



# 2025 Annual Report

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## Sustaining Hope Through Uncertainty

A reflection of enduring commitment, resilience in the face of challenges, and the power of data-driven, community-centered innovation.

# Who We Are

## Our Mission

TIP Global Health strengthens health systems and delivers better health outcomes. We do this through the power of relationships between people and across systems.

## Our Vision

We envision a world where effective and engaging primary care is delivered to everyone, everywhere.



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# A Message From our Leadership



**2025 was a year of partnership, resilience, and measurable progress.** Across Rwanda, Burundi, and Somalia, we worked alongside governments, frontline, health workers, and communities to strengthen primary healthcare systems and improve maternal and child health.

In Rwanda, a pregnant woman attends her antenatal visit and for the first time receives timely screening for anemia through e-HealthyStart. This work is in partnership with Ministry of Health, Rwanda Biomedical Center, WHO, Healthy Start Initiative among other partners. Her provider explains the results clearly, begins treatment early, and follows her journey throughout pregnancy. Today, **94%** of pregnant women have a recorded hemoglobin result, and **anemia rates have dropped to 3.1%**, compared to the national average of 13%. At the same time, providers delivering this care are better supported, our resilience module has reached frontline health workers serving **385,000** individuals, reducing burnout and improving the quality of care families receive. Rwanda is also advancing as a center for learning, with a user-friendly digital platform enabling researchers to evaluate the impact of comprehensive maternal and child health care on outcomes.

In Burundi, where maternal mortality remains high, a mother no longer has to navigate pregnancy alone. A community health worker visits her at home, using E-Heza, now fully translated into Kirundi to monitor her pregnancy, track her child's health, and ensure timely referrals when needed. Through the same platform, community health workers are also strengthening HIV and TB follow up, helping ensure continuity of care for some of the most vulnerable patients. This approach makes care consistent, proactive, and rooted in trust. Two centers of excellence now anchor workforce training and system integration, helping shape the country's national community health strategy and strengthening the foundation for long-term, high-quality care.

In Somalia, where fragile systems have destroyed trust, rebuilding care begins with meeting immediate needs. When nutrition programs collapsed, families stopped coming to clinics. In response, **TIP delivered 20 metric tons of fortified porridge**, restoring caregiver trust and reconnecting families to care. Today, **200 community health workers are equipped with E-Heza** to provide integrated services, from growth monitoring to vaccinations ensuring that families receive both the support they need today and the care that protects their future.

Across all three countries, a common shift is underway. With more than **600,000 patient records captured through E-Heza**, we are building AI-driven predictive models that identify risks such as maternal anemia, childhood stunting, and under-nutrition earlier. This shift, from reactive to proactive care means that a mother and her child are not only treated when illness occurs, but supported before complications arise, through timely, data-informed interventions delivered by trusted providers.


Together, these efforts show what's possible when systems are designed around people where hope is not just felt, but translated into better health outcomes across East Africa. **This year's theme, sustaining hope through uncertainty**, reflects a simple truth: when health workers are supported and families are empowered, care improves and healthier futures become possible. Through our Hope Framework and primary care model, we advanced efforts to end childhood stunting, strengthened community health systems, supported provider resilience, and expanded data-driven care.

These achievements are the result of deep collaboration with Ministries of Health, local partners, committed investors and the dedicated health workers who serve their communities every day. As we look ahead, our ambition remains bold: **to expand equitable, high quality primary care and reach 10 million people across 10 countries.** Thank you for your partnership in building systems that sustain hope and transform lives.


Dr. Wendy Leonard, MD

Dr. Diana Nambatya Nsubuga, PhD


# 2025 Key Highlights

**2,420** ..... 


HCWs and CHWs trained, strengthening frontline healthcare.

**22%** ..... 

Decrease in new underweight malnutrition cases across E-Heza sites.

**23%** ..... 

Decrease in stunting rates across E-Heza sites, driving an 18% drop in new cases and highlighting the value of prevention.

**32%** ..... 

Decrease in new cases of wasting.

## GOAL 1.5 MILLION

By end of 2026

**Current 915,727**

**61%**

**810,359**  
Reached via E-Heza

**99,035**  
Reached via Aheza

**6,268**  
Healthcare Workers Trained

**65**  
Mixteco Community  
(California)



# Our Primary Care Model and Hope Framework

At TIP Global Health, we strengthen primary healthcare systems across East Africa by harnessing the power of relationships to improve maternal and child health. Our 2025 theme, growing healthier futures, reflects our belief that sustainable impact requires both clinical excellence and a shared sense of hope. We build systems that not only deliver quality care today, but are equipped to sustain and scale impact for generations to come.

At the center of our work is the Hope Framework, which recognizes that quality care is shaped not only by services delivered, but by interconnectedness, readiness for change, and future-oriented mindsets. When health workers feel supported and families feel respected and empowered, care quality improves and engagement is sustained. In this way, hope becomes a measurable driver of better outcomes, not simply an aspirational concept.

We operationalize this framework through a community-driven primary care model that places families at the heart of the care experience. Our primary care toolkit equips frontline providers to translate clinical protocols into personalised care, communicate effectively, use data to strengthen engagement, and foster continuous quality improvement across the system. By strengthening both relational and clinical dimensions of care, we create environments where families return, adhere to care plans, and actively participate in their own health journeys.

Through integrated programs, research, and workforce development, we strengthen both provider capacity and patient engagement. Together, our primary care model and hope framework create resilient systems where connection, partnership, and belief in a healthier future drive measurable and lasting impact.

## Overall Impact Metrics

**65%**

reduction in  
maternal anemia

**41%**

decrease in  
child mortality

**42%**

reduction in  
stunting

**0**

cases of mother-to-  
child HIV transmission



# Building Systems to end Stunting

**In Rwanda, 2025 was a year of deep partnerships and shared purpose.** Ending childhood stunting requires more than isolated interventions, it demands an integrated, accountable health system that supports mothers and children from pregnancy through the first 1,000 days of life. In partnership with the Ministry of Health, the World Health Organization and Healthy Start Initiative via King Faisal Hospital, we completed the pilot phase of a national effort to eliminate stunting, with a full randomised controlled trial (RCT) launching in January 2026 across twelve districts.

**At the center of this work is e-HealthyStart (e-HS),** TIP's digital health platform adapted from E-Heza and co-designed with Rwanda Health Workers. The platform enables real-time monitoring of maternal and child health, supports personalised, data-informed care, and strengthens accountability across facilities. By equipping providers with actionable insights, we reinforce interconnectedness, readiness for change, and confidence in delivering high-quality care.

A key focus of the RCT is early detection and treatment of maternal anemia, a major risk factor for stunting. **Through e-HealthyStart:**

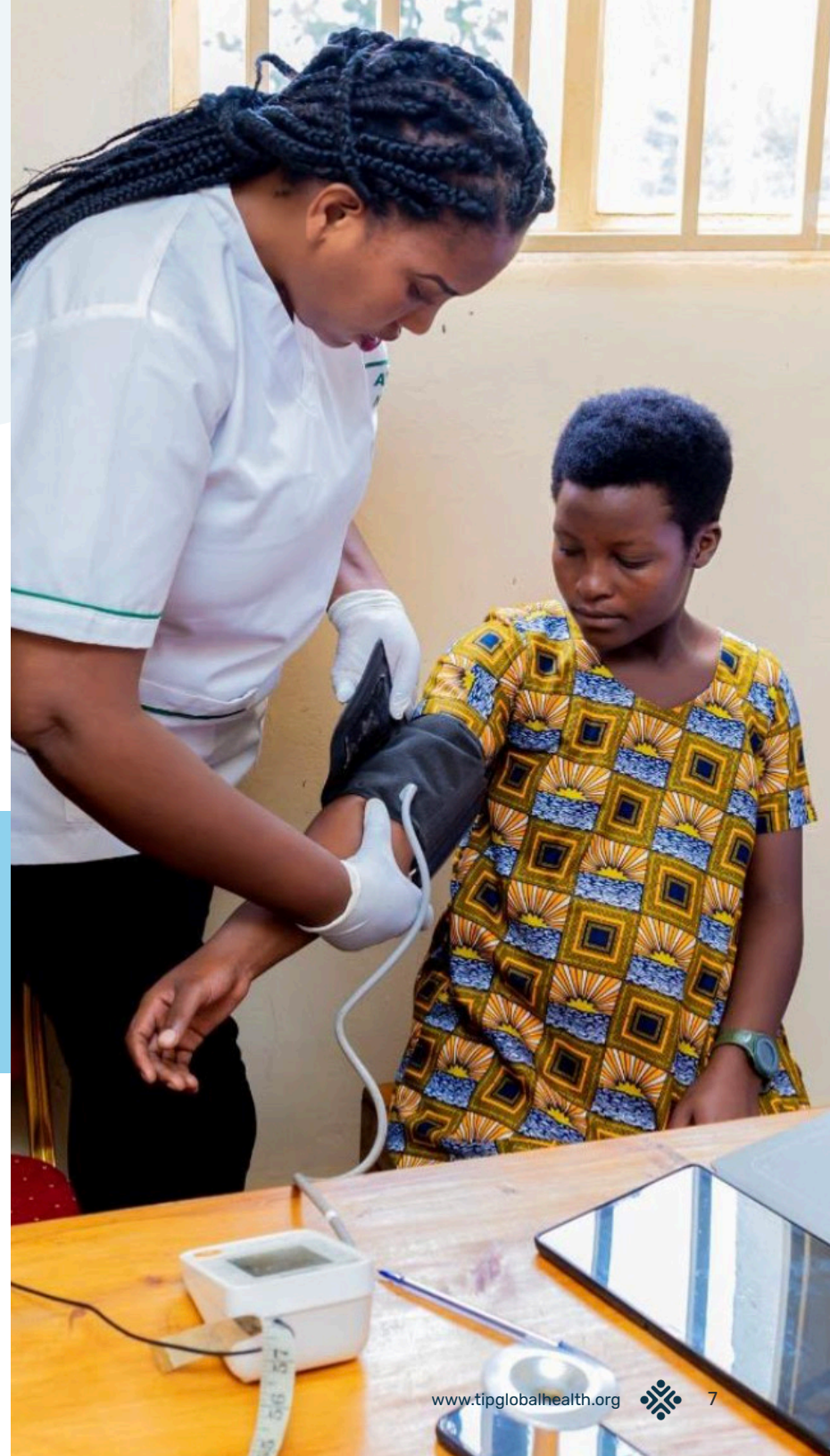
**94%**  
of pregnant women  
now have a recorded  
hemoglobin result

**100%**  
of identified anemia  
cases are treated

Anemia rates have  
been reduced to  
**3.1%**  
compared to the  
national average of 13%

Using our completion metrics tool, facilities identify care gaps in real time, driving continuous quality improvement. The upcoming RCT, adapted from a framework co-developed with Mathematica, will generate clinical evidence to inform national policy and shape global models for integrating digital health into maternal and child care systems.

**In Rwanda, 2025 was a year of strengthening systems, translating hope into measurable progress and building a foundation for healthier futures.**



# Caring for the Caregivers in Rwanda

In 2025, our work in Rwanda expanded to focus not only on systems, but on the well-being of the people who sustain them. As part of operationalizing our Hope Framework and primary care toolkit, we advanced the scale up of the E-Heza resilience module, designed to support the mental health of frontline healthcare workers.

Our hope research revealed high levels of stress and burnout among providers, where nearly 70% of frontline health workers are women balancing professional and personal responsibilities. To respond, we integrated a resilience module into E-Heza, delivering three resilience messages per week over six months focused on five pillars: stress management, mindfulness, self-care, connecting to purpose, and connecting with others.

The program also includes biweekly check-ins and monthly peer meetings, creating space for reflection and shared support. Participants report reduced burnout, improved job satisfaction, and feeling more valued in their roles;

strengthening quality of care for approximately **385,000 individuals** served through participating facilities.

Following a successful pilot, the Rwanda Ministry of Health's mental health and health workforce teams expressed strong interest on a national scale. A technical working group has been established to approve a national peer education curriculum and support the continued expansion to frontline health workers across the country .

At the request of healthcare workers, we also developed a standalone version of the resilience app, allowing them to access messages privately on their personal phones.

In Rwanda, 2025 reaffirmed a simple truth: strong health systems are built on supported health workers. By investing in resilience, we are strengthening care from within.



# Strengthening Community Health from the Ground up

**In Burundi, the need is urgent.** Maternal mortality remains at 334 per 100,000 live births, infant mortality at 42 per 1,000, and under-five mortality at 58 per 1,000 (DHS 2022–2023). Behind each number is a mother, a child, and a family navigating where health facility access, referral systems, and data visibility remain constrained.

**In 2025, our work in Burundi focused on strengthening the national community health system through deep and collaborative partnerships aligned with government priorities for primary healthcare reform.** Together with the Ministry of Public Health, Village Health Works (VHW), and Ubuntu Village of Life (UVL), we expanded the rollout of E-Heza to support a more connected, data-driven approach to care linking community-level services with facility-based decision-making.

E-Heza is now fully operational among community health workers, with plans to scale further in the coming months. Community health workers are using the platform to monitor pregnancies, track child health, manage immunizations, support integrated community case management (ICCM) for common childhood illness, and strengthen HIV and TB follow-up. With real-time data and improved tools, they can identify danger signs earlier, make timely referrals, and bridge the gap between home and health facility. To support sustainable scale, we established two centers of excellence in Kigutu and Mugamba, led by our local partners. These centers serve as training and demonstration sites, informing the Ministry's national roadmap for community health scale-up; including workforce training, data governance, and system integration.

**E-Heza has now been fully translated into Kirundi and is being integrated into Burundi's revised national digital health strategy.** In partnership with UVL, we are also piloting integration with OpenMRS to strengthen continuity of care and data interoperability across the health system.

**In Burundi, 2025 was about ensuring that no woman walks alone through pregnancy and no child falls through the cracks.** By equipping community health workers with better tools, training, and support, we are strengthening primary care where it matters the most; in the communities that need it most.

Throughout 2025, we worked closely with the Director General, Dr. Oscar Ntihakose, providing technical advisory support to the development of **Burundi's National Community Health Strategy (2025–2027)**. Our engagement focused on strengthening digital integration, workforce development, supervision structures, and data governance within the national framework. By contributing to strategy design at the highest level, we ensured that community-level digital health implementation through E-Heza is aligned with national priorities and positioned for sustainable scale.

## Burundi Impact in Action

In 2025, CHW encounters in Burundi reflect a strong focus on maternal and child health:

44%

child nutrition visits

29%

antenatal care visits

19%

well child visits and immunizations

4%

acute illness visits

2%

HIV & TB case management

# Rebuilding Trust, Restoring Care

Somalia continues to face some of the most severe maternal and child health challenges in the world. With maternal mortality among the highest globally and 44% of children receiving zero vaccinations, families in many communities remain disconnected from essential care. In fragile contexts like these, rebuilding primary healthcare begins with rebuilding trust.

In 2025, we partnered with the Banadir Primary Health Care Consortium (BPHCC) to bring E-Heza to 200 community health workers in Dhobley District, Lower Juba. Fully translated into Somali, the platform equips CHWs to track child growth, provide vaccination services, conduct malnutrition screening, and follow families over time using real-time data. By replacing paper-based systems with digital tools, providers can identify danger signs earlier and deliver more personalised, consistent care.

However, before strengthening systems, we had to respond to an immediate crisis. The collapse of USAID supported nutritional programs led to a sharp decline in caregiver engagement. When food supplies ran out, families stopped coming to clinics. Without treatment or nutritional support, screening alone was not enough.

In response, **TIP delivered 20 metric tons of Aheza Fortified Porridge (CSB+)**, produced in Rwanda, for distribution in Dhobley. This immediate action helped restore community trust and reopen the door to care. **When paired with E-Heza, families now receive a comprehensive package of services;** growth monitoring, nutritional support, and vaccinations aligned with our holistic community health model.

Implementation of E-Heza begins in December 2025 alongside nutritional supplementation support. Together, these efforts aim not only to address childhood malnutrition, which remains at epidemic levels, but also to reduce vaccine hesitancy and reconnect families to the health system.

**In Somalia, 2025 was about meeting urgent needs while laying the foundation for long-term resilience. By combining digital innovation with practical support, we are helping ensure that families return not only for food, but for consistent, compassionate, and quality care.**



# Advancing Predictive Primary Care Across East Africa

Across East Africa, frontline health workers are collecting millions of real-time data points through **E-Heza Data Solutions**, our digital platform for maternal and child health. With more than 600,000 patient records and millions of data points captured to date, we are now transforming this data into actionable insight; shifting from reacting to health crises to predicting and preventing them earlier.

**In 2025, TIP launched an AI-driven analytical framework using data from Rwanda, Burundi, and Somalia to build predictive models tailored to local contexts.**

Developed with mentorship support from Palindrome Data and Grand Challenges Canada, these models identify early warning signs of maternal complications, childhood stunting, undernutrition, and maternal depression. This marks an important step toward health systems that anticipate risk and intervene sooner, with greater precision.

We currently use AI to optimize software development, as well as data collection and analysis, laying the foundation for high-quality, accurate, and locally appropriate predictive tools embedded within E-Heza. As this work evolves, these tools will deliver timely, personalized insights that support frontline decision-making while strengthening rather than replacing the trusted relationships at the heart of primary care.

This work is already taking shape across countries. **In Rwanda**, predictive models will support early detection of maternal anemia. **In Burundi**, they will inform more strategic deployment of community health workers in remote areas. **In Somalia**, predictive insights will help re-engage families and address low vaccination coverage.

Recognized as a global digital public good, **E-Heza is enabling this transformation by connecting real-time clinical and community data across health systems.** By tracking patient outcomes, providers performance, and engagement trends, we ensure that innovation strengthens systems rather than strains them.

In 2025, operationalising the hope framework also meant embracing the future of data driven care, building systems that not only respond to need, but anticipate it.



# A Mother's Journey:

## Growing Healthier Futures Across Communities

Across the communities we serve, our primary care model is transforming what healthcare feels like for mothers; not just improving access, but restoring dignity, trust, and hope. Grounded in our Hope Framework, we recognize that when women feel supported, informed, and connected, they are more likely to seek care, stay engaged, and invest in their families' futures.

**This is the story of one mother. Her name changes across borders, but her experience reflects a shared reality and a shared possibility.**

**In rural Rwanda, Aline is expecting her second child.** During her first pregnancy, she often felt uncertain, clinic visits were rushed, and she left with questions she did not know how to ask.

*This time feels different.*

When Aline visits her local health center, the nurse greets her warmly and takes time to explain each step of her care. Through e-HealthyStart, her hemoglobin levels are checked early in pregnancy. When anemia is detected, she begins treatment immediately. She understands why it matters for her health, and for her baby's future.

*At home, Aline reflects on what has changed. She feels seen. She feels informed. She feels hopeful.*

For Aline, care is no longer something she passively receives, it is something she participates in. With each visit, her confidence grows, and so does her belief that her child will be born healthy.

**Across the border in Burundi, she is Chantal, a mother of three living in a rural community.** Accessing care has always required long walks and uncertainty about what she will find when she arrives.

Now, a community health worker visits her village regularly, equipped with E-Heza on a mobile device. During one visit, the health worker checks Chantal's youngest child for signs of illness, tracks growth, and confirms vaccinations are up to date. When concerns arise, she is referred early before the situation becomes critical.

*For the first time, care feels connected.*

Chantal no longer feels alone in managing her children's health. She has someone she trusts, someone who speaks her language, understands her community, and follows her family's journey over time.

In this connection, Chantal finds reassurance. In this reassurance, she finds hope.

**In Dhobley, Somalia, She is Ikram, raising her children in a context shaped by fragility and disruption. When nutrition programs stopped, she stopped going to the clinic. Without food support, the journey no longer felt worthwhile.**

***But then something changed.***

Community health workers returned, this time with both E-Heza and Aheza fortified porridge. When Ikram brings her child, she receives more than food. Her child's growth is monitored. Vaccinations are provided. She is counseled on her child's health and what to expect next.

***Slowly, trust begins to rebuild.***

Ikram starts to return not just for immediate needs, but because she believes the system can support her family. What began as an urgent response becomes something more lasting: a renewed relationship with care.

***Aline. Chantal. Ikram.***

Different names, different places but one shared experience: a health system that meets mothers where they are, strengthens their confidence, and supports their vision for a healthier future.

Across Rwanda, Burundi, and Somalia, our primary care model powered by the Hope Framework is doing more than delivering services. It is building systems where mothers feel connected, capable, and optimistic about what lies ahead.

**Because when a mother has hope, she returns. She engages. She invests in her children.**

**And in doing so, she helps build healthier futures for generations to come.**





# Spotlight

## From Insight to Impact: The Hope Framework in California

**At the heart of quality healthcare is something often overlooked: hope.** In 2025, TIP Global Health's Hope in California Initiative set out to better understand how hope shapes healthcare experiences among Mixteco immigrant communities and how it can be strengthened to improve access, trust, and outcomes.

Grounded in TIP's Hope Framework, the initiative explored three essential dimensions of hope: interconnect- edness (the role of relationships), readiness for change (belief in one's ability to overcome barriers), and future orientation (confidence in achieving better health). Through community-engaged research, these domains revealed a powerful truth: **hope is not abstract; it directly influences whether and how people seek care.**

Participants shared stories marked by resilience, but also by deep skepticism toward the healthcare system. Fear of unexpected diagnoses, concerns about unnecessary treatments, and past negative experiences contributed to delayed care and limited engagement. For some, healthcare felt unpredictable and disempowering, weakening trust and diminishing hope.

Yet, hope persisted. Family and community emerged as powerful motivators. Many participants described prioritizing their health not for themselves alone, but to care for their children and sustain their families. This sense of responsibility often translated into proactive efforts to improve nutrition and wellbeing. One participant reflected, "What motivates me? Well, having kids makes us think about it—if we're not healthy, who is going to raise our children?"

These insights underscore a critical opportunity: rebuilding trust and fostering hope can transform the patient experience. The initiative identified clear, actionable strategies for providers, including strengthening respectful communication, improving language and cultural responsiveness, offering clearer explanations of care, and integrating traditional practices where appropriate.

**The Hope in California Initiative reminds us that advancing health equity requires more than access;** it requires connection, understanding, and belief in a better future. By centering hope, we can create healthcare systems that not only treat illness, but also empower communities to thrive.

# A Message From the Board Chair



Dear Friends, Partners, and Supporters,

As I write my first letter as Board Chair of TIP Global Health, I do so with a profound sense of responsibility, gratitude, and personal connection. Having witnessed firsthand the power of resilience and the intentional rebuilding of systems within communities, I deeply appreciate the transformative work that TIP Global Health carries out every day.

Throughout 2025, I had the privilege of seeing the impact of our work across Rwanda, Burundi, and Somalia. In each setting, I observed meaningful progress: stronger primary healthcare systems, enhanced support for frontline health workers, and improved outcomes for mothers, children, and families. **Most inspiring was not only what was achieved, but how it was achieved—through partnership, trust, local leadership, and care designed around the needs of people.**

From a woman in Rwanda receiving timely anemia screening during pregnancy, to community-based healthcare initiatives improving access in Burundi, to efforts rebuilding trust and strengthening care delivery in Somalia, these stories demonstrate what is possible when health systems meet people where they are. They remind us that lasting change is not built through short-term interventions, but through sustained commitment, innovation, and collaboration.

I am particularly encouraged by our continued shift toward proactive, data-driven healthcare. By identifying risks earlier and supporting families before complications arise, we are helping communities move from crisis response to prevention and long-term wellbeing. This is the foundation of sustainable health improvement.

As Board Chair, I am committed to ensuring that TIP Global Health remains accountable, strategic, and ambitious in pursuing its mission. **Our vision of reaching 10 million people across 10 countries is bold, yet it is grounded in proven models and measurable results that are already improving lives today.**

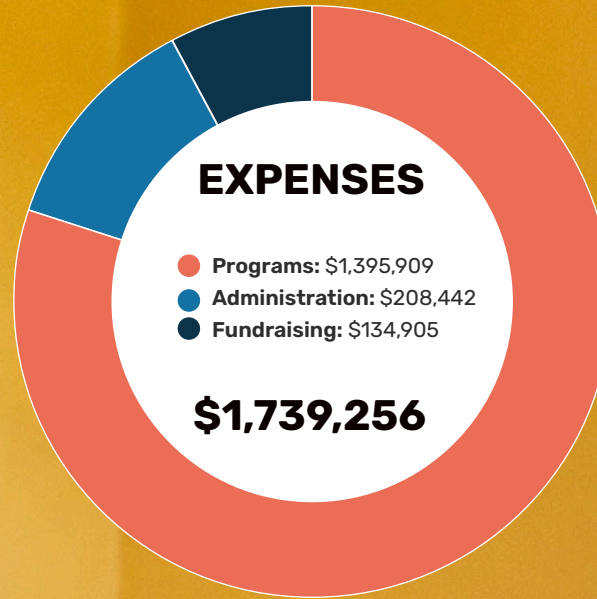
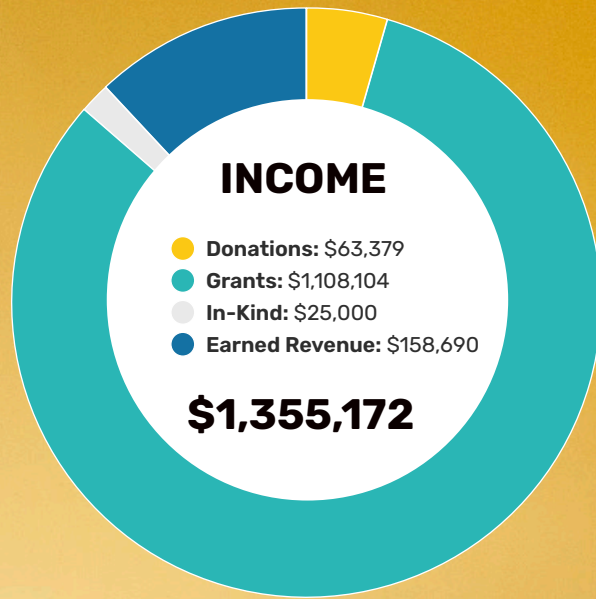
None of this progress happens without the dedication of our healthcare workers, the strength of our community partnerships, and the generosity of supporters who believe that every person deserves access to quality healthcare. Your investment enables us to strengthen health systems, equip frontline providers, expand access to lifesaving services, and create opportunities for healthier futures.

As we look ahead, I invite you to continue this journey with us. Whether through financial contributions, strategic partnerships, or advocacy, your support helps transform hope into action and action into lasting impact. **Together, we are not only improving health outcomes—we are empowering communities, strengthening systems, and changing lives.**

Thank you for your continued partnership, trust, and commitment to this important work.  
With gratitude,

Yehoyada Mbangukira, MsOD,  
Chair of the Board of Directors, TIP Global Health

# 2025 Financials



# Funding Partners



# Implementing Partners



# Coalitions



# Our Supporters

Todd Pope  
Gayle Northrop  
Wendy Leonard  
Yehoyada Mbangukira  
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Lisa Jackson  
Shelly Helgeson  
Eunice Ishimwe  
Kelly McKenna  
Peggy Seltz  
Suzanne McKenna



# Our Staff, Board Members and Advisors

**Adam Stewart**, E-Heza Chief Technology Officer  
**Adeodatus Nizeyimana**, Deputy Director of Implementation  
**Alphonsine Mukankuranga**, Implementation Support Assistant  
**Amitai Burstein**, Senior Software Developer  
**Anatoly Vaitsman**, Software Developer  
**Angele Bienvenue Ishimwe**, Director of Primary Care Research  
**Angelique Kanzayire**, Director of Implementation  
**Angelique Tuyisenge**, Operations Manager  
**Annick Gloria Uwitonze**, Research Assistant  
**Bernice Semana**, Business Development and Communication Associate  
**Betty Uwizeyimana**, House Manager  
**Delphine Umutoni**, Implementation Support Assistant  
**Diane Hakorimana**, Agronomist  
**Diane Mahoro**, Lead Software Engineer  
**Diana Nambatya Nsubuga**, Co-CEO  
**Diana Rujema**, Technical Writing Consultant  
**Emmanuel Nsengimana**, Director of Finance  
**Esther Ndacayisenga**, Cleaner  
**Etienne Twizeyimana**, Miller

**Gratien Mukeshimana**, Assistant to Country Director  
**Innocent Ndikumukiza**, Implementation Support Assistant  
**Jean Marie Vianney Nsengiyumva**, Implementation Support Lead  
**Jean Pierre Ndikubwayo**, Director of Community Health  
**Jean Rene Ishimwe**, Aheza Machinery Technician  
**Jeanette Pelizzon**, UX Designer  
**Josphine Gachuki**, Grants Manager  
**Karen Contador**, Project Consultant  
**Longin Dushimiyimana**, Roaster  
**Maria Adolfo**, Hope Coordinator, USA  
**Mireille Miasha**, Implementation Support Assistant  
**Nadine Curie**, E-Heza Project Manager  
**Ngarambe Jean de Dieu**, Project Manager  
**Neneya Shields**, Strategy & Growth  
**Soline Uwingabiye**, Director of Clinical Care Quality Improvement  
**Theophila Huriro Uwacu**, Director of E-Heza Data Solutions  
**Valens Hafashimana**, Chief Operations Officer  
**Violette Uwimana**, Store Keeper  
**Yvonne Mutuyimana**, Deputy Managing Director Aheza Fortified Food

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