

2025 ANNUAL REPORT

Driving Rural Health



tiba

Dear Tiba Community,



Thank you for making 2025 an outstanding year for Tiba Foundation and our partners at Matibabu Foundation. I was honored

to open the Serenity Parlor, a dignified community mortuary that supports families in times of loss while strengthening hospital sustainability. Dan Ogola, CEO of Matibabu, has also developed beautiful gardens to help families connect with nature's healing during the loss of a loved one. Tiba proudly supported the purchase of a hearse and the addition of a new social worker to serve the community.

The Mary Ann van Dam School of Nursing enrolled 445 students in 2025. This success has created a waiting list, underscoring both the program's strength and the severe shortage of nurses in Kenya. Limited classroom space now restricts our ability to train more students.

As an emergency physician, I am especially proud that five faculty members are now certified as Trainers in Basic Life Support (BLS). This milestone marks the first step toward expanding lifesaving emergency training beyond Matibabu.

Looking ahead, the need is clear. To respond to demand and workforce shortages, we must expand training space to educate more nurses. And with BLS instructors now trained, we need support to take this program on the road in 2026, bringing critical emergency skills to additional communities across Western Kenya.

In gratitude,

Bill Plautz, MD
Board President, Tiba Foundation

Dear Tiba Community,



I was grateful to spend two months in Kenya in 2025, witnessing firsthand the impact of Matibabu Foundation's work and strengthening our partnerships with Africa Cancer Foundation and Boda Girls Kenya. As a breast cancer survivor, I am especially encouraged by the cancer collaboration's project with the JOOTRH teaching and referral hospital working to strengthen patient navigation systems. In 2026, a new mobile clinic will be deployed to rural areas for early detection. In anticipation of increased diagnostic demand, we also plan to strengthen the laboratory at Matibabu in the coming year.

It was my privilege to work closely with Nancy Akeyo, now CEO of Boda Girls Kenya, to register a new Kenyan NGO led by a 100% women's board with deep expertise. Together, we launched Boda Girls in two additional counties and are positioned for continued growth in 2026. In partnership with Matibabu Foundation and hospital partners, Boda Girls is addressing one of the greatest barriers women face: distance to care.

As demand grows, expanding Boda Girls into new regions will require identifying donors willing to provide matching funds alongside local hospitals, enabling this proven model to reach more communities while maintaining strong local partnership and ownership. It has been an incredible journey, and none of this would be possible without your continued support.

In gratitude,

Diane Dodge
Executive Director, Tiba Foundation

Expanding Access & Advancing Expertise

In 2025, Matibabu Foundation Kenya (MFK) recorded a **320% increase in surgical procedures**, reflecting growing access to safe, timely surgery for patients across Western Kenya. This growth was driven by strategic partnerships, expanded specialist capacity, and targeted investments in equipment and training - made possible through Tiba Foundation's support.

Surgical Growth & Access

A key contributor to this increase was a partnership with Upendo, which enables independent surgeons to bring national health insurance-qualified patients to Matibabu for needed surgical care. Through this collaboration, more patients who might otherwise face long waits or travel barriers were able to receive surgery.

Specialized Care Through Volunteer Expertise

In 2025, Tiba supported a volunteer hand specialist surgical camp, bringing advanced, highly specialized care to patients who would otherwise have limited or no access to this expertise. These short-term interventions create immediate impact while complementing long-term capacity building.



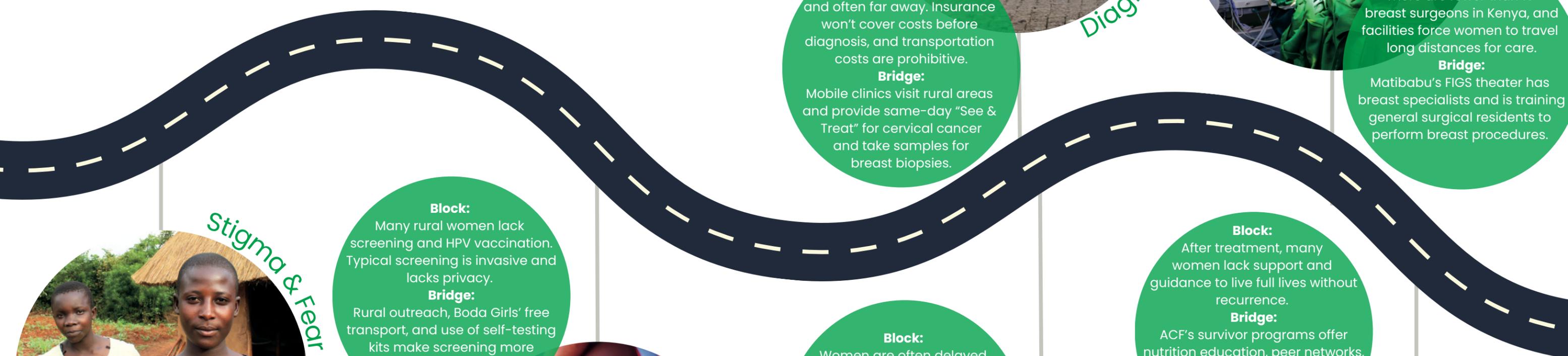
New Surgical Capability: Cataract Surgery

With generous support from FIGS, Matibabu now has the equipment needed to begin performing cataract surgery—opening the door for patients to regain sight, independence, and the ability to work, care for family, and live safely. As one of only a few facilities in Western Kenya offering this service, Matibabu will allow patients to receive sight-restoring care closer to home, eliminating long and costly journeys for treatment.



From Fear to Survival: How Tiba and Partners Close the Gaps in Care

Too many Kenyan women die from breast and cervical cancer because diagnosis comes too late or care is never completed. Nearly 80% of breast cancers are found at advanced stages, and many women are lost to follow-up due to distance, cost, fear, or system delays. Tiba is partnering with the Africa Cancer Foundation (ACF) and Matibabu Hospital to bridge the gap from screening to survival. Our patient navigation project cut the time between cancer suspicion to diagnosis from 6-8 weeks to an average of 23 days. ACF's mobile clinic will offer same-day screening, treatment, and biopsy, while Boda Girls provide free transport and trusted support, and Matibabu Hospital brings outreach, surgery, and training closer to home.



Diagnosis Delays

Block: Biopsies are expensive and often far away. Insurance won't cover costs before diagnosis, and transportation costs are prohibitive.

Bridge: Mobile clinics visit rural areas and provide same-day "See & Treat" for cervical cancer and take samples for breast biopsies.



Limited Treatment

Block: There are fewer than 10 breast surgeons in Kenya, and facilities force women to travel long distances for care.

Bridge: Matibabu's FIGS theater has breast specialists and is training general surgical residents to perform breast procedures.



Stigma & Fear

Block: Many rural women lack screening and HPV vaccination. Typical screening is invasive and lacks privacy.

Bridge: Rural outreach, Boda Girls' free transport, and use of self-testing kits make screening more accessible and comfortable.

Block: Cancer is seen as a death sentence. Fear and myths stop women from seeking care.

Bridge: Awareness campaigns and community education build trust and spread lifesaving information.



Limited Screening & Vaccination

Block: Women are often delayed or lost between clinics, labs, and hospitals.

Bridge: Same-day biopsy and a personal patient navigator connect families with services and cut wait time significantly.



Lost in the System

Block: After treatment, many women lack support and guidance to live full lives without recurrence.

Bridge: ACF's survivor programs offer nutrition education, peer networks, and opportunities for survivors to build cancer awareness and mentor other women.



Survivorship Gaps

Honoring Grief & Building Resilience

In 2025, MFK expanded its mental health services with the completion of the Serenity Parlor, a space designed to honor grief, support healing, and strengthen community well-being.

Serenity Parlor: Dignity in Times of Loss

In the local culture, **respect for the dead is essential**, and families often wait to bury loved ones on ancestral lands. Until recently, the community lacked a reputable mortuary where loved ones could be held with dignity during this time.



Integrated Mental Health Support

Mental health care at MFK is led by a full-time social worker supported by two trainees, with a focus on accessible, community-based support. **Core programs include:**

- Grief support groups for families utilizing mortuary services
- Resilience Circles, led by college staff for nursing students, fostering emotional well-being and a culture of care on campus
- Trauma support using somatic therapy, including Brainspotting, to help community members process grief and trauma



In 2025, Boda Girls Kenya:

- Registered as a Kenyan NGO
- Engaged a board of 6 Kenyan women leaders with expertise in scaling and governance
- Launched operations in 2 additional counties - Homa Bay and Kisumu
- Piloted electric motorcycles in partnership with MFK
- Was a finalist in the .Org Impact Awards



Addressing the "Triple Threat" to Safe Birth

In rural Kenya, preventable maternal and newborn deaths are often explained by what is known as the Three Delays Model. UNICEF estimates that Kenya loses approximately 5,000 mothers and 20,000 infants each year, with the highest burden in rural areas where distance to care and lack of transport increase risk. The initial counties where Boda Girls operates - Homa Bay, Kisumu, and Siaya - have rates among the highest in the country. **The Three Delays:**

DELAY 1

Deciding to Seek Care

Families may not recognize danger signs early or delay care due to cost, fear, cultural norms, or lack of information.

DELAY 2

Reaching Care

Even if care is sought, transportation challenges, unsafe roads, and lack of funds can cause critical delays.

DELAY 3

Receiving Adequate Care

Upon arrival, facilities may lack trained staff, equipment, supplies, or emergency readiness to respond quickly.

Why This Matters for Boda Girls

Boda Girls directly address the first two delays - and support the third - by building trusted relationships with expectant mothers, providing eight free antenatal care (ANC) visits including transport, creating a birth plan so the Boda Girl is called when labor begins, and partnering with hospitals trained in emergency maternal interventions. This approach increases timely care, facility-based births, and healthier outcomes for mothers and babies.

What's Possible with Strategic Investment

Estimated impact of one rural hospital partnered with 25 trained Boda Girls over two years, supported by a \$10,000 matching grant (\$5,000 per year):



9,936
Free rides
provided



1,578
Facility-based
births
supported



7,019
ANC visits
completed



5,065
Ultrasounds
delivered



1,028
Cancer
screenings
completed



Average daily
income per Boda
Girl increased
from \$1 to \$8

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Diane Dodge, Executive Director

Our Board of Directors covers all operating costs, so every dollar you give supports health care in Kenya - strengthening trusted, grassroots organizations in communities that carry the greatest health burdens but receive the fewest resources.



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