by reducing preventable illness, travel distance for care, and out-of-pocket health expenditures.



# HEALTH

## 3.4. Program Components

### 3.4.2. MOBILE HEALTH CLINICS

Mobile clinics extend healthcare access to schools and underserved neighborhoods, reducing geographic and financial barriers. Services include:

- Immunizations
- Deworming
- Health screenings
- Health education sessions
- Nutrition counseling

Each mobile clinic reaches an estimated 250–300 individuals annually.

### 3.4.3. NUTRITION AND FEEDING PROGRAM

Powered by the Maisha Synotropic Agroforestry Center, Maisha’s nutrition program ensures children have access to balanced, regular meals that support physical growth and cognitive development.

Documented benefits include:

- Increased energy and classroom attention
- Improved test performance
- Stronger immunity and reduced illness
- Reduced absenteeism and dropout rates



# HEALTH

## 3.4. Program Components

### 3.4.4. **MATERNAL AND CHILD HEALTH**

Maternal and child health workshops and clinic services support pregnant women and mothers of infants through:

- **Antenatal education**
- **Breastfeeding and infant nutrition guidance**
- **Early childhood health monitoring**

Outcomes indicate improved health knowledge and increased uptake of prenatal care.



# HEALTH

## 3.4. Program Components



### 3.4.5. **WATER, SANITATION, AND HYGIENE (WASH)**

WASH interventions reduce disease transmission while improving dignity and daily well-being. Core components include:

- **Rainwater harvesting systems**
- **Water storage tanks**
- **Household and school-level water filtration**
- **Handwashing stations**
- **Community WASH education and training**

Recent infrastructure investments have significantly expanded reliable water access and hygiene compliance in schools and community facilities.

# HEALTH

## 3.5 - 3.6. Target Populations + Key Outputs and Outcomes

Health-related results demonstrate scale, continuity, and integration of service delivery:

- **Thousands of individuals access primary healthcare services annually.**
- **Expanded access to clean water for thousands of community members.**
- **Reported reductions in waterborne and preventable illnesses.**
- **Reduced school absenteeism linked to improved health and nutrition.**

### TARGET POPULATIONS:

- Children and families with limited access to formal healthcare services.
- Communities facing water scarcity or unsafe water sources.
- Pregnant women, nursing mothers, and victims of the AIDS pandemic.

While some outcomes rely on proxy indicators and service utilization data, the sustained volume of care underscores Maisha's role as a critical access point for primary health services in underserved communities.

# HEALTH

## 3.7. 2025 Health Impact Highlights

# 100,800

CLINIC  
PATIENTS  
TREATED  
SINCE 2013

**12,000**

PEOPLE  
REACHED VIA  
WATER ACCESS

**180**

MATERNAL  
DELIVERIES AT  
MAISHA CLINIC  
SINCE 2021

**22,000**

COMMUNITY  
MEMBERS SERVED  
SINCE 2007, MAISHA  
MEDICAL CAMP

**900**

MAISHA CLINIC  
NUTRITION  
PROGRAM  
BODY MASS  
INDEX (BMI)  
IMPROVEMENT  
SINCE 2017

**1153**

TOTAL PEOPLE  
DEWORMED\*

SROI  
**12.6x**

MAISHA SERVES  
AS A CENTER FOR  
POLIO, HPV, TETANUS,  
AND TB, ADMINISTERING  
AND CONDUCTING CAMPAIGNS.

**318**

HPV

**705**

POLIO

**104**

TUBER-  
CULOSIS

**242**

TETANUS

1066 PEOPLE TESTED  
FOR HIV SINCE 2020, WITH  
**18 PATIENTS**  
CURRENTLY IN THE  
PROGRAMME.

TOTAL IMMUNIZATIONS

\*Deworming campaigns run twice a year since inception

# HEALTH

## 3.8 - 3.9. Outcomes and Impact + Evidence and Measurement

### Learning Outcomes

- Reduced illness burden improves school attendance and learning outcomes.
- Households spend less on healthcare, improving financial stability.
- Women report greater confidence in managing child and household health.

### Intergenerational Impact

Healthy children are more likely to:

- Attend school consistently
- Learn effectively
- Become productive adults
- Raise healthier families

These dynamics form a critical pathway through which cycles of poverty are broken. Maisha presents these outcomes as contribution pathways supported by plausible mechanisms and internal service volume data, rather than as causal estimates unless the organization has a defined counterfactual, baseline-to-endline design, or validated evaluation approach for a given intervention.

Health data is collected through clinic registers, mobile outreach logs, WASH usage records, and program enrollment lists. Maisha continues to strengthen its health information systems to improve diagnostic tracking, outcome monitoring, and alignment with national health data where feasible.



Priority areas for continued improvement include:

- **Greater disaggregation by age and gender**
- **Stronger morbidity and prevention outcome tracking**
- **Improved longitudinal monitoring of nutrition and maternal health outcomes**

# HEALTH

## 3.10. Global Reporting Alignment

Indicator	GRI Standard	SDG
Clinic patients treated	GRI 403	SDG 3
Immunizations delivered	GRI 403	SDG 3
Maternal Deliveries	GRI 403	SDG 3
Community medical camps	GRI 413	SDG 3
People with access to clean water	GRI 303	SDG 6
Nutrition program enrollment	GRI 403	SDG 3

Impact indicators are aligned with international benchmarks. GRI refers to the Global Reporting Initiative metric. SDG refers to the 17 United Nations Sustainable Development Goals.

# HEALTH

## 3.11. Cross-Pillar Linkages (Education & Health)

Education and health outcomes are mutually reinforcing within the Maisha ecosystem. School feeding and nutrition programs improve learning readiness; water and sanitation investments reduce illness-related absenteeism; and healthcare access supports household stability. Together, these pillars form the foundation upon which empowerment, missions, and infrastructure interventions build.

### EDUCATION

Improving access, retention, and learning outcomes through schooling support, feeding programs, and safe learning environments.

### HEALTH

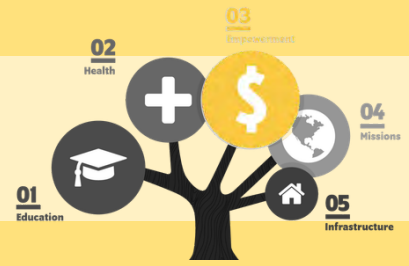
Expanding access to primary healthcare, nutrition, and clean water to reduce preventable illness and improve wellbeing.

Maisha’s U.S. engagement model strengthens this cross-pillar linkage by enabling repeat volunteer participation, partner continuity, and sustained resource flows that support the clinic, WASH infrastructure, and nutrition-linked education programming over time, without shifting implementation authority away from Kenyan leadership.

PILLAR 3

# EMPOWERMENT





# EMPOWERMENT:



# STRENGTHENING ECONOMIC AGENCY FOR UNDERSERVED COMMUNITIES



The objective of the empowerment pillar is to provide small business loans to families and empowers the local staff to initiate community-wide sustainability efforts.

# EMPOWERMENT

## 4.1. Strategic Intent

Maisha's empowerment pillar focuses on strengthening the economic agency and adaptive capacity of individuals and households, with particular emphasis on women, youth, and caregivers who face structural barriers to income generation and asset accumulation. Economic vulnerability is a cross-cutting driver of poor outcomes in education, health, and nutrition, and without targeted interventions, short-term humanitarian gains are difficult to sustain.

Maisha approaches empowerment as a pathway to dignity, self-determination, and long-term resilience rather than as short-term income support. Programs are designed to build practical skills, confidence, and access to productive opportunities that enable households to stabilize consumption, invest in education and health, and reduce reliance on external aid.

Maisha's United States platform supports this pillar indirectly by mobilizing resources, technical expertise, and long-term partners that enable vocational training, agricultural enterprise development, and women's economic programming to operate consistently and scale responsibly over time.



# EMPOWERMENT

## 4.2. Core Programs and Activities

Empowerment initiatives focus on practical skills, confidence-building, and access to financial tools, rather than short-term income transfers. Core activities include:

- **Skills and enterprise training for entrepreneurs.**
- **Support for micro- and small-business start-up and early-stage stabilization.**
- **Facilitation of Voluntary Savings and Loan Associations (VSLAs) to promote savings, access to capital, and shared financial responsibility.**
- **Vocational training linked to employability and certification pathways.**
- **Ongoing mentorship and peer support for enterprise and career development.**

These interventions are intentionally structured to build long-term economic capacity rather than dependency.

### AGRICULTURE & EMPOWERMENT INTRODUCTION

It is with purpose and responsibility that I introduce the agriculture and empowerment work reflected in this 2025 Impact Report.

Maisha's agriculture platform was designed not as a standalone intervention, but as a system that connects food production, nutrition, education, and livelihoods into a single, reinforcing framework. From school feeding to vocational training and smallholder enterprise, agriculture is positioned as both a social and economic foundation for long-term resilience.

In 2025, this approach translated into tangible outcomes. Thousands of daily school meals were supplied through locally informed production systems. Vocational agriculture training contributed to job placement and income diversification. Farmers, staff, and learners collaborated to link land stewardship with education access and household stability.

My role has focused on aligning these initiatives across partners, communities, and institutions, ensuring that agriculture contributes directly to measurable outcomes while remaining locally led. As Maisha looks toward 2026, agriculture will continue to serve as a bridge between nutrition security, youth employability, and sustainable community development, grounded in collaboration, evidence, and shared accountability.



A handwritten signature in black ink, appearing to be 'J. Breit'.

Jacob Breit  
Director of Development

# EMPOWERMENT

## 4.3. Program Components

### 4.3.1. AGRIBUSINESS AND VOCATIONAL SKILLS TRAINING

Maisha delivers hands-on training in climate-smart agriculture, agribusiness management, and vocational skills that are directly relevant to local market conditions. Training is embedded within the Maisha Agroforestry and Agriculture Center and linked to school feeding, clinic nutrition, and community food supply chains.

Key elements include:

- **Practical agricultural production skills**
- **Post-harvest handling and value addition**
- **Basic bookkeeping and enterprise planning**
- **Market linkage awareness and cooperative engagement**

### 4.3.2. WOMEN'S ECONOMIC EMPOWERMENT

Women-focused empowerment programs aim to increase financial independence, decision-making power, and household resilience. Activities include:

- **Skills training for small-scale enterprise and agriculture**
- **Group-based savings mechanisms**
- **Financial literacy and household budgeting education**
- **Peer mentoring and leadership development**

Evidence from global literature demonstrates that women's access to income and assets is strongly correlated with improved child nutrition, school attendance, and health outcomes. Maisha's programming is designed to activate these pathways in a locally grounded, culturally appropriate manner.<sup>1</sup>



### 4.3.3. YOUTH SKILLS AND TRANSITION PATHWAYS

For older students and out-of-school youth, Maisha integrates skills development with mentorship and exposure to vocational and entrepreneurial pathways. Programming prioritizes:

- **Employability and life skills**
- **Exposure to agriculture-based enterprise opportunities**
- **Transition support from education into livelihoods**

<sup>1</sup> World Bank, Women, Business and the Law, 2024: <https://wbi.worldbank.org/>, FAO, The State of Food and Agriculture, 2023: <https://www.fao.org/publications/sofa/en/>

# EMPOWERMENT

4.4 - 4.5. Target Populations + Key Outputs and Outcomes

Empowerment results demonstrate early-stage economic stabilization and capacity building:

- **Thousands of individuals trained through vocational and agribusiness programs over time**
- **Increased participation of women in income-generating activities**
- **Improved household food availability through integrated agriculture programming**
- **Greater confidence and agency reported by women and youth participants**

## TARGET POPULATIONS:

- Women caregivers managing household food security and income
- Youth transitioning out of formal education
- Households engaged in smallholder agriculture
- Individuals participating in Maisha's education and nutrition ecosystem

Where income-related outcomes are reported, Maisha distinguishes between self-reported income change, production-linked proxies, and verified income records, in line with good practice guidance on responsible income measurement.



# EMPOWERMENT

## 4.6. 2025 Empowerment Impact Highlights

AVG. INCOME INCREASE  
AFTER LAUNCH OF  
MICROBUSINESS

**42%**

JOB PLACEMENT  
IN THE  
AGRIBUSINESS  
SECTOR AFTER  
GRADUATION

**88%**

JOB PLACEMENT OF  
MAISHA ALUMNI AT  
MAISHA

**4%**

MARKET LINKAGES  
CREATED

**40%**

MAISHA  
AGRIBUSINESS  
VOCATIONAL  
GRADUATES

**9**

DIGITAL LITERACY TRAINING  
HOURS, MAISHA ACADEMY  
STUDENTS, HOURS

**12,690**

WOMEN TRAINED  
THROUGH  
ENTREPRENEURSHI  
P PROGRAM

**540**

ENTREPRENEURS  
SUPPORTED  
THROUGH THE  
MICROBUSINESSES  
LAUNCHED

**220**

VOLUNTARY SAVINGS AND  
LOANS ASSOCIATIONS (VSLA)  
SAVINGS, ALLOCATION TO  
DATE

**\$30,000**

SROI

**0.90x**



*Income and food-security outcomes are based on participant self-report and program monitoring tools; Maisha is strengthening follow-up mechanisms to improve verification and longitudinal tracking in 2026.*

# EMPOWERMENT

4.7 - 4.8. Outcomes and Impact + Evidence and Measurement

## Household Resilience Empowerment

Programming contributes to:

- Reduced vulnerability to food price shocks
- Greater capacity to absorb health or education-related expenses
- Increased agency in household decision-making

## Gender and Social Equity

- Women demonstrate increased confidence and participation in household economic decisions
- Youth report improved readiness for livelihoods or further training

## Intergenerational Effects

- Economic stability at the household level supports sustained school attendance, improved nutrition, and healthier living conditions for children, reinforcing gains across Maisha's integrated model.



Empowerment data is collected through training records, VSLA ledgers, and participant follow-up. Outcome measurement currently focuses on participation rates, enterprise initiation, and reported income changes.

Priority 2026 areas for strengthening include:

- **Clear indicator definitions for income, production, and food security proxies**
- **Periodic follow-up surveys with training graduates**
- **Improved documentation of women's participation and leadership roles**

These improvements will further strengthen the evidence base for economic impact over time.

# EMPOWERMENT

## 4.9. Global Reporting Alignment

Indicator	GRI Standard	SDG
Women trained	GRI 404	SDG 5
Microenterprises launched	GRI 203	SDG 8
Average income increase	GRI 203	SDG 1
VSLA savings mobilized	GRI 203	SDG 8
Vocational graduates	GRI 404	SDG 8
Job placement rate	GRI 203	SDG 8

Impact indicators are aligned with international benchmarks. GRI refers to the Global Reporting Initiative metric. SDG refers to the 17 United Nations Sustainable Development Goals.

# EMPOWERMENT

## 4.10. Cross-Pillar Linkages

Empowerment outcomes reinforce and are reinforced by other pillars:

### EDUCATION

Education gains are sustained when households can afford fees and reduce child labor pressures

### HEALTH

Health outcomes improve as households can finance care and nutrition

### INFRASTRUCTURE

Infrastructure investments enable productive economic activity

Maisha's U.S. engagement model supports empowerment outcomes by enabling multi-year partnerships, mobilizing skills-based volunteers where appropriate, and sustaining the institutional capacity required for vocational and economic programming without displacing Kenyan leadership or community ownership.



## MAISHA ALUMNI HIGHLIGHT



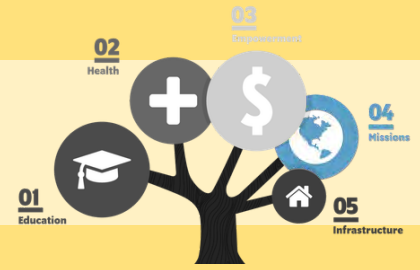
*Kennedy Otieno*

**KENNEDY OTIENO** joined Maisha after the loss of both parents, at a moment when stability and structure were critical. Through consistent access to education, nutrition, and mentorship, he completed his schooling and entered public service. Now serving as a Police Officer, Kennedy represents the downstream outcomes of long-term, values-based support. His path underscores how social stability, education, and psychosocial care reinforce one another to produce civic leadership. Kennedy's experience demonstrates that investments in childhood resilience contribute directly to community safety, trust, and institutional strength.

PILLAR 4

# MISSIONS





# MISSIONS:

# BUILDING LEADERSHIP,



# PSYCHOSOCIAL WELLBEING, AND COMMUNITY COHESION

The objective of the empowerment pillar is to partner like-minded visitors with local staff to bring support, resources and tools to facilitate lasting solutions for the advancement of the community.



# MISSIONS

## 5.1 - 5.2. Strategic Intent + Core Programs and Activities

Maisha's missions pillar focuses on **strengthening individual dignity, psychosocial wellbeing, leadership capacity, and cross-cultural solidarity**. Missions programming is designed to support both Kenyan communities and Maisha's broader ecosystem of volunteers, partners, and supporters by fostering values-based engagement, mutual learning, and long-term relationship building.

Maisha approaches missions not as short-term service activity, but as a **structured pathway** for leadership development, community accompaniment, and ethical cross-cultural exchange. Programming emphasizes humility, accountability, cultural respect, and sustained commitment rather than one-time engagement.

The missions pillar also serves as the primary interface between Maisha's Kenya-based programs and its United States platform, enabling **domestic community engagement, volunteer mobilization, internships, and public outreach** that reinforce Maisha's integrated development model.

Missions activities are organized around leadership formation, psychosocial support, and cross-cultural engagement. Core activities include:

- **Community-based mentorship and psychosocial support programs in Kenya**
- **Faith-informed leadership development and character formation**
- **Short-term and long-term volunteer engagement aligned with community priorities**
- **Structured internship and learning pathways for university students**
- **Public speaking, awareness-building, and community engagement events in the United States**

These activities are designed to strengthen both local capacity in Kenya and institutional sustainability through responsible engagement in the United States.

# MISSIONS

## 5.3. The Missions Pillar Overview

Maisha's missions pillar recognizes that transformation is not only physical, but also emotional, relational, and spiritual. Programs create spaces for healing, leadership formation, and collective identity, contributing to resilience at both individual and community levels.

The missions ecosystem includes:

- **Mission teams**
- **Light the Future Choir**
- **Faith-based outreach and community evangelism**
- **Youth and leadership development**
- **Grief counseling and emotional support**
- **Cultural exchange and community-building events**



# MISSIONS

## 5.4. Program Components

### 5.4.1. MISSION TEAMS

Local and international mission teams provide services and support that complement Maisha's core programs.

Activities include:

- Medical care and health outreach
- Construction and infrastructure support
- School-based activities and tutoring
- Youth mentoring and leadership development
- Skills transfer and capacity building

Mission teams strengthen community ties while providing specialized expertise that may not be locally available. All mission engagements are aligned with community-identified priorities and coordinated through Maisha's Kenyan leadership.



### 5.4.2. LIGHT THE FUTURE CHOIR

A globally recognized children's choir that:

- Raises awareness of Kenyan children's needs
- Provides participants with music, leadership, and confidence-building opportunities
- Builds cross-cultural relationships and global partnerships
- Supports Maisha's sustainability through fundraising and advocacy



### 5.4.3. FAITH-BASED OUTREACH AND PSYCHOSOCIAL SUPPORT

Spiritual and emotional well-being is integrated through:

- Weekly devotionals and youth Bible studies
- Community worship and fellowship events
- Trauma-informed counseling and grief support

These interventions contribute to healing, hope, and a sense of belonging.



# MISSIONS

## 5.4. Program Components

### 5.4.4. LEADERSHIP DEVELOPMENT

Missions programming intentionally mentors Kenyan youth to become:

- Community leaders and role models
- Teachers, pastors, and social workers
- Program coordinators and future staff

Leadership development is viewed as a long-term investment in local ownership and continuity.



### 5.4.5. UNITED STATES-BASED MISSIONS ENGAGEMENT

In the United States, Maisha's missions pillar supports domestic community impact, volunteer development, and institutional sustainability through structured engagement activities. These include:

- Volunteer mobilization through meal-packing and service initiatives
- Internship placements for university students supporting operations, development, and communications
- Public speaking and community engagement events to raise awareness and accountability
- Homelessness-related outreach in Greater Oklahoma City



These activities are reported separately from Kenya-based missions to maintain clarity between service delivery and enabling support functions.

# MISSIONS

5.5 - 5.6. Target Populations + Key Outputs and Outcomes

Missions programming has generated:

- **Sustained engagement of youth in mentorship and leadership development**
- **Extensive volunteer participation and skills transfer over time**
- **Strengthened psychosocial support networks within communities**
- **Enhanced community cohesion and trust, as reflected in qualitative feedback**
- **High levels of repeat volunteer and partner engagement in the United States, supporting long-term organizational sustainability**

## TARGET

### POPULATIONS:

- Children and youth participating in mentorship and leadership activities
- Community members engaged through outreach and faith-based programs
- Volunteers contributing skills, time, and resources
- U.S.-based students, interns, and community participants engaged through structured service and learning pathways

While outcomes such as confidence, leadership capacity, and well-being are inherently qualitative, Maisha recognizes their critical role as enabling factors for education, livelihoods, and social stability.

# MISSIONS

5.7. 2025 Missions Impact Highlights

**20**

STRUCTURED PUBLIC  
SPEAKING AND  
ENGAGEMENT EVENTS  
IN THE U.S. IN 2025

**6 INTERNATIONAL  
VOLUNTEERS  
299 STUDENTS**

PARTICIPATED IN INTERNATIONAL  
LEADERSHIP MENTORSHIP PROGRAM

**600+**

U.S.-BASED VOLUNTEERS  
ENGAGED IN 2025

**104**

PARTICIPANTS IN  
MAISHA CHILDREN'S  
CULTURAL EXCHANGE  
PROGRAM, KENYA TO  
US, SINCE 2013

**1,200**

PEOPLE HOSTED  
ON MISSIONS

**50.4**

HOURS OF  
COUNSELING AND  
CAREER GUIDANCE  
PER MAISHA  
ACADEMY STUDENT

**1,500+**

PARTICIPANTS OF YOUTH  
EMPOWERMENT  
TRAINING

**50,400**

HOURS OF ON-GROUND  
INTERNATIONAL VOLUNTEER  
SKILL-TRANSFER IMPACT  
EVALUATION

**HUNDREDS**

OF HOME VISITS CONDUCTED

**0.63x**

SROI

# MISSIONS

5.8 - 5.9. Outcomes and Impact + Evidence and Measurement



## Community Outcomes

- Strengthened trust between Maisha and families.
- Increased engagement in education, health, and empowerment initiatives.
- Improved psychosocial well-being among youth and caregivers.

## Organizational Outcomes

- A strong and sustained volunteer pipeline.
- Expanded global supporter and donor networks.
- Skills transfer from mission teams to local staff.
- Increased visibility, credibility, and institutional resilience.
- Strengthened U.S.-based civic partnerships supporting program continuity and resource mobilization

Missions data is collected through participation records, volunteer engagement logs, and qualitative assessments, including narratives and feedback from beneficiaries and staff. Maisha continues to explore improved tools for capturing psychosocial and leadership outcomes, such as structured surveys and longitudinal narrative tracking.

U.S.-based participation data is currently tracked by activity type. As engagement expands, Maisha is investing in improved systems to better capture participation intensity, repeat engagement, and geographic distribution beginning in 2026.

# MISSIONS

## 5.10. Global Reporting Alignment

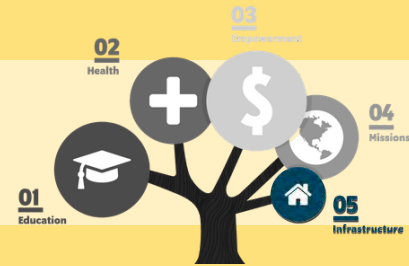
Indicator	GRI Standard	SDG
Mentorship participants	GRI 413	SDG 16
Volunteer hours contributed	GRI 404	SDG 17
Leadership & counseling hours	GRI 404	SDG 16
Mission participants hosted	GRI 413	SDG 17
Community outreach activities	GRI 413	SDG 16

Impact indicators are aligned with international benchmarks. GRI refers to the Global Reporting Initiative metric. SDG refers to the 17 United Nations Sustainable Development Goals.

## PILLAR 5

# INFRASTRUCTURE





# INFRASTRUCTURE:

# ENABLING SUSTAINABLE SERVICE DELIVERY



# AND COMMUNITY RESILIENCE

The objective of the infrastructure pillar is to create safe, functional, and resilient facilities that support Maisha’s five-pillar ecosystem and maximize the impact of social investments over time.



# INFRASTRUCTURE

## 6.1. Strategic Intent

Maisha’s infrastructure pillar provides the physical foundations that enable effective education, health, empowerment, and community services. In underserved communities, the absence of safe, reliable infrastructure is a major constraint on service delivery, learning outcomes, health access, and dignity.

Rather than viewing infrastructure as a standalone outcome, Maisha treats it as a strategic enabler, designed to strengthen program quality, ensure continuity of services, and support long-term resilience. Investments prioritize durability, local ownership, and alignment with community needs.

Infrastructure planning and sequencing are intentionally demand-led, informed by utilization data from education, health, and empowerment programs, rather than donor-driven capital expansion.



# INFRASTRUCTURE

## 6.2. Core Programs and Activities

Infrastructure interventions focus on building and maintaining assets that directly support service delivery. Core activities include:

- **Construction and rehabilitation of classrooms and learning facilities.**
- **Development of kitchens supporting large-scale school feeding programs.**
- **Construction and upgrading of health facilities and clinics.**
- **Installation of water harvesting, storage, and sanitation systems.**
- **Ongoing maintenance and upgrades to ensure long-term functionality.**
- **Incremental infrastructure expansion aligned with verified enrollment growth and service utilization thresholds**

These investments are designed in coordination with education, health, and empowerment programs to ensure infrastructure responds directly to service demand.



# INFRASTRUCTURE

## 6.3. The Infrastructure Ecosystem

Maisha's infrastructure portfolio supports education, health, nutrition, and water access across its operational areas. Facilities are developed with community participation and are integrated into daily service delivery rather than existing as isolated capital projects.

The infrastructure ecosystem includes:

- **Educational facilities (classrooms, libraries, kitchens)**
- **Health infrastructure (medical clinic and associated facilities)**
- **Water systems (rainwater harvesting, storage tanks, filtration)**
- **Sanitation and hygiene infrastructure (handwashing stations, latrines)**
- **Residential and support facilities where required**



The U.S. platform contributes indirectly to this ecosystem by mobilizing capital, technical expertise, and corporate partnerships that enable infrastructure delivery in Kenya, without direct involvement in construction or on-site management.

# INFRASTRUCTURE

## 6.4. Program Components

### 6.4.1. EDUCATION INFRASTRUCTURE

Education-related infrastructure ensures safe, functional learning environments. This includes:

- Construction and renovation of classrooms
- Kitchens supporting daily school feeding programs
- Libraries and learning support spaces

These investments reduce overcrowding, improve safety, and enhance learning conditions.



### 6.4.2. HEALTH INFRASTRUCTURE

Health facilities enable access to primary healthcare services. Key components include:

- The Maisha Medical Clinic
- Supporting facilities for maternal and child health
- Space for outreach and preventive care
- Infrastructure investments support the scale and quality of health service delivery.

# INFRASTRUCTURE

## 6.4. Program Components

### 6.4.3. WATER, SANITATION, AND HYGIENE (WASH)

WASH infrastructure underpins both health and education outcomes. Core elements include:

- Rainwater harvesting systems
- Water storage tanks and filtration units
- Handwashing stations and sanitation facilities

Reliable water access reduces disease burden and supports dignity and daily well-being.

### 6.4.4. SUPPORT AND RESIDENTIAL INFRASTRUCTURE

Where required, Maisha develops supporting infrastructure to ensure continuity of services, including:

- Staff and volunteer accommodation
- Storage and operational facilities

Residential facilities prioritize child safeguarding, safety, and retention outcomes, particularly for girls transitioning through upper primary education.



# INFRASTRUCTURE

6.5 – 6.6. Target Populations + Key Outputs and Outcomes

Infrastructure investments have delivered:

- **Improved capacity and quality of education and health services.**
- **Reliable water access for schools, clinics, and communities.**
- **Reduced service disruptions due to weather, overcrowding, or system failure.**
- **Safer, more dignified environments for learning, healthcare, and community engagement.**

## TARGET

### POPULATIONS:

- Students and educators using Maisha-supported learning facilities.
- Patients and healthcare workers accessing clinic services.
- Community members benefiting from water and sanitation infrastructure.
- Staff, volunteers, and program participants relying on support facilities.
- Students and educators using Maisha-supported learning facilities.

While infrastructure outcomes are often realized over long time horizons, their enabling role is reflected in improved program performance across all pillars.

# INFRASTRUCTURE

## 6.7. Infrastructure Impact Highlights



**12** MAISHA CLASSROOMS RENOVATED

**5** KITCHENS UPGRADED

**0.15x** SROI

**5** HANDWASHING STATIONS INSTALLED ON MAISHA CAMPUS

**3** TURKANA CLASSROOMS RENOVATED

**615** GIRLS HOUSED IN THE GIRLS' DORMITORY SINCE 2008

**282,500** GALLONS OF RAINWATER HARVESTED SINCE 2025

# INFRASTRUCTURE

6.8 – 6.9. Outcomes and Impact + Evidence and Measurement



## Service Delivery Outcomes

- Improved continuity and reliability of education and health services.
- Reduced overcrowding and infrastructure-related disruptions.
- Enhanced ability to scale programs without compromising quality.

## Community Outcomes

- Improved dignity, safety, and well-being.
- Increased community trust in Maisha-supported institutions.
- Stronger local ownership and stewardship of shared assets.

Infrastructure data is tracked through project completion reports, facility usage records, and maintenance logs. Outcome measurement focuses on utilization, service continuity, and integration with program delivery rather than short-term financial returns.

Maisha applies conservative assumptions when estimating infrastructure-related impact and prioritizes qualitative and operational indicators alongside quantitative metrics.

# INFRASTRUCTURE

## 6.10. Global Reporting Alignment

Indicator	GRI Standard	SDG
Classrooms constructed/renovated	GRI 203	SDG 4
Kitchens supporting feeding programs	GRI 203	SDG 2
Clinics and health facilities	GRI 413	SDG 3
Water harvesting systems	GRI 303	SDG 6
Handwashing & sanitation facilities	GRI 303	SDG 6

Impact indicators are aligned with international benchmarks. GRI refers to the Global Reporting Initiative metric. SDG refers to the 17 United Nations Sustainable Development Goals.

# INFRASTRUCTURE

## 6.11. Cross-Pillar Integration

Empowerment, missions, and infrastructure reinforce one another within the Maisha ecosystem. Infrastructure enables training, healthcare, and education delivery; empowerment increases household capacity to sustain gains; and missions strengthen the social and leadership fabric that underpins long-term resilience. Together, these pillars ensure that Maisha’s impact extends beyond service provision to durable community transformation.

**EMPOWERMENT** Increases household capacity to sustain gains.

**MISSIONS** Strengthen the social and leadership fabric that underpins long-term resilience.

Together, infrastructure investments function as long-horizon, low-attribution enablers that increase the effectiveness and durability of outcomes across all other pillars, rather than standalone impact drivers.





# **THEORY OF CHANGE**

**7.1 Problem Context and Assumptions**

**7.2 Inputs**

**7.3 Activities**

- **7.3.1 Core Programmatic Activities (Kenya)**
- **7.3.2 Enabling Activities (United States)**

**7.4 Outputs**

**7.5 Outcomes**

**7.6 Long-Term Impact**

**7.7 Adaptation and Learning**

# THEORY OF CHANGE

## 7.1. Problem Context and Assumptions

Maisha's Theory of Change reflects its core belief that sustainable development outcomes emerge from integrated, long-term interventions that address both immediate needs and structural constraints. Rather than treating education, health, livelihoods, social cohesion, and infrastructure as separate domains, Maisha's model is built on the interaction between these elements.

The Theory of Change articulates how Maisha's inputs and activities across five pillars combine to produce reinforcing outcomes at the individual, household, institutional, and community levels. This framework also distinguishes clearly between program delivery in Kenya and enabling functions provided through Maisha's U.S. platform, reducing attribution risk while strengthening explanatory clarity.

Maisha's Theory of Change is grounded in the recognition that poverty is multidimensional and self-reinforcing. Key assumptions underlying the model include:

- **Children cannot succeed educationally when hunger, illness, unsafe water, and psychosocial stress remain unaddressed.**
- **Economic empowerment is unlikely to be sustained without basic health, education, and infrastructure foundations.**
- **Community resilience depends on trust, leadership, and institutional continuity, not only service delivery.**
- **Infrastructure enables impact but does not generate outcomes independently of human and programmatic systems.**

These assumptions align with established systems-based development literature emphasizing integrated human capital investment rather than siloed interventions.\*

\*World Bank Human Capital Project: <https://www.worldbank.org/en/publication/human-capital>, UNICEF Integrated Programming Guidance: <https://www.unicef.org/evaluation/integrated-programming>

# THEORY OF CHANGE

## 7.2 - 7.3. Inputs + Activities

### 7.2. Inputs

Maisha's work is enabled through the following core inputs:

- Financial resources from donors, foundations, and institutional partners.
- Human capital, including Kenyan staff, educators, healthcare workers, trainers, and community volunteers.
- Physical assets such as classrooms, kitchens, clinics, water systems, and training facilities.
- Partnerships with local communities, schools, health authorities, faith institutions, and government actors.
- U.S.-based enabling inputs, including volunteer mobilization, intern placement, corporate and civic partnerships, public engagement, and unrestricted fundraising that sustains program delivery in Kenya.

### 7.3. Activities

#### 7.3.1 Core Programmatic Activities (Kenya)

Across its five pillars, Maisha undertakes the following activities:

- Delivery of education services and school feeding programs.
- Provision of primary healthcare, nutrition support, and water access.
- Skills training, enterprise support, and savings facilitation for women and youth.
- Mentorship, leadership development, and psychosocial support through missions programming.
- Construction, rehabilitation, and maintenance of enabling infrastructure.

#### 7.3.2 Enabling Activities (United States)

Maisha's U.S. platform undertakes enabling activities that support, but do not duplicate, Kenya-based program delivery:

- Volunteer and intern engagement aligned with missions and technical support.
- Public speaking, awareness-building, and community engagement.
- Institutional partnership development with schools, churches, corporations, and civic groups.
- Fundraising and unrestricted revenue generation supporting long-term program sustainability.

These activities are treated as upstream inputs rather than outcome-generating interventions within the Theory of Change.

# THEORY OF CHANGE

## 7.4 - 7.7. Outputs, Outcomes, Long-Term Impact, Adaptation and Learning

### 7.4. Outputs

These activities generate direct outputs, including:

- Children enrolled and retained in school.
- Meals provided and healthcare visits delivered.
- Individuals trained in income-generating and vocational skills.
- Volunteers engaged and mentorship sessions delivered.
- Functional educational, health, water, and sanitation facilities.

Outputs are tracked separately by geography where relevant to maintain transparency between Kenya-based services and U.S. engagement metrics.

### 7.5 Outcomes

Short- to medium-term outcomes include:

- Improved attendance, retention, and readiness to learn.
- Reduced incidence of preventable illness and improved well-being.
- Increased household income stability and financial inclusion.
- Strengthened psychosocial well-being, leadership capacity, and community trust.
- Improved continuity and quality of service delivery through reliable infrastructure.

U.S.-based outcomes are defined more narrowly as institutional strengthening outcomes, including improved financial stability, partnership density, volunteer retention, and public trust.

### 7.6 Long-Term Impact

Over time, these outcomes contribute to:

- Enhanced human capital and educational attainment.
- More resilient households with diversified livelihoods.
- Healthier communities with reduced vulnerability to shocks.
- Stronger local institutions and social cohesion.
- Intergenerational pathways out of poverty.

The Theory of Change explicitly avoids claiming linear or exclusive attribution between Maisha's interventions and long-term societal outcomes, instead positioning Maisha as a sustained contributor within a broader development ecosystem.

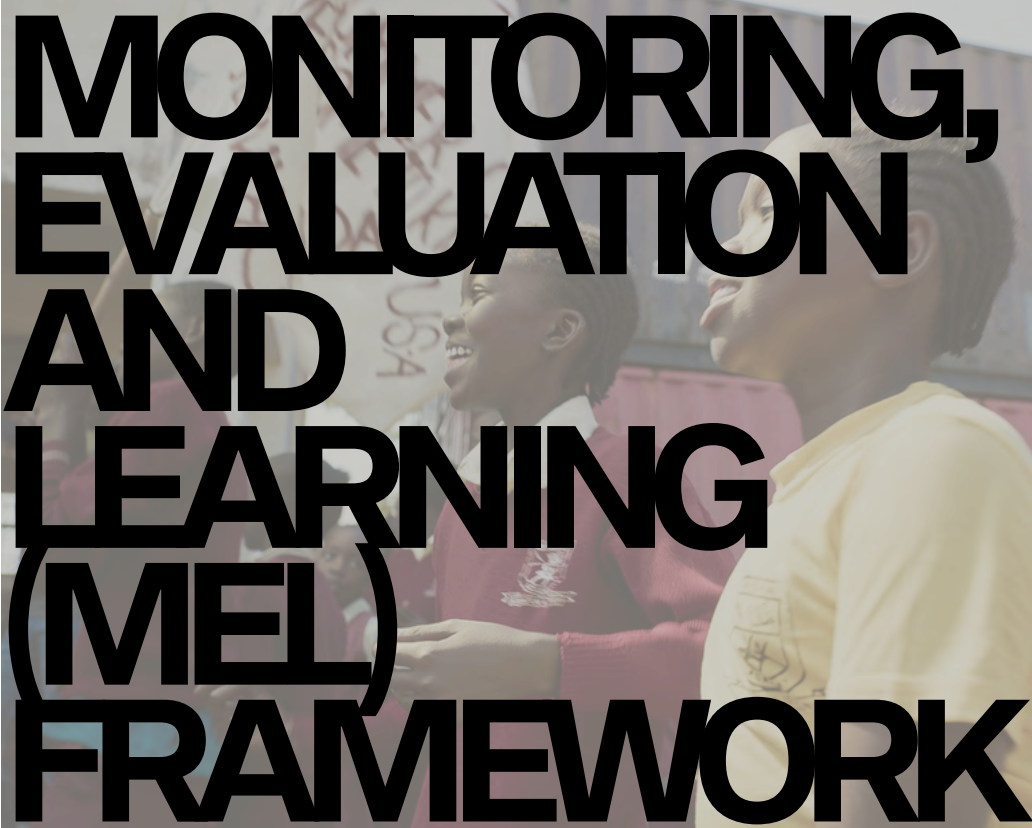
### 7.7 Adaptation and Learning

Maisha's Theory of Change is intentionally adaptive. As programs mature and new evidence emerges:

- Assumptions are tested against program data and qualitative feedback.
- Activities are refined to address observed bottlenecks or inefficiencies.
- Measurement frameworks are strengthened to improve longitudinal insight.

This adaptive approach is consistent with best-practice guidance on learning-oriented development programming.

OECD DAC Learning and Adaptive Management Guidance: <https://www.oecd.org/dac/evaluation/learning-adaptive-management.htm>  
USAID Collaborating, Learning, and Adapting (CLA): <https://www.usaid.gov/learning>



# **MONITORING, EVALUATION AND LEARNING (MEL) FRAMEWORK**

**From Accountability to Continuous Improvement**

**8.1. Purpose and Principles**

**8.2. Data Collection Methods**

**8.3. Indicators and Measurement Levels**

**8.4. Learning and Adaptation**

**8.5. Data Quality, Integrity, and Limitations**

**8.6. Continuous Improvement Commitments**

# MEL FRAMEWORK

## 8.1 – 8.2. Purpose and Principles + Data Collection Methods

### 8.1. Purpose and Principles

Maisha's MEL framework is designed to:

- Support accountability to communities, donors, and partners.
- Generate evidence to inform strategic decision-making.
- Enable learning and adaptation across programs over time.
- Ensure proportional, context-appropriate measurement without diverting resources from service delivery.

**The framework is guided by four principles:**

- 1. Proportionality – measurement effort is appropriate to program scale and risk.**
- 2. Practicality – tools are feasible in resource-constrained settings.**
- 3. Transparency – limitations and data gaps are openly acknowledged.**
- 4. Learning Orientation – data is used to improve programs, not only to report results.**

### 8.2. Data Collection Methods

Across pillars, Maisha employs a mix of quantitative and qualitative methods, including:

- Administrative records (enrollment, clinic registers, training logs).
- Program monitoring tools (feeding logs, VSLA ledgers, facility usage records).
- Surveys and interviews with beneficiaries and stakeholders.
- Focus group discussions and narrative case studies.

Data is increasingly disaggregated by gender, age, and program where feasible, with plans to expand disaggregation and longitudinal tracking.

For U.S.-based engagement, data collection has historically focused on participation counts rather than outcome measurement. Beginning in 2026, Maisha is implementing lightweight tracking of volunteer hours, repeat engagement, partnership continuity, and geographic reach to strengthen institutional learning while maintaining proportionality.

# MEL FRAMEWORK

## 8.3 – 8.4. Indicators and Measurement Levels + Learning and Adaptation

### 8.3. Indicators and Measurement Levels

Maisha tracks performance at multiple levels:

- **Outputs (e.g., number of students served, meals delivered, clinic visits).**
- **Outcomes (e.g., attendance trends, income changes, service utilization).**
- **Process indicators (e.g., facility uptime, training completion rates).**

Where direct outcome measurement is challenging, proxy indicators and triangulation methods are used cautiously and transparently.

Maisha explicitly avoids treating outputs as substitutes for outcomes and does not aggregate heterogeneous indicators into composite scores unless methodologically justified.

### 8.4. Learning and Adaptation

Findings from MEL activities inform:

- **Program design adjustments and resource allocation.**
- **Identification of data gaps and capacity-building needs.**
- **Strategic planning and partnership discussions.**

Maisha views MEL as an evolving system and continues to invest in tools, staff capacity, and partnerships to strengthen data quality and analytical depth.

# MEL FRAMEWORK

## 8.5 - 8.6. Data Quality, Integrity, and Limitations + Continuous Improvement Commitments

### 8.5. Data Quality, Integrity, and Limitations

Maisha recognizes that data quality varies across pillars and historical periods. To safeguard integrity:

- **Data sources and assumptions are documented.**
- **Conservative estimates are applied where precision is limited.**
- **Attribution is distinguished from contribution.**
- **Financial and impact data are reviewed internally prior to publication.**

Where gaps exist, particularly in longitudinal income tracking and historical U.S participation data, these are explicitly acknowledged rather than modeled or imputed.

### 8.6. Continuous Improvement Commitments (2026–2028)

Looking ahead, Maisha is prioritizing the following MEL enhancements:

- **Expanded longitudinal tracking of student retention, transition, and completion.**
- **Improved baseline and follow-up income measurement for empowerment programs.**
- **Strengthened health outcome tracking, including nutrition and maternal indicators.**
- **Digital consolidation of program data systems where feasible.**
- **Standardized, low-burden tracking of U.S.-based volunteer hours, partnerships, and engagement continuity.**

These investments are designed to improve decision-useful evidence rather than to increase reporting volume.

# ALIGNMENT WITH GLOBAL FRAMEWORKS

A photograph of two women standing in front of a window with red frames. The woman on the left is wearing a white headscarf and a red top with blue patterned sleeves. The woman on the right is wearing a floral patterned top and has a white cloth draped over her shoulder. The image is semi-transparent, allowing the text to be overlaid.

**9.1. Sustainable  
Development Goals (SDGs)**

**9.2. Global Reporting  
Initiative (GRI) and  
Environmental Social  
Governance (ESG)**

**Relevance**

**9.3. Use of Evidence and  
Responsible Reporting**

**9.4. Looking Ahead:  
Strengthening Impact  
Measurement**

# ALIGNMENT WITH GLOBAL FRAMEWORKS

## 9.1. Sustainable Development Goals (SDGs)

Maisha's work contributes directly to multiple SDGs, with primary alignment as follows:

- **SDG 4 – Quality Education:** education access, retention, and learning environments.
- **SDG 3 – Good Health and Well-being:** primary healthcare, nutrition, and disease prevention.
- **SDG 5 – Gender Equality:** women's economic empowerment and leadership.
- **SDG 8 – Decent Work and Economic Growth:** skills development and enterprise support.
- **SDG 6 – Clean Water and Sanitation:** water access and hygiene infrastructure.
- **SDG 9 – Industry, Innovation and Infrastructure:** community-serving physical assets.
- **SDG 16 – Peace, Justice and Strong Institutions:** leadership, social cohesion, and trust.
- **SDG 17 – Partnerships for the Goals:** cross-sector collaboration.

These alignments are integrated into program design and partner reporting rather than treated as standalone labels. Maisha does not claim comprehensive SDG impact attribution; rather, it positions its programs as sustained contributors to SDG-aligned outcomes within a broader development ecosystem.

## ALIGNMENT WITH GLOBAL FRAMEWORKS

### 9.2. Global Reporting Initiative (GRI) and Environmental Social Governance (ESG) Relevance

While Maisha is not a corporate reporter, its impact data and governance practices align with selected GRI Standards, particularly in areas relevant to corporate partners' ESG reporting needs:

- **GRI 403 (Occupational Health and Safety):** health and well-being initiatives.
- **GRI 404 (Training and Education):** education and skills development.
- **GRI 413 (Local Communities):** community engagement and social impact.
- **GRI 203 (Indirect Economic Impacts):** livelihoods and economic empowerment.
- **GRI 303 (Water and Effluents):** water access and management.

For corporate partners, this alignment facilitates integration of Maisha-supported outcomes into ESG disclosures, sustainability reports, and impact narratives. GRI references are used selectively and conservatively, focusing on indicator-level alignment rather than full standard compliance. This approach supports partner ESG needs without overstating reporting maturity or scope.

# ALIGNMENT WITH GLOBAL FRAMEWORKS

## 9.3 – 9.4. Use of Evidence and Responsible Reporting + Looking Ahead

### 9.3. Use of Evidence and Responsible Reporting

Maisha is committed to responsible impact communication. This includes:

- **Distinguishing clearly between outputs, outcomes, and long-term impact.**
- **Avoiding over-aggregation or overstated attribution.**
- **Explicitly identifying data gaps and areas for improvement.**

Where social return metrics or monetized outcomes are referenced elsewhere in the report, they are intended as decision-support tools, not definitive valuations of social worth. Social Return on Investment (SROI) metrics are presented as decision-support tools rather than definitive valuations of social impact, consistent with best-practice guidance on impact valuation.

### 9.4. Looking Ahead: Strengthening Impact Measurement

Over the coming period, Maisha aims to have:

- **Expanded longitudinal outcome tracking in education, health, and empowerment.**
- **Improved baseline and follow-up measurement for income and livelihoods.**
- **Greater consistency in SDG-linked indicator reporting across pillars.**
- **Enhanced documentation of U.S.-based enabling activities, including volunteer engagement, partnerships, and fundraising, as institutional sustainability inputs rather than programmatic SDG outputs.**
- **Continued refinement of conservative valuation methods and proxy selection.**

These investments will further enhance the credibility, usefulness, and comparability of Maisha's impact reporting.

# **CORPORATE PARTNERSHIP FRAMEWORK**

A photograph showing three people walking in a community setting. On the left is a man in a plaid shirt and sunglasses. In the middle is a woman in a green t-shirt and sunglasses on her head. On the right is a woman in a white button-down shirt and sunglasses on her head. They are walking on a dirt path with buildings and laundry in the background.

**From Philanthropy to Strategic Collaboration**

**10.1. Partnership Philosophy**

**10.2. Partnership Entry Points by Pillar**

- **10.2.1. Education**
- **10.2.2. Health**
- **10.2.3 Empowerment**
- **10.2.4. Missions**
- **10.2.5. Infrastructure**

**10.3. Engagement Models**

**10.4. Reporting, Transparency & Accountability**

- **10.4.1. Reporting Commitments**
- **10.4.2. Data Integrity and Limitations**
- **10.4.3. Governance and Oversight**

**10.5. Ethical Engagement and Safeguards**

# CORPORATE PARTNERSHIP FRAMEWORK

## 10.1 - 10.2. Partnership Philosophy + Partnership Entry Points by Pillar

Maisha approaches partnerships as long-term, values-aligned collaborations rather than one-off funding transactions. The organization works with corporate partners to co-create programs that deliver credible social impact, align with ESG priorities, and provide transparent, decision-useful reporting.

### Partnerships are designed to be:

- **Impact-driven:** grounded in clearly articulated outcomes across Maisha's five pillars.
- **Accountable:** supported by proportionate monitoring, evidence, and learning.
- **Flexible:** adaptable to partners' thematic priorities, geographies, and reporting needs.
- **Mutually reinforcing:** creating value for communities and partners alike.

#### 10.2.1 EDUCATION

Partners can support:

- School feeding programs at scale.
- Access and retention initiatives for vulnerable learners.
- Learning environment upgrades (classrooms, kitchens, WASH).

Partner value: measurable reach, strong SDG alignment (SDG 4, SDG 2), and recurring outcomes suitable for annual ESG reporting.

#### 10.2.2. HEALTH

Partners can engage through:

- Primary healthcare service delivery and outreach.
- Clean water and sanitation access.
- Nutrition and preventative health initiatives.

Partner value: tangible wellbeing outcomes, alignment with SDG 3 and SDG 6, and community-level resilience indicators.

#### 10.2.3. EMPOWERMENT

Partnership opportunities include:

- Women's enterprise training and mentorship.
- Youth vocational and employability programs.
- Financial inclusion and savings mechanisms.

Partner value: gender and livelihoods outcomes aligned with SDG 5 and SDG 8, with clear narratives around inclusive growth.

#### 10.2.4. MISSIONS

Partners can participate via:

- Employee volunteer and service-learning programs.
- Youth mentorship and leadership development initiatives.
- Community engagement and psychosocial wellbeing activities.

Partner value: employee engagement, leadership development, and social cohesion outcomes aligned with SDG 16 and SDG 17.

#### 10.2.5. INFRASTRUCTURE

Partners may support:

- Construction and rehabilitation of education and health facilities.
- Water harvesting and sanitation systems.
- Enabling infrastructure that supports service delivery.

Partner value: visible, durable assets; naming and recognition opportunities; and long-term ESG-aligned capital investment.

# ALIGNMENT WITH GLOBAL FRAMEWORKS

## 10.3. Engagement Models

Maisha offers several engagement models to accommodate varying partner objectives and capacities:

### 1. Program Sponsorship

Targeted funding for a defined program or pillar, with agreed outputs, outcomes, and reporting cadence.

### 2. Multi-Year Strategic Partnership

Longer-term collaboration supporting integrated programming across multiple pillars, emphasizing sustainability and learning.

### 3. Employee Engagement & Volunteering

Structured volunteer placements, skills-based engagement, and service-learning opportunities aligned with mission programming.

### 4. Blended & Innovative Finance

Exploration of co-financing, challenge funds, or outcome-linked funding for infrastructure and empowerment initiatives.

### 5. In-Kind and Technical Partnerships

Provision of goods, services, or expertise that strengthen Maisha's operational and impact capacity.

# ALIGNMENT WITH GLOBAL FRAMEWORKS

## *10.4 - 10.5. Reporting, Transparency & Accountability + Ethical Engagements and Safeguards*

### *10.4. Reporting, Transparency & Accountability*

#### **10.4.1. Reporting Commitments**

Maisha is committed to transparent and proportionate reporting that meets partner needs without overburdening field operations.

Depending on the partnership scope, reporting may include:

- **Periodic narrative and quantitative impact updates.**
- **Annual impact summaries aligned with SDGs and relevant GRI indicators.**
- **Program-specific dashboards or data tables.**
- **Qualitative case studies and beneficiary stories.**

#### **10.4.2. Data Integrity and Limitations**

Maisha clearly distinguishes between:

- **Outputs and outcomes.**
- **Direct attribution and contribution.**
- **Measured results and proxy-based estimates.**

Where data gaps exist, these are explicitly acknowledged, and improvement plans are shared with partners.

#### **10.4.3. Governance and Oversight**

Partnerships are supported by internal governance structures that oversee financial management, program delivery, and reporting quality.

Maisha welcomes partner engagement in learning reviews and site visits where appropriate.

### *10.5. Ethical Engagement and Safeguards*

Maisha upholds ethical standards in all partnerships, including:

- **Respect for community dignity and agency.**
- **Safeguarding of children and vulnerable populations.**
- **Responsible communication and use of images and stories.**
- **Compliance with local regulations and partner codes of conduct.**

# **ANNEXES— TECHNICAL & EVIDENCE TABLES**

## ANNEX A: CONSOLIDATED IMPACT INDICATOR MATRIX (ALL PILLARS)

Pillar	Indicator	Definition	Unit	Frequency	Data Source
Education	Students enrolled	Children enrolled in Maisha-supported schools	#	Annual	School registers
Education	Retention rate	% of students retained year-on-year	%	Annual	Enrollment records
Education	Meals served	Total school meals delivered	#	Daily / Annual	Feeding logs
Education	Literacy & numeracy gains	Students meeting benchmarks	%	Annual	Academic assessments
Health	Clinic patients treated	Total clinic visits	#	Monthly	Clinic registers
Health	Immunizations delivered	Vaccinations administered	#	Annual	Clinic registers
Health	Water access beneficiaries	Individuals with clean water access	#	Annual	WASH records
Empowerment	Women trained	Women completing enterprise training	#	Annual	Training logs
Empowerment	Enterprises launched	New microenterprises started	#	Annual	Program follow-up
Empowerment	VSLA savings	Collective savings mobilized	KES	Annual	VSLA ledgers
Missions	Youth mentored	Youth in mentorship programs	#	Annual	Program attendance
Missions	Volunteer hours	Hours contributed by volunteers	Hours	Annual	Volunteer logs
Infrastructure	Facilities constructed	Classrooms, clinics, and kitchens built	#	One-off	Project reports
Infrastructure	Water harvested	Rainwater collected	Gallons	Annual	Infrastructure logs

## ANNEX B: PILLAR-LEVEL IMPACT SUMMARY TABLES

### B1. Education Impact Summary

Metric	Result
Students served (2025)	2,300+
Retention rate	96%
Girls' transition to secondary	78%
Teachers trained	50
Literacy & science improvement	22%
Students in feeding program	9,689+
Schools with WASH access	Multiple

### B2. Health Impact Summary

Metric	Result
Individuals accessing clean water	12,000
Clinic patients treated	1,000+
Reduction in waterborne disease	40%
Maternal health workshops	25
BMI improvement (feeding program)	17%
Illness-related absenteeism	-31%

## ANNEX B: PILLAR-LEVEL IMPACT SUMMARY TABLES

### B3 Empowerment Impact Summary

Metric	Result
Women trained	540
Microenterprises launched	220
Vocational graduates employed/self-employed	30
VSLA savings mobilized	USD 65,000+
Average income increase	42%
Jobs created (Agriculture Center)	12

### B4. Missions Impact Summary

Metric	Result
Mission teams hosted	12
Youth & children mentored	1,500+
Volunteers mobilized	50+
Choir performances	40+
Home visits conducted	Hundreds

### B5. Infrastructure Impact Summary

Metric	Result
Classrooms built/renovated	15
Kitchens upgraded	5
Water harvested (2024–2025)	282,500 gallons
Handwashing stations installed	8
Schools fully WASH-compliant	3

## ANNEX C: THEORY OF CHANGE — LOGICAL FRAMEWORK TABLE

<b>Level</b>	<b>Description</b>
Inputs	Funding, staff, volunteers, infrastructure, partnerships
Activities	Education, healthcare, training, mentorship, and construction
Outputs	Students enrolled, meals served, clinic visits, facilities built
Outcomes	Improved learning, better health, higher incomes, and leadership
Impact	Resilient households, stronger institutions, and poverty reduction

## ANNEX D: SROI SUMMARY TABLE (DECISION-SUPPORT)

<b>Pillar</b>	<b>Investment Focus</b>	<b>SROI Ratio</b>	<b>Interpretation</b>
Education	Access, feeding, learning	2.81x	Strong human capital returns
Health	Primary care & WASH	12.6x	High efficiency, preventive impact
Empowerment	Livelihoods & income	0.90x	Long-term income trajectories
Missions	Leadership & cohesion	0.63x	Enabling qualitative value
Infrastructure	Service enablers	0.15x	Long-term foundational assets
<b>Combined</b>	Integrated portfolio	<b>2.61x</b>	Balanced impact ecosystem

## ANNEX E: SROI CALCULATIONS

### Assumptions for calculations.

Social Return On Investment (SROI) has been calculated using conservative Kenya-based financial proxies, aligned with:

- Kenya Ministry of Health & WHO Kenya HEAT valuations
- Kenya Ministry of Education cost-benefit valuations
- World Bank/UNICEF African human capital proxies
- NEF & Global Value Exchange (low-range proxies only)

### Why the Numbers are so Conservative

i. The sources above do not directly provide a per-outcome “value of a renovated classroom,” or “value of a girls’ dorm bed,” or “value of harvested rainwater per gallon.” These were approximated by scaling known local costs (e.g., cost of water per m<sup>3</sup>, school-meal cost per day, WASH infrastructure costs per student) downward to avoid over-claiming impact.

ii. The WASH lifecycle cost study provides per-student and per-school costs but does not attempt to monetize benefits (improved health, reduced absenteeism), so applying benefit values requires further assumptions.

iii. Water tariff data (from Nairobi) gives a concrete local price per m<sup>3</sup>, which can provide a lower-bound proxy for “avoided water cost” by rainwater harvesting.

### Kenya-based sources for conservative proxies

#### 1. The Cost of a Nutritious School Meal in Kenya — NIPFN / KIPPRA (Special Paper No. 05, 2024).

**What it contains:** detailed costing of school meals (per child/day and annual estimates) and methods for estimating food costs in Kenyan schools.

**How proxy was used:** used the study’s per-meal and per-child daily cost as a conservative base (and took the lower bound of the reported range).

#### 2. The Life-Cycle Costs of School Water, Sanitation and Hygiene Access in Kenyan Primary Schools — Alexander et al., MDPI / PubMed (2016).

**What it contains:** installation and recurrent/maintenance costs for school WASH (USD per school and USD per student/year).

**How proxy was used:** converted per-school installation cost to per-classroom or per-student recurrent cost; used the reported O&M per student/year as a conservative recurring WASH proxy.

#### 3. Nairobi City Water & Sewerage Company — Approved water tariff schedule (NCWSC / WASREB, 2022–2025).

**What it contains:** official tariffs (KES per m<sup>3</sup>) for domestic, schools, and commercial customers in Nairobi.

**How proxy was used:** used the school/domestic tariff as a conservative avoided-water cost for rainwater harvested (convert m<sup>3</sup> → litres/gallons and USD at current FX)

## ANNEX E: SROI CALCULATIONS

### **4. WHO-CHOICE estimates of cost for inpatient and outpatient health service delivery (WHO technical report).**

**What it contains:** modeled estimates of unit costs (outpatient visit/inpatient bed day) by country/region.

**How proxy was used:** used the WHO-CHOICE predicted outpatient cost as a conservative unit value for clinic visits when local micro-costing is not available.

### **5. Costs and financing needs of delivering Kenya's primary health care (Olago et al., 2023, BMC / PMC).**

**What it contains:** empirical PHC unit cost ranges across Kenyan counties (per capita and per-service figures).

**How proxy was used:** drew conservative mid/low range per-visit or per-capita PHC cost to value clinic services and outreach campaigns.

### **6. Kenya Demographic and Health Survey (KDHS 2022) — KNBS.**

**What it contains:** population health and service use data (baseline coverage, service volumes), useful for estimating scale and attribution.

**How proxy was used:** used service volume and prevalence data to check plausibility of assumed unit values and to inform deadweight/attribution adjustments.

### **7. Out-of-pocket payments during childbirth in Kenya (Wellcome / research paper 2023) / and historical maternity OOP studies.**

**What it contains:** empirical estimates of household OOP costs for facility deliveries in Kenya.

**How proxy was used:** used the mean OOP as a conservative estimate of the monetary benefit of avoided costs or the value of maternal delivery services.

### **8. Gavi / country immunization cost evidence & vaccine price studies (e.g., PCV cost-effectiveness studies in Kenya, Lancet Global Health).**

**What it contains:** vaccine per-dose prices, program delivery unit costs, and cost-effectiveness evidence for Kenyan immunization programmes.

**How proxy was used:** used published per-dose price + delivery cost as a conservative immunization proxy /used Gavi schedule prices as a lower bound.

### **9. UNICEF / WFP / School Nutrition synthesis & UNICEF Kenya reports (School Health & Nutrition; Food systems for children).**

**What it contains:** synthesis evidence of school meal benefits and programme costs; country examples and cost figures.

**How proxy was used:** supplemented KIPPRA meal costs and supported higher-level benefit multipliers (e.g., learning/retention valuation)..

## ANNEX E: SROI CALCULATIONS

### **10. WHO / MDPI / academic synthesis on WASH cost-effectiveness and DALY valuations (various).**

**What it contains:** evidence linking WASH investments to avoided disease burden and DALYs, useful to monetize health improvements.

**How proxy was used:** converted avoided DALYs into \$ using a conservative value per DALY (and used avoided treatment costs from local studies as a lower bound)

### **11. Kenyan government & media reports on classroom construction costs (Ministry of Education/news coverage on Sh1.2M–1.5M per classroom; government procurement notices).**

**What it contains:** typical capital cost ranges (KES) for building one classroom under GOK programmes.

**How proxy was used:** used a conservative fraction (e.g., 25–40%) of new-build cost to value a classroom renovation.

### **12. Studies on returns to nutrition and education investments (World Bank / UNICEF working papers).**

**What it contains:** welfare/lifetime earnings multipliers from nutrition and education interventions (country/region analyses).

**How proxy was used:** applied a conservative fraction of lifetime earnings uplift per student or per improvement in learning to monetize education outcomes.

### **13. Methods guidance for costing vaccination and outreach activities in Kenya (Immunization Economics/project reports, 2023–2024).**

**What it contains:** practical, ingredients-based costing templates and unit cost definitions for vaccination and outreach in Kenyan counties.

**How proxy was used:** used reported unit costs or ingredients breakdown (health worker time, cold chain, per-dose delivery) to set conservative vaccine/immunization proxies.

### **14. Research on school feeding programme impacts in Kenyan counties/county programme budgets (case studies, e.g., county feeding cost Ksh 5 per meal reporting).**

**What it contains:** local programme per-meal expenditure examples (useful as a pragmatic lower bound).

**How proxy was used:** used county-level per-meal allocations (e.g., Ksh 5 per meal) as a conservative local floor for unit meal valuations.

### **15. ResearchGate / academic uploads with WASH per-school cost breakdowns (supporting lifecycle cost numbers).**

**What it contains:** full methodological annexes to WASH cost studies that show capital, recurrent, and per-student unit costs.

**How proxy was used:** extract per-student O&M and amortized capital costs to value rainwater, handwashing stations, and maintenance benefits conservatively.

## ANNEX F: SDG–GRI INDICATOR CROSSWALK

<b>Pillar</b>	<b>Indicator</b>	<b>SDG</b>	<b>GRI Standard</b>	<b>ESG Dimension</b>
Education	Retention & literacy	SDG 4	GRI 404	Social
Education	Meals served	SDG 2	GRI 413	Social
Health	Clinic access	SDG 3	GRI 403	Social
Health	Water access	SDG 6	GRI 303	Environmental
Empowerment	Income growth	SDG 8	GRI 203	Social
Empowerment	Women trained	SDG 5	GRI 405	Social
Missions	Youth leadership	SDG 16	GRI 413	Social
Infrastructure	Water systems	SDG 6	GRI 303	Environmental
Infrastructure	Learning facilities	SDG 9	GRI 203	Social

## ANNEX G: DATA SOURCES & LIMITATIONS

Area	Primary Data Source	Limitation
Education	School registers	Limited standardized testing
Health	Clinic logs	Partial diagnostic tracking
Empowerment	VSLA records	Limited long-term income data
Missions	Qualitative feedback	Outcomes not monetized
Infrastructure	Project reports	Long impact horizons

# SCAN HERE TO SUPPORT THE MAISHA PROJECT

