CPI COMMUNITY PARTNERS INTERNATIONAL

# 2025 Impact Report

Trust.
Localize.
Transform.

**cpintl.org**

# Letter From Our Leaders

Dear Friends and Allies,

In 2025, Community Partners International's (CPI) locally led health and humanitarian partner networks proved their resilience and effectiveness under intense pressure.

In March 2025, a devastating earthquake struck Myanmar, compounding an already dire humanitarian crisis. We then saw billions of dollars cut from global aid commitments, including hundreds of millions for Myanmar and Rohingya refugees in Bangladesh. Two lessons emerged with clarity:

**Localization Is the Future**

CPI was founded on the principle of localization: rebalancing power to those closest to the challenges so that services are locally owned, locally led and locally delivered.

With your support, our mesh network of more than 130 local partners responded with extraordinary dedication, reaching nearly 13 million people in 2025, more than ever before. They navigated war zones, supply chain disruptions and countless other obstacles to bring lifesaving services within reach of their communities.

**Flexible Funding Is a Superpower**

Your flexible support makes CPI's and our partners' impact possible, powering rapid relief in emergencies and equipping trusted local organizations to lead for the long term.

Thank you for your profound generosity in service of people in great need.

Linda

**Linda Smith**
Board Chair

Si Thura

**Dr. Si Thura**
Chief Executive Officer

Linda Smith *(Linda Smith/CPI)*

Dr. Si Thura *(Si Thura/CPI)*

# About Community Partners International

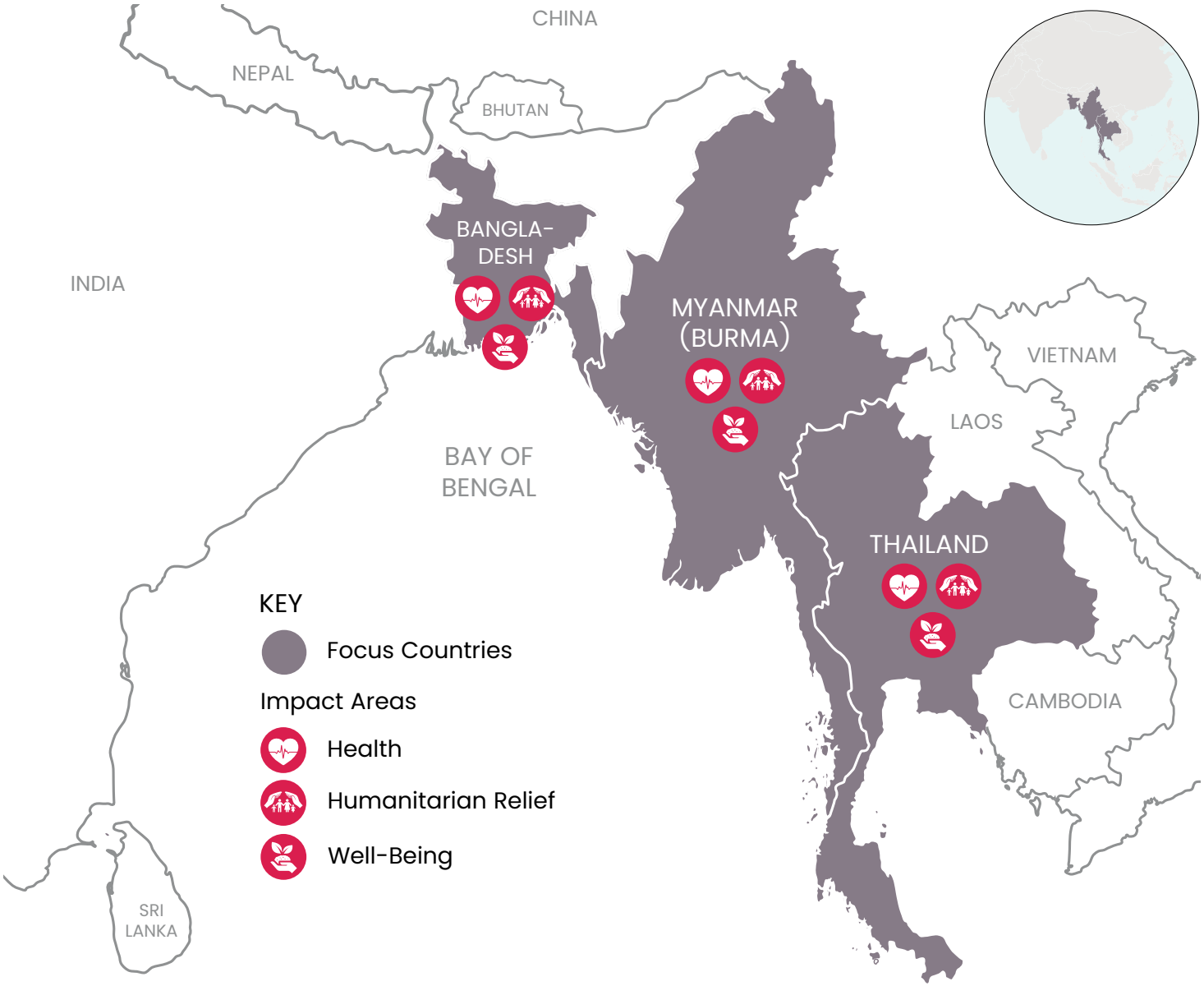
CPI believes in a balanced distribution of power in aid systems, centered on those closest to the challenges.

We nurture mesh network health systems: a locally led, decentralized and resilient model that enables local organizations to lead, cooperate and deliver care even in the most fragile settings.

We equip local organizations with tools and resources to sustain and scale health, humanitarian relief and well-being services. We build trust, connect peer organizations and advance practical, evidence-based policy and service delivery.

Since 1998, we've equipped more than 140 local organizations to lead rescue, recovery and resilience in conflict- and poverty-affected communities.

By 2035, we aim to weave 300 local organizations into coordinated networks serving more than 15 million people from Myanmar.



# Impact Snapshot: 2025 in Numbers

## Partner Network Reach

**130+**
local partners strengthened and equipped

**12.8M+**
people reached with health, humanitarian and well-being services

**1.9M+**
displaced persons and refugees supported

## Service Infrastructure

**520+**
partner health facilities supported

**2,100+**
partner health workers supplied and supported

**9,700+**
villages and camps supported to access services

## Selected Impact Data

**239,000+**
earthquake survivors provided with relief and recovery support

**15,000+**
people living with HIV supported to access antiretroviral therapy

**49,000+**
children screened for malnutrition and **1,100+** started on therapeutic feeding

**29,000+**
cases of pneumonia and diarrhea treated in children under five

**63,000+**
malaria cases identified and treated

**6,500+**
people with TB supported to start treatment

**38,000+**
children vaccinated against deadly diseases

**19,000+**
mothers supported to access safe births

# Trust, Localize, Transform: A Vision for Lasting Impact

## The Problem

Decades of conflict, instability and humanitarian emergencies have uprooted and impoverished tens of millions of people in Myanmar, with millions seeking shelter in Thailand, Bangladesh and other nearby countries.

Communities that can't rely on the state for essential services have built their own local organizations and systems, but they remain under-resourced, isolated and constrained by a fragmented, top-down aid system.

## Our Strategic Priorities

### Advance Authentic Localization

We believe in a balanced distribution of power in aid systems, centered on those closest to the challenges. We equip local organizations to lead the solutions to their priorities.

### Nurture Mesh Network Health Systems

Centralized health systems often fail in crises. We support resilient, decentralized networks led by local organizations that deliver health and humanitarian services even in the most fragile settings.

### Build Trust

Trust among local organizations, communities and donors strengthens collaboration and builds resilience. We nurture the conditions for trust to grow.

## Our Solution

CPI strengthens, equips and connects resilient, sustainable locally led health and humanitarian organizations, systems and services.

## Our Ambition

By 2035, we will connect 300 local organizations into coordinated networks reaching 15 million people with quality, equitable and sustainable health services.

# Myanmar: Conflict, Crisis and Hope

**A Country in Turmoil**

In 2025, Myanmar slid deeper into a polycrisis that is pushing millions of people to the brink.

ACLED's 2025 Conflict Index ranked the country second globally, behind only Palestine, in terms of conflict levels.

The International Institute for Strategic Studies documented over 10,000 conflict events in 275 of Myanmar's 330 townships, including more than 6,000 armed clashes and over 3,100 airstrikes.

**Poverty, Displacement and Food Insecurity**

The number of displaced surpassed 3.6 million. Nearly 22 million people, including 7 million children, needed humanitarian assistance.

The UN estimates that half the population now lives below the poverty line and a further quarter lives just above it. The 2026 Global Report on Food Crises ranked Myanmar sixth in its global food insecurity index. Nearly one in three people now struggles to access enough food. In some areas, nearly 60% can't meet their basic food needs.

The March 2025 earthquake compounded this perilous situation, damaging the homes and livelihoods of thousands of households.

**Health Care in Crisis**

Intensifying conflict, poverty and global aid cuts prevented millions from receiving essential health care.

Access difficulties, supply chain disruptions, human resource challenges, funding cuts, and cost barriers all played their part.

**Disease Resurgence**

Many communities haven't received vaccinations since 2020, risking a resurgence of many deadly diseases.

Medicine shortages and access barriers have constrained efforts to prevent and treat infectious diseases like malaria, TB and HIV. Myanmar is a high-burden country for these diseases, and an epicenter of drug resistance.

The rate of positive malaria tests reported by CPI's partners has risen from almost zero in 2020 to more than 14% in 2025. World Bank data shows an eightfold increase in malaria incidence and a 52% increase in TB incidence in the same period.

Non-communicable diseases like cardiovascular disease and diabetes are going undiagnosed and untreated due to access constraints.

**Where to Find Hope**

Amid these bleak statistics there are sources of hope.

With your support, local organizations in CPI's mesh network stepped up with extraordinary resourcefulness to sustain health and humanitarian services for nearly 13 million people.

These organizations are the only viable, trusted and sustainable service providers for many communities in this deeply fragile setting. Thanks to you, CPI continues to strengthen, connect and equip them to protect lives and build resilient, locally led systems.

A health worker measures a child for malnutrition in Myanmar. *(Lwin Phyu Phyu Kyaw/CPI)*

# Border Health Under Pressure

**Public Health Concerns**

Escalating conflict and displacement in Myanmar, compounded by global aid cuts, are straining Thailand's capacity to protect public health along its 1,500-mile border with Myanmar. CPI is working with Thai government and international health agencies, provincial authorities, and border-based local organizations to respond.

**Strengthening Disease Surveillance**

CPI is supporting the Joint Information and Coordination Centre and Tak Border Health Learning Center at Mae Sot General Hospital in Thailand with cross-border disease surveillance and control. As concerns grow about drug-resistant malaria and TB, CPI is training health workers from local organizations embedded in Myanmar border communities to identify potential outbreaks.

**Supporting Border Hospitals**

Following the closure of health facilities in camps for Myanmar refugees in northwest Thailand and an influx of Myanmar migrants, CPI is helping hospitals in Tak Province manage rapidly rising patient numbers. CPI supports the training of Myanmar health workers working alongside Thai staff at Mae Sot General, Umphang and Tha Song Yang hospitals.

**Expanding Access Through Telehealth**

CPI launched the Equal Health telehealth project to help the Mae Tao Clinic in Mae Sot, Thailand, manage a surge in Myanmar migrants seeking care.

Under the project, Burmese-speaking health workers provide remote perinatal care consultations and referrals to pregnant women. CPI is also partnering with M-FUND to help women access health insurance for safe deliveries.

CPI is working to extend these services to Thai border hospitals to better manage patient loads while maintaining quality of care. We continue to seek new ways to support Thailand in protecting and promoting public health for all.


An Equal Health representative counsels a client at the Mae Tao Clinic in Mae Sot, Thailand. *(CPI)*

# Myanmar Earthquake: A Locally Led Response

**A Devastating Earthquake at a Deeply Vulnerable Time**

On March 28, 2025, a devastating earthquake struck central Myanmar, killing at least 3,800 people and displacing more than 200,000. Tens of thousands of homes were damaged or destroyed.

The earthquake struck when Myanmar was already in the grips of a polycrisis fueled by conflict and compounded by global aid cuts.

**An Agile Response**

Within hours, CPI mobilized with our network of local partner organizations, powered by an outpouring of support from our donor community.

In the immediate emergency phase, we focused on relief: first aid, shelter, safe water and food. To save lives, speed was essential, and our model of agile, locally led response helped make that happen.

Our partners led the response on the ground. Using their relationships of trust and deep knowledge of local contexts, they navigated the complex challenges of mounting an emergency response in conflict-affected communities.

Where possible, we procured supplies locally to minimize transport across areas with damaged infrastructure and security challenges, supporting local markets and livelihoods during a period of severe economic hardship.

Embedded in their communities, our local partners conducted rapid needs assessments, set priorities and continuously adjusted their approach as conditions evolved.

**From Relief to Recovery**

As the immediate emergency phase subsided, we supported our partners to transition to recovery.

We helped restore livelihoods, repair and rebuild homes, and secure longer-term access to health care, safe water, sanitation and hygiene.

We also helped survivors cope with trauma and loss: needs that are often overlooked in crisis situations, but can have devastating impacts on recovery.

**239,000+ Survivors Reached**

With your support, our response reached more than 239,000 earthquake survivors in 2025, including more than 36,000 who accessed health care, more than 41,000 who accessed food assistance, and more than 87,000 who accessed safe water, sanitation and hygiene.

**The Road Ahead**

Although the earthquake has long left the global news cycle, it continues to have a daily impact on thousands of families in Myanmar. Recovery is a slow and uncertain process for communities living in deeply fragile circumstances.

CPI continues to support local organizations as they help survivors rebuild their lives and strengthen their resilience to future shocks.

## Impact Snapshot: 2025 Myanmar Earthquake Response

- **36,000+** reached with emergency health care
- **87,000+** reached with safe water, sanitation and hygiene
- **28,000+** reached with multi-purpose cash assistance
- **5,700+** reached with shelter assistance
- **41,000+** reached with food assistance
- **26,000+** reached with psychosocial support

*Note: Individuals may have received more than one service.*

# Ma Kyu's Story

**Hand to Mouth**

As a single mother to four daughters in Mandalay, Ma Kyu scrapes by washing clothes for other families.

"In our neighborhood, we all live hand to mouth. I earn just enough to get by. If I don't wash clothes, I have no income."

**When the Ground Cracked Open**

On March 28, 2025, disaster struck.

"We were eating lunch together when the earthquake hit. The ground shook so violently and was moving in all directions. The ground even cracked open. I held my children tightly and tried to comfort them."

The family escaped with their lives, but their bamboo home collapsed. For months, they sheltered under a leaking tarpaulin with little food and no means to rebuild.

"The most difficult times are when it rains heavily. The tarpaulin leaks and we have to shelter in other people's homes. Everything inside our shelter gets soaked."

**A New Start**

During shelter assessments in the area, a CPI community partner identified Ma Kyu's situation and confirmed they would help her rebuild.

"I was almost moved to tears that day when they shared the news."

Carpenters arrived and built the family a new home, sturdier than anything Ma Kyu had imagined.

"When the wooden planks and tin arrived, I was very happy. I just thought it would be built of bamboo."

Moving in offered Ma Kyu and her daughters safety and shelter they could rely on.

"All my girls were happy. They said 'Mom, our new home will be stronger than ever. If it rains, we can stay home.' I am so grateful to everyone who helped rebuild our house. Now my daughters can sleep safely."

Ma Kyu and her daughters *(Aye Pyae Sone/CPI)*

# Bringing Care Home in Myanmar's Conflict Zones

**A Hidden Crisis**

When people think of health needs in conflict zones, they picture trauma and emergency care. But in many fragile and conflict-affected communities in Myanmar, the leading cause of death is cardiovascular disease (CVD): strokes and heart attacks.

Years of conflict have pushed Myanmar's national health system close to collapse. Millions of people have lost access to state-led health services. In conflict-affected areas, safety concerns, transport costs, a lack of medical resources, and attacks on health facilities add further barriers.

The answer is to bring care to people, rather than expect people to reach the care.

**Adapting a Proven Approach**

For decades, community health workers (CHWs) have been the backbone of primary health care delivery in fragile and conflict-affected communities in Myanmar. In many of these areas, CHWs operate within locally led health systems outside the state health apparatus. Their local knowledge and trusted relationships give them unique access to their communities.

In southeastern Myanmar, CPI and a local organization partner launched a pilot project to test whether a CHW-led model of care could improve CVD diagnosis and treatment. The pilot also compared outcomes between communities receiving CHW-led home-based care and those receiving only facility-based care.

For the pilot, CPI and our partner worked with three health facilities and their associated CHWs, serving 13 villages and around 6,000 people. Seven villages adopted the CHW-led home care model; the remaining six served as a control group and received facility-based care without home outreach.

Together, we trained CHWs to identify CVD risk through home-based screening, including blood pressure monitoring. They conducted monthly follow-up visits and supported treatment access, medication adherence and lifestyle change.

**Who Was Reached**

CHWs screened 1,013 non-pregnant adults over 40 for elevated CVD risk. Of these, 392 had identifiable CVD risk factors.

Among those with identified risk factors, most were aged 65 or older (58%). The vast majority lived in poverty, with 85% falling within the two lowest national wealth quintiles. Nearly half (44%) reported at least one disability.

Medics then conducted follow-up visits to confirm diagnoses of hypertension and elevated CVD risk. Where diagnoses were confirmed, they initiated treatment with antihypertensive medications and statins, supported by standardized protocols provided on handheld devices.

**The Results**

After 20 weeks, the evidence was clear: bringing services into people's homes dramatically improved CVD care outcomes.

A CHW monitors the blood glucose level of a community member in Myanmar. *(CPI)*

At baseline, only 8% of people with elevated CVD risk were receiving and adhering to treatment. By the end of the pilot, that figure had risen to 92% in the seven intervention villages, compared with just 16% in the six control villages.

Among the 244 participants with hypertension, 86% achieved blood pressure control in intervention villages, compared with 18% in control villages.

Modeling suggests that expanding this approach to 100,000 adults over 40 would prevent 2,838 strokes and heart attacks over 10 years, at a cost of around $81 per eligible person per year.

**Care That Holds Under Fire**

One incident illustrated what frontline health workers are prepared to do to keep people in treatment.

When a village came under threat of airstrikes, a CHW climbed a hill to find a mobile signal and alert the nearby health facility. She provided CVD patients with an extra month of medication and told them to carry their medicines if they had to flee.

After the attack, she tracked down and assessed every patient, including ten who had fled into surrounding jungles.

For one person displaced to Thailand, she arranged to meet at a cross-border location. Care for two people displaced to another village was coordinated with the local CHW there.

**What This Means**

In conflict settings, health care is not only about emergencies. It is also about finding innovative ways to meet other pressing health needs.

This pilot demonstrates that home-based care models can deliver highly effective CVD screening and treatment for people affected by conflict.

It reinforces CPI's approach: strengthening, equipping and connecting networks of trusted, locally led care providers to serve communities unreached by state-led health systems.

**Looking Ahead**

CPI and our partners are using the results of this pilot project to inform the design and integration of CVD and other non-communicable disease care into health programming.

A CHW meets with community members in Myanmar. *(CPI)*

# Rohingya Refugee Response

**A Crisis Deepening**

Eight years after violence forced over 700,000 Rohingya to flee Myanmar, more than one million Rohingya continue to live precariously in crowded refugee camps in Bangladesh. In 2025, their situation grew more perilous.

Global aid cuts threatened vital camp services. By the end of 2025, funding for the Bangladesh Government's response was less than half stated needs, and the lowest since 2017. Many key services suspended operations.

In Myanmar, rising conflict in Rakhine State pushed tens of thousands of Rohingya to flee across the border, increasing pressure on the camp's overburdened services.

**Rising to Meet the Need**

As global assistance dwindled, you helped CPI expand essential services in Kutupalong Refugee Camp, the world's largest refugee settlement. In 2025, we reached more than 132,000 refugees in four of Kutupalong's 26 sub-camps, an 84% increase over 2024. Our flagship health post in sub-camp 1W doubled its reach to serve over 40,000 refugees and Bangladeshi community members. During 2025, the health post team provided more than 68,000 health care consultations.

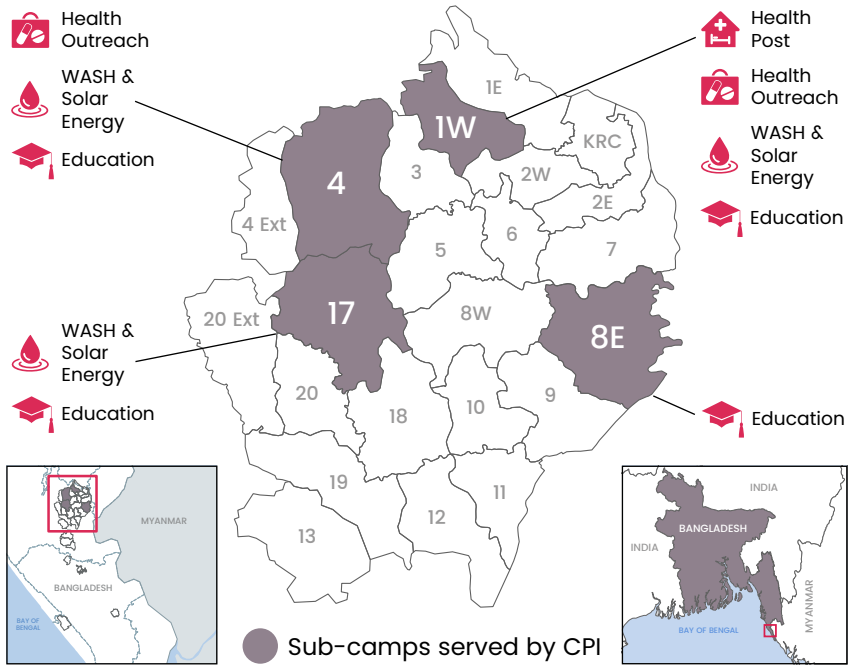
**Reaching Families at Home**

The health post supports a network of over 200 Rohingya community health workers (CHWs) in sub-camps 1W, 4 and 17, who offer the first line of health, safe water, sanitation and hygiene services.

In 2025, these workers conducted more than 64,000 health visits to children under five and assisted more than 5,500 to receive vaccinations. They provided more than 3,000 women with prenatal care, and more than 660 with safe deliveries, postnatal and newborn care. They also helped more than 13,000 refugees access safe water.

As global aid systems falter, your continued support is a lifeline for Rohingya refugees.

## CPI-Supported Services and Impact Snapshot, 2025
## Kutupalong Refugee Camp, Bangladesh




**132,000+**
Rohingya refugees reached with essential services

**64,000+**
health visits to children under five

**76,000+**
reached with health care services

**3,000+**
pregnant women supported with prenatal care

**30,000+**
reached with water, sanitation, hygiene and solar energy

**660+**
women supported with safe deliveries and postnatal care

# Kolima's Story

**A Life Shattered by Conflict**

In late 2024, before conflict reached their village in Rakhine State, Myanmar, Kolima remembers her life. "We had a normal life. We worked every day and had our own place to live."

As fighting neared, Kolima watched her community and life unravel. "I saw people getting shot… Then, they burned our house down and we had to leave."

**A Dangerous Escape**

Kolima, her husband, and 2-year-old son fled to the Naf River in fear. They boarded a boat with 50 others and spent a full day and night crossing to Bangladesh.

After several days in transit facilities in Bangladesh, the family was housed in sub-camp 1W of Kutupalong Refugee Camp, where CPI provides health services through a network of Rohingya CHWs and a health post.

**Unexpected News**

Feeling unwell one morning, Kolima called over Umme, a CPI-supported CHW who was making routine visits. "She told me to get checked at the health post."

There, Kolima learned she was pregnant. "At first, I was very happy. But then the reality hit me, and I realized that I have no parents or other relatives here. How will I manage?"

**Daily Support**

But Umme stepped up. "She checks on me every day. She takes me to the health post for weekly checkups. She advises me on what to do."

The clinic provides vitamins, calcium and other medicines she needs. Kolima's son, who had never been vaccinated in Myanmar, has now been immunized. The care feels reassuring. "I am happy to receive these services, and now my child is protected against different diseases."

Following Umme's advice, Kolima plans to give birth in a health facility. "It will be better to give birth there… If I am in need of blood, I can't get it at home."

Kolima (right) with Umme in Kutupalong Refugee Camp, Bangladesh *(Md. Dipu/CPI)*

# Rethinking Health Sovereignty

**The Case for Plural Health Systems**

One outcome of global aid cuts is a renewed emphasis on national health sovereignty: the principle that states should define their own health priorities, design context-specific strategies and govern their health systems independently.

This makes sense in settled contexts, but what happens when the state is absent, unstable or unable to deliver?

**When the State Can't Reach**

Millions of people worldwide can't rely on the state for health care. This is true in Myanmar, South Sudan, Yemen, Syria, the Democratic Republic of Congo, and many other fragile and conflict-affected states.

In conflict settings where discrimination, a lack of trust, a lack of resources, a lack of access, or a lack of will prevent health for all, a purely state-centric vision of health care will continue to mean they are excluded.

In Myanmar, health care delivery is highly fragmented and involves many actors. While the state nominally provides services through public hospitals and other facilities in some areas, they are unaffordable for many, even for those who can reach them, due to out-of-pocket costs. For many in remote, rural and contested areas, conflict, transport challenges and a lack of trust keep state-provided services out of reach.

**A Parallel System, Decades in the Making**

This is not a recent trend. Decades of conflict and fragility in Myanmar have yielded a complex parallel health system of local organizations delivering services to millions of people across the country. This network is decentralized and loosely integrated, a structure that is both a source of resilience and vulnerability.

Embedded in and trusted by their communities, these organizations are experts in the local context: power and conflict dynamics, geographical terrain, local

A health worker listens to a patient's heart at a community clinic in Myanmar. *(Jeanne Hallacy/Kirana Productions/CPI)*

languages, culture, and customs. This gives them unique access to deliver care.

Yet they have been historically under-resourced, isolated and constrained by a fragmented, top-down aid system, often treated as subcontractors of an external donor's vision, with services designed primarily around funding availability and donor priorities.

**Three Priorities for a Plural Future**

The future of equitable, accessible and affordable health care in Myanmar, and in many other fragile and conflict-affected states, lies in the recognition of plurality and the system-building that strengthens it.

CPI has worked alongside local health networks in Myanmar for decades, and that experience shapes three strategic priorities. The first is **authentic localization**: a structural shift in power, with local organizations owning and leading service delivery, governance and access to resources.

The second is system-building support to strengthen, equip and connect this **mesh network** of local organizations: developing and coordinating data, supply chains and human resources to promote quality, integrated, evidence-based health services.

The third is **trust**. In conflict-affected contexts like Myanmar, fear and mistrust are everywhere. But without trust, nothing moves.

Trust means funding first: ensuring support to local actors when it's needed. It means reducing red tape and standing by local organizations through crises. Real change doesn't fit neatly into a grant cycle.

**Beyond the State**

In this model, the state remains a key health provider, but within the understanding that health systems extend well beyond government structures to include parallel providers.

A rigid, state-centric approach to national health sovereignty risks deepening exclusion.

A blended, context-sensitive model that recognizes plural health systems and prioritizes equity offers a more resilient and ethical path toward universal health coverage in complex settings.

A mother comforts her crying child who is receiving treatment at a community clinic in Myanmar. *(Jeanne Hallacy/Kirana Productions/CPI)*

# Donor Viewpoint: Geof Garth

*Geof Garth, inventor and entrepreneur, discusses his approach to philanthropy and his connection to CPI.*

**How I Give**

I focus my giving on the environment, educational support for high-performing kids, people with disabilities and underprivileged communities around the world.

My international giving is based on the premise that while a dollar can achieve a certain amount here in the U.S., a similar amount spent in places like Myanmar can achieve a whole lot more.

**Why I Trust CPI**

When deciding which organizations to support, I use the following benchmarks: Are they legitimate and well-rated? Do they use their resources efficiently? Are their people committed to the cause? CPI ticks those boxes.

My connection to CPI is also personal. I learned about the organization through a friend on the Board, and later got to know one of the co-founders. These connections helped me build a deeper understanding of the organization's values.

**The Time Value of Giving**

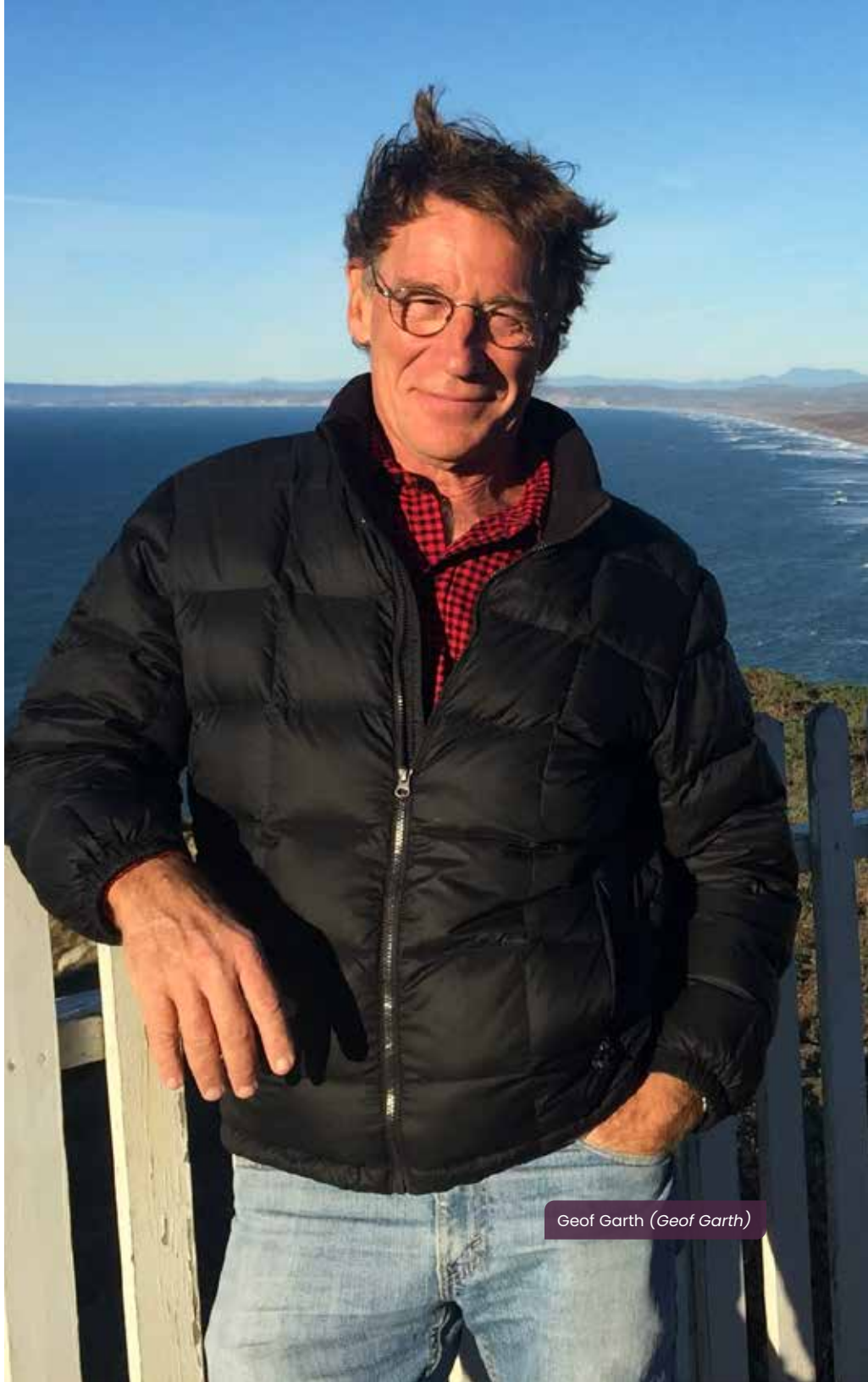
Recently, I've been thinking about the time value of my giving, asking, "Do I want this money to be there when I pass on?" I've concluded that giving away more, sooner, can lead to greater impact in both the short and long term.

**Passing the Torch**

When I think about young people starting out with their giving, I am reminded of a speech Jane Fonda made at a college alumni event I attended. Two things stuck with me.

First, she said giving is a habit: once you start, it becomes meaningful, and you continue. Maybe it's just $10 a month, but as your resources grow, so can your giving.

She ended with this call to action: **"If not us, then who?"** This sense of personal agency is vital — each of us *can* make a difference.



Geof Garth *(Geof Garth)*

# 2025 Financials (Pre-Audit)

**Resilience in a Turbulent Year**

Despite global aid cuts, CPI's revenue grew by just over 10% in 2025, thanks to sustained support from existing donors and new donor acquisition, in particular from individual and foundation sources.

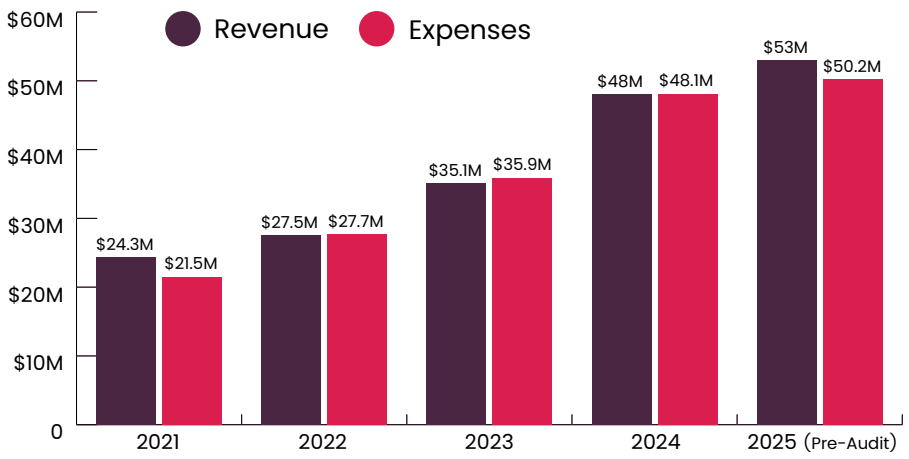
CPI maintained mission-focused resource stewardship, directing over 94% of annual expenses to programs, with less than 6% going to administration and fundraising.

Over 90% of 2025 program investments were focused on Myanmar, with a similar proportion allocated to health and humanitarian relief.

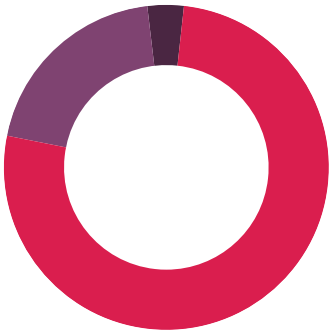
Reflecting CPI's commitment to localization, sub-grants, supplies and equipment provided to partners represented nearly 80% of program investments.

*Note: 2025 financial data are provisional, pending completion of CPI's audited financial statements.*

## REVENUE AND EXPENSES, 2021-2025

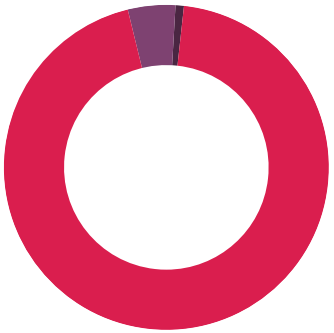



## 2025 REVENUE BREAKDOWN



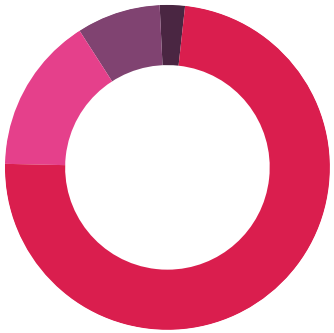
- **76.4%** Governments & Foreign Agencies
- **20.1%** Individuals & Foundations
- **3.5%** Other Income

## 2025 EXPENSES BREAKDOWN



- **94.5%** Programs
- **4.7%** Administration
- **0.8%** Fundraising

## 2025 PROGRAM EXPENSES BY IMPACT AREA



- **73.6%** Health
- **15.8%** Humanitarian Relief
- **8.1%** Well-Being
- **2.5%** Research & Learning

## 2025 SUB-GRANTS VS DIRECT PROGRAM EXPENSES

- **54.8%** Sub-Grants to Partners
- **23.8%** Partner Supplies & Equipment
- **21.4%** Direct Program Expenses

# Thank You

Our heartfelt thanks to all who supported Community Partners International in 2025:

## VISIONARIES

Farzana Ahmad and Houston Muslim Community
Anekant Community Center
B.K. Kee Foundation
Jim and Karen Baker
Bob Condon and Debbie Van Dusen
HP Foundation
Kim and Harold Louie Family Foundation
Kwoh and Pong Foundation
Kwok Foundation
Thomas J. Lee
Jill and Joel Lervold
MAC3 Impact Philanthropies
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MSC Foundation
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Orr Family Foundation
Ward and Samira Poulos
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Linda Smith and Joe Edmonds
Swiss Agency for Development and Cooperation (SDC)
Stan and Janie Sze
United Nations Population Fund (UNFPA)
Nora E. Warren
Anonymous Donors

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**This page:** Children ride on a cart in a village in Myanmar. *(Jeanne Hallacy/Kirana Productions/CPI)*

**Cover page:** A baby looks over its mother's shoulder in Kutupalong Refugee Camp, Bangladesh. *(Md. Dipu/CPI)*