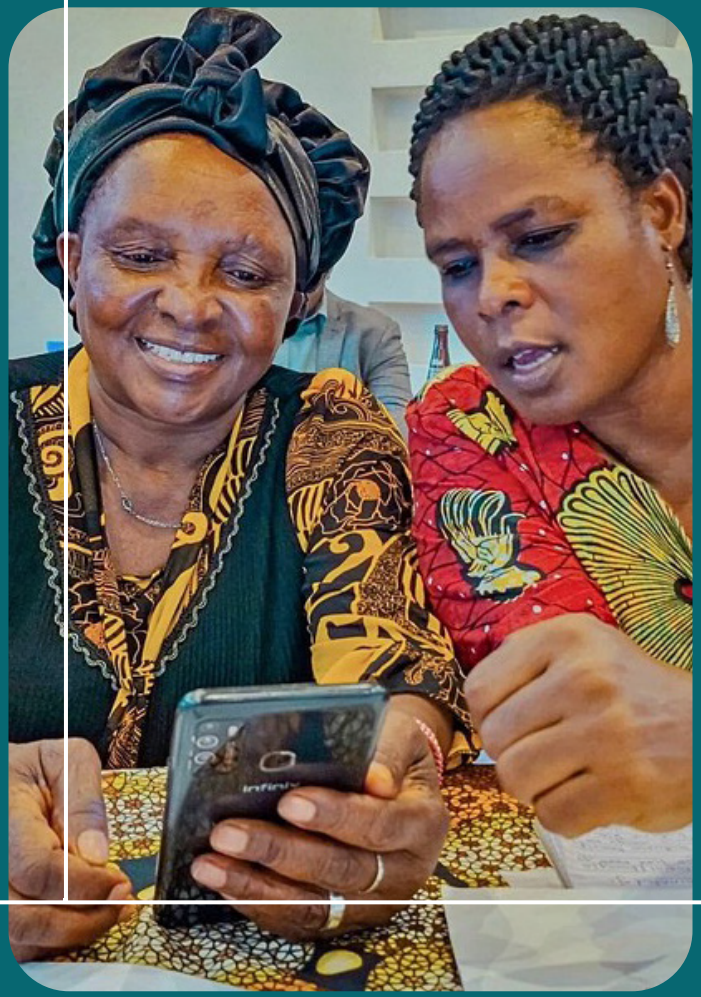
D-tree



REWIRING HEALTH SYSTEMS

WITH PEOPLE, HEALTH WORKERS AND GOVERNMENTS

OUR 2025 ANNUAL REPORT

www.d-tree.org

Contents

Letter from the CEO

Dear partners and friends,

Last year tested global health in ways few of us anticipated. The end of USAID funding, and the continued shrinking of bilateral aid, didn't just disrupt programs–it interrupted life-saving care. If this trend continues, it could lead to more than **9 million preventable deaths by 2030, including 2.5 million children under five**.

And yet, this same year also reminded me what progress can look like when we stay focused on what works. While AI companies raised nearly $100 billion last year, we built a meaningful tool for only a fraction of that, designed for the people and the places that need it most. For example, together with partners and the Government of Zanzibar, we developed a WhatsApp chatbot in Swahili to support community health worker supervisors. Supervisors were spending hours preparing for their staff meetings, time that should be spent supporting community health workers. With the chatbot, preparation now takes about 15 minutes, helping supervision become more targeted and useful, and efficient.

In the face of global uncertainty, **D-tree launched a new strategy**, and we are doubling down on what we do best: work with governments and frontline health workers to strengthen healthcare services by building practical tools, train health workers, shaping effective policies, and improving how care is delivered from start to finish. The results were real. In 2025, we provided quality health services to a record 860,000 people. In Zanzibar, a child development evaluation showed significant gains in children's thinking, language, and movement skills. In mainland Tanzania, as we supported the new national digital health strategy, in the Kibaha community our work doubled the correct use of antibiotics for childhood pneumonia and increased appropriate treatment for diarrhea. In Malawi, we supported the design of a national integrated community health system so health workers, and the systems they rely on, can endure.

Like many of our colleagues, we are learning what AI can and can't do in this context. The Zanzibar chatbot reinforced the importance of choosing the right use case, designing with users, and building trust from the start. Technology is most useful when it strengthens, not replaces, the decisions people make every day: at home, in the community and in clinics.

The road ahead is long, and the funding landscape is uncertain. But our work is proof that strengthening existing systems and supporting governments to lead is both possible and affordable; and that the right tools, in the right hands, still change lives. We can't afford to slow down.

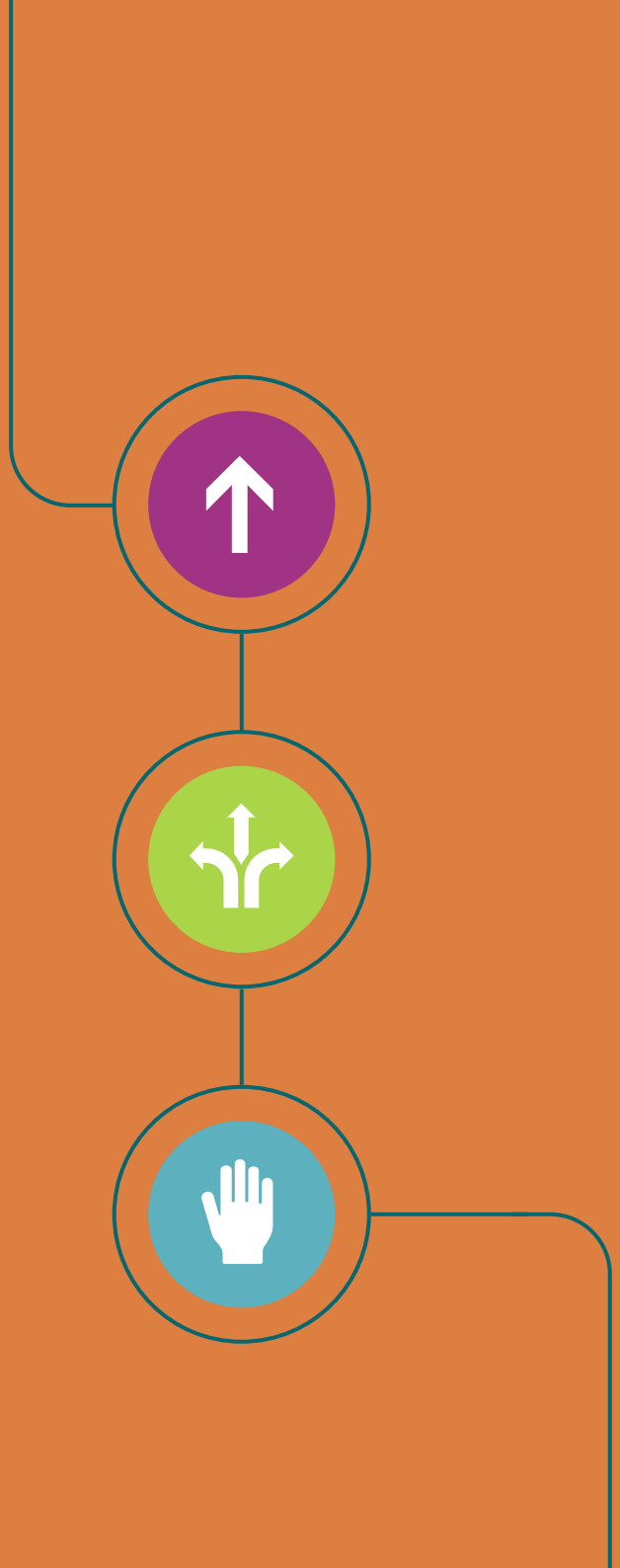
Riccardo Lampariello

Our approach and strategy

Health systems succeed or fail at the point of decision: when to seek care, how to treat a condition, where to send resources and how to follow up. But in too many settings, those decisions are made in isolation, without the context, tools, training or data needed to get them right. The result is costly: every year, 5 million people die due to poor quality or uncoordinated care.

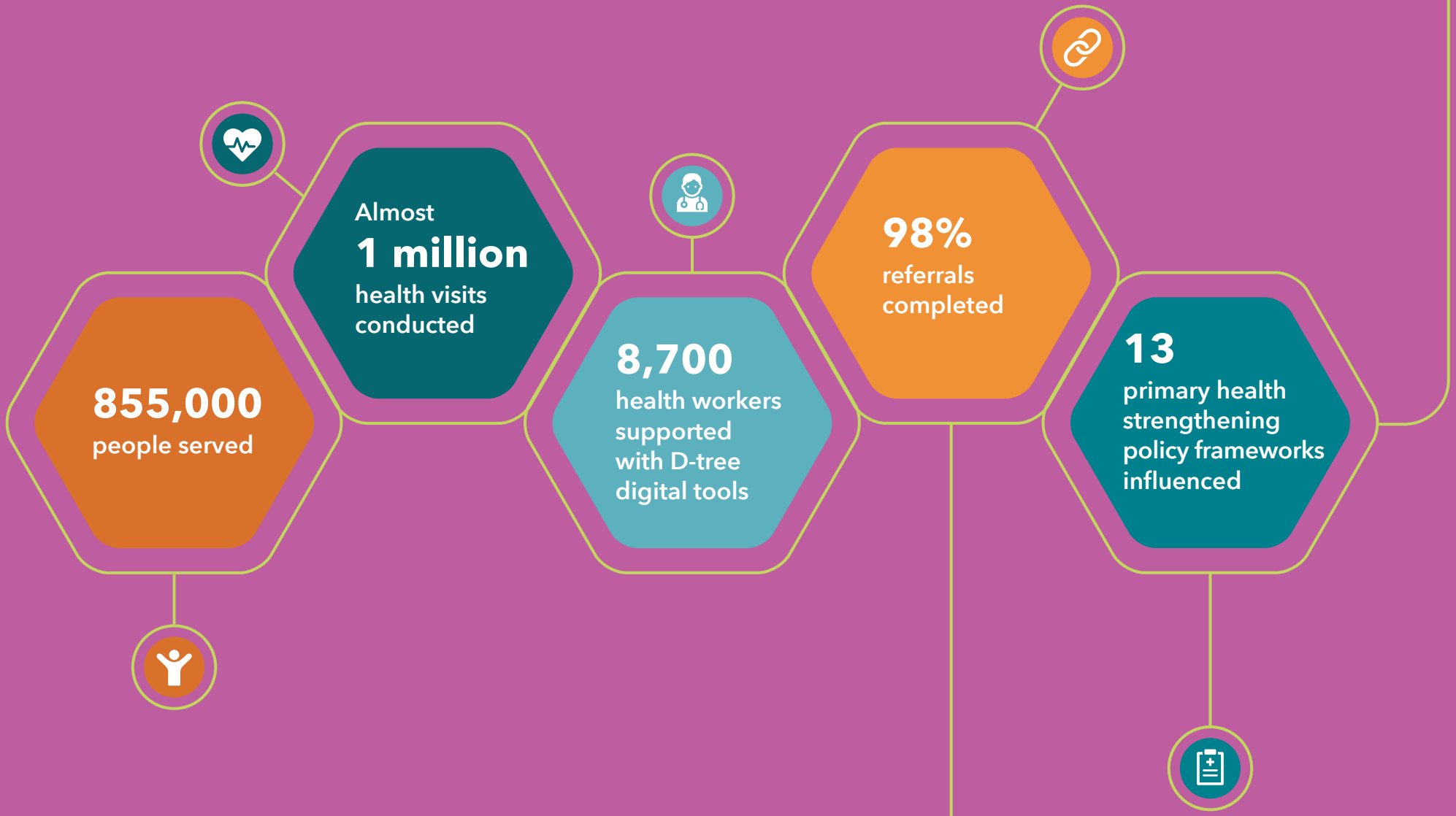
Our strategy is focused on one goal: people-centered primary health systems that enable better decisions, and better care, for everyone. After two decades of working alongside governments to strengthen care at the community through digital tools, we are uniquely positioned to expand our work across the primary health system, focusing on connecting what too often sits apart: community and facility services, frontline practice and supervision, and innovative pilots and national scale. We build on what already works – co-developing the tools, workflows and digital infrastructure that help health workers deliver higher-quality, more connected care; help individuals take informed action; and help governments lead and scale with confidence.

Our strategy comes to life through three pillars: raising the standard of care, coordinating care journeys, and driving individual agency. And always in partnership with governments. Together, these pillars answer the question that matters the most: what does it take for every person to get the care they need?



Our impact

2025 Reach and Results at a Glance



When governments lead, change lasts

Lasting change in primary healthcare doesn't come from standalone tools. It comes when governments lead– setting priorities, shaping service delivery, and owning the systems, policies and financing that make the health systems work. In 2025, we helped shape 13 primary healthcare policy frameworks across our geographies, from advocating for an increased dedicated national budget line for community health in Zanzibar to co-developing Tanzania's Digital Health Transformation Strategy 2025-2030. These foundations enable governments to fund, run and improve their own health systems.

With D-tree's continued advocacy, the Government of Zanzibar increased its community health allocation for the third consecutive year through a dedicated national budget line–rising to TZS 2 billion in 2025, a 400% increase from TZS 500 million in 2023. Alongside this, we worked closely with the government to build the capacity of health authorities at national and local levels to lead the national community health program, **Jamii ni Afya**.

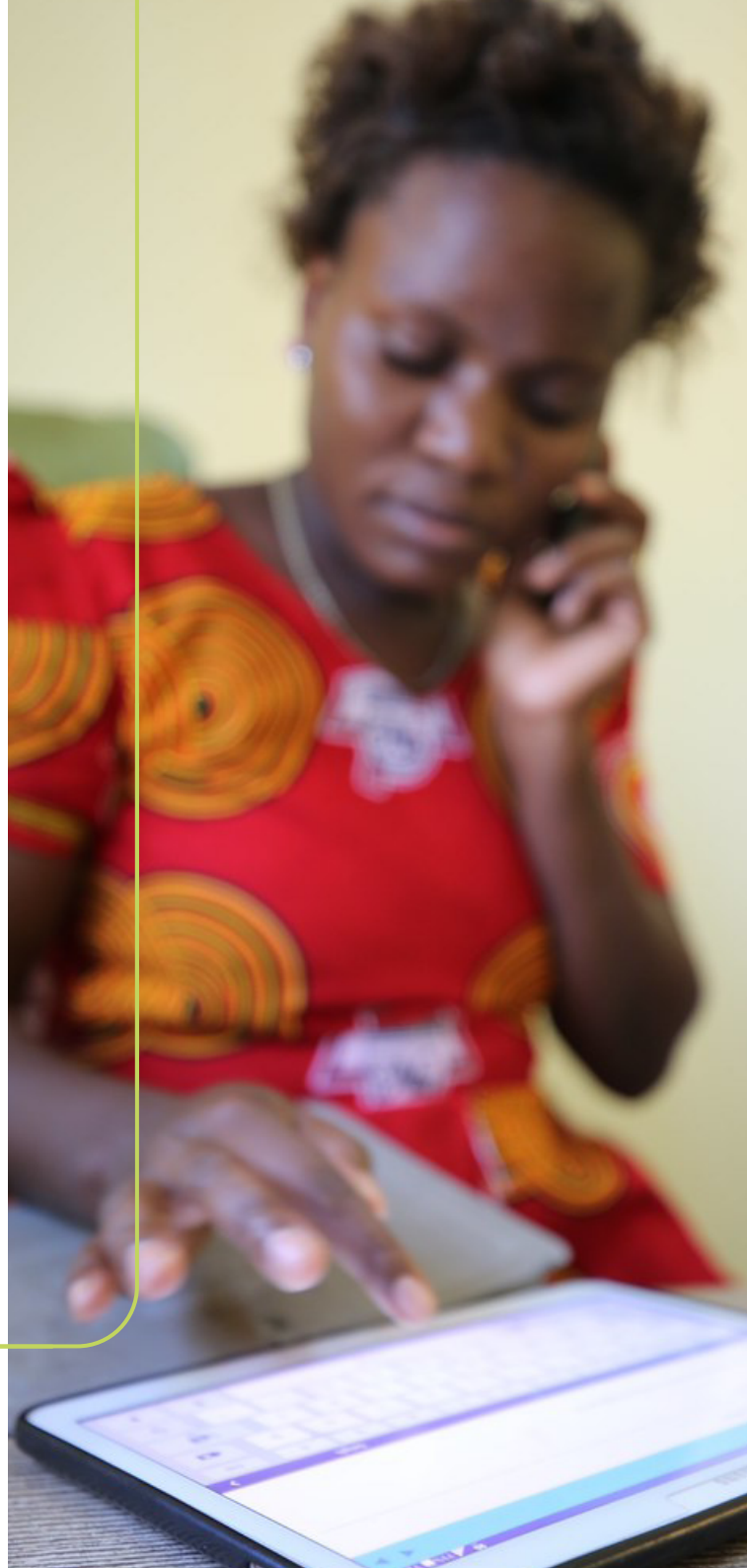
This year also marked a major workforce milestone in Zanzibar: nearly 2,300 community health workers completed a six-month professional training program, moving what was once a volunteer cadre into an upskilled and formally recognized workforce. These health workers are now part of the public health system, managed by the Government of Zanzibar, ready to serve their communities for years to come.

> Before the training, I didn't know how much of an impact I could have in my community. The training opened my eyes about the importance of listening, advocating and guiding people through the health system. Now, I feel confident that I can make a real difference.
>
> **MBAROUK IS-HAK HAJI, COMMUNITY HEALTH WORKER, ZANZIBAR**

In mainland Tanzania, we helped shape the Digital Health Transformation Strategy 2025-2030, a national roadmap that ensures digital health initiatives are built to last and reach everyone. In parallel, we have been integrating **Afya-Tek** - implemented in partnership with Apotheker Health Access Initiative - into Tanzania's national community health system (Afya Jamii, the Unified Community System). Afya-Tek connects mothers, children and young people to personalized care at every step of their care journey, from a community health worker at their door, to a local drug shop, to a health facility. What began in one district now has the potential to reach every Tanzanian.

In Malawi, even as external funding shifted and delivery slowed, community health workers continued using the family planning and maternal health workflows that D-tree designed and built into Malawi's national community health system, iCHIS. iCHIS guides the community health workers during their interaction with a patient, and it captures the data from that interaction for use at the district and national levels. The continued uptake, without external pressure or incentive, is a clear sign of ownership. It reflects a core D-tree ethos: build into government systems, not alongside them, and impact will last.

In 2026, we will continue working alongside governments to design, implement, and evaluate primary healthcare systems that ensure quality care at every stage of people's health journeys.



Health worker at Shinyanga Regional Referral Hospital in Tanzania.

PILLAR 1: Raising the Standard of Care

Everyone deserves quality care, regardless of which health worker they see or how stretched the system is. But in many primary health systems, health workers make decisions with limited support and problems are detected late. In 2025, D-tree-supported health workers conducted almost one million health visits, reaching 855,000 people with more consistent and higher-quality care.

Community health worker supervisors in Zanzibar are important but often have limited time on their hands. Last year, we piloted an AI chatbot on WhatsApp - developed in partnership with Dalberg - to support this group and how they work with their community health workers. The early results are promising. Supervisors cut meeting preparation time by 90%. Eight in ten community health workers reported receiving clearer, more actionable guidance. And 97% want their supervisors to keep using the tool. The chatbot translates routinely collected health data into actionable insights and generates structured meeting agendas aligned with Ministry of Health guidance. In 2026, the chatbot will continue to support supervisors as we are building the evidence on its impact.

In mainland Tanzania, health workers now have better visibility into the needs of children and families in their communities. D-tree led the development and rollout of an Early Childhood Development (ECD) dashboard as part of the national CHW system, providing health workers and managers with real-time, community-level data to improve planning and oversight of ECD services. We also updated national community health training manuals to include early childhood development, a step toward integrating ECD into maternal, newborn and child health services. Last year, community health workers reported that 88 % of the families they served created age-appropriate play materials, indicating a positive change in the interaction between caregivers and their children. A growing cadre of frontline workers is now equipped to better support children's development from the earliest years.

In Malawi, where one in ten adults lives with HIV, we equipped community health workers with digital tools for tracking and follow-up of HIV-positive mothers and their children. In 2024, 96 health workers conducted nearly 18,000 home visits, reaching more than 10,000 people with consistent, personalized support. Although USAID funding ended the project early, the work is continuing. We are currently in discussions with the Ministry of Health about potentially integrating core functionality into the national community health system, iCHIS, a pathway that could both protect and extend the gains made.

In 2026, we will build on these foundations by taking a more holistic approach to quality of care. We will provide more support for health workers, extend into new health areas and strengthen community-to-facility collaboration across the care journey.

Lenaida Festo Ishempogo in Tanzania felt unsure about how to engage with her baby. With the help of a community health worker she received practical parenting advice and now feels more confident raising her daughter.

PILLAR 2:
Coordinating Care Journeys

Care is a journey across time, providers and settings. When personal health records are kept in separate systems, referrals go untracked and follow-up breaks down, health workers are forced to make decisions without context and people are left to navigate the system alone. In 2025, 8,700 health workers across our geographies were equipped with D-tree digital tools for referrals, patient tracking, data collection and decision-making, giving health workers the information and support they need to deliver more connected, continuous care.

In Zanzibar, we took concrete steps toward coordinated care. We linked Jamii ni Afya to the national patient ID system (Kadi ya Matibabu) and ZanEMR, the electronic medical record system used in primary care facilities, meaning health workers can see a patient's full history across community and facility care for the first time. Building on this foundation, we supported the Government to design a care pathway for pediatric pneumonia, so that children showing symptoms receive timely, tracked care across every level of the system. Together, these lay the groundwork for a health system where no patient falls through the cracks.

Hypertension and diabetes can be deadly if left unmanaged, yet most people living with these conditions in Tanzania receive fragmented, reactive care. In 2025, we designed and validated a new workflow in our Afya-Tek model that gives community health workers and private drug shops the tools to screen, educate, refer and follow up on patients with these conditions. For the first time, Afya-Tek's connected care model extends beyond maternal and child health, opening a pathway to coordinated, proactive care for two of Tanzania's growing health challenges.

In 2026, we move from design to action – piloting the pediatric pneumonia care pathway in Zanzibar, launching community-based hypertension and diabetes care in Tanzania and generating evidence in both settings to build the case for scale.

> When I see someone with signs of high blood pressure or sugar, I want to help, but without tools or training, I can only advise. If there was a way for community health workers to follow up and screen for non-communicable diseases, it would make a big difference in our community.
>
> **COMMUNITY HEALTH WORKER, KIBAHA, TANZANIA**

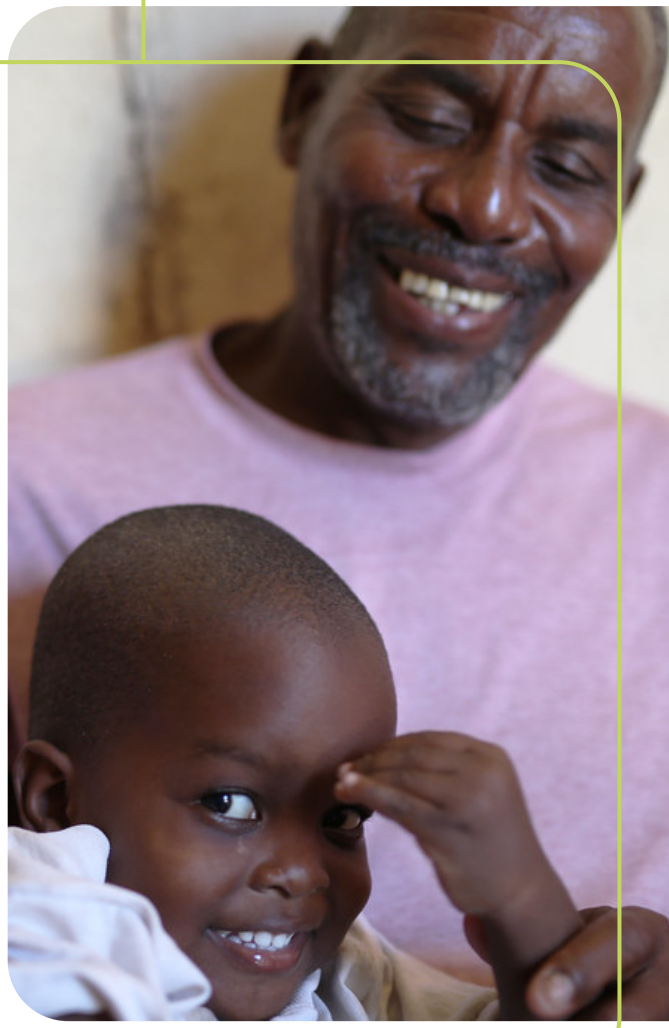
PILLAR 3:
Driving Individual Agency

Driving individual agency is our most forward-looking pillar. Much of what we built in 2025 – a stronger community health workforce, better quality care and more connected systems – creates the conditions for agency to grow.

In 2026, we will begin creating what sits on top of them. In Zanzibar and mainland Tanzania, we are designing collaborative care models with the patient at the center, using human-centered design to understand how people currently experience care, where gaps exist and how services can be delivered in ways that are simpler, clearer and more responsive to real needs. Patient voices will shape the design from the start.

We are also exploring a collaboration to design and integrate direct-to-client engagements within Zanzibar's digital health ecosystem. This would be built on top of the three platforms that sit at the heart of the government's health system: Jamii ni Afya, the national community health platform; M-Mama, the emergency transport and referral system for maternal and newborn emergencies; and ZanEMR, the electronic medical record system used across primary care facilities. By connecting these platforms, the solution would enable timely, personalized communication with women and families across their pregnancy and postnatal journey.

Together, these efforts reflect a shift in how we think about impact: individuals aren't just recipients of better services, but they are active participants in better care.



Sharing our learnings and evidence

From data to impact and knowledge

This year marked a turning point in how we measure impact. For the first time, we have a unified monitoring & evaluation framework that brings together data from across our country programs, creating a shared language for tracking progress, learning from what works and making faster, better decisions.

Working with LSS Global, we developed a set of global program indicators, an impact narrative grounded in real programmatic data and integrated dashboards that turn complex data into actionable insights. We also embedded a clear operational plan with defined roles and learning feedback loops so that evidence feeds into decision-making at every level of the organization.

This is about building a culture where learning is part of how we work, so that every decision we make is a little closer to the one that saves a life.

Parts of the D-tree team at the Global Digital Health Forum in Nairobi in 2025.

New evidence: **Enhancing Efficiency and User Experience of Digital Community Health Worker Payments in Zanzibar: Implementation Report**

Community health workers are the backbone of healthcare for all, yet most of the systems designed to pay them are built without ever asking what they need. This report shares what happened when we did exactly that, working with CHWs in Zanzibar to redesign a payment process that is faster, more accurate, and built around their experience.

Covid was the rehearsal, Stanford Social Innovation Review

We contributed to a piece in Stanford Social Innovation Review making the case for bold and trust-based philanthropy in the wake of the USAID funding freeze. Drawing on lessons from COVID-19, we called on funders to share risk with organizations.

Early childhood development in the spotlight in Zanzibar

Our work on early childhood development received attention in the national media in Zanzibar.

Conferences and Forums

In 2025, we joined peers, partners and policymakers at conferences and forums including Skoll World Forum, United Nations General Assembly (UNGA), World Health Summit, Tanzania Health Summit and the Global Digital Health Forum. We shared evidence, built connections and pushed the case for people-centered primary health systems that enable better decisions and care for everyone.

At the Global Digital Health Forum, we were proud to support the Marc Mitchell Award for Leadership and Innovation for the second consecutive year. Created by the Global Digital Health Network in memory of D-tree's founder, the award recognizes professionals using digital innovation to transform healthcare delivery. **This year's winner, Aditya Kulkarni, developed a wireless, smartphone-based CTG machine that enables non-specialized health workers to monitor pregnancies and connect women with the care they need**.

Clips for media covering our work in Zanzibar on Early Childhood Development.

Zanzibar First Lady to lead early childhood development efforts

By Guardian Correspondent, Zanzibar

IN a landmark decision to transform Zanzibar's future, the governmenthas prioritized Early Childhood Development (ECD) at the highest political level.

Zanzibar Multisectoral Early Childhood Development Programme (ZM-ECDP) has been officially placed under the Presidential Delivery Bureau (PDB), with the First Lady Mariam Mwinyi, taking a leading role in championing the initiative.

At a recent high-level advocacy meeting in Zanzibar, UNICEF–chair of the ECD Technical Working Group–applauded Zanzibar's strong commitment.

"The elevation of ECD
President's Office is a
er," said Laxim Bhaw
UNICEF's Zanzibar C
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first 1,000 days of life."

Recent assessments
40 percent of childre
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ed health, nutrition, l
parenting interventio

UNICEF and partn
Save the Children,
TECDEN work closely
ministries of health, education and community development to launch national parenting campaigns, train community health workers and establish integrated ECD centres.

"This campaign is not just about awareness. It's about changing how Zanzibar nurtures its future generation–starting from the household, supported by systems and driven by political will," Bhawani emphasized.

Dr. Ibrahim Kabole, Manager of Social Services Sector at the Presidential Delivery Bureau, reiterated the urgency: "This is not a programme–it is a national mission. ZM-ECDP aims to give every child in Zanzibar a fair start in life, regardless of their place of birth."

Media engagement is a key pillar of the campaign. Kenneth Sim-

not just creating awareness–we are shaping national behaviour, mobilizing political will and holding systems accountable."

Zanzibar to launch national advocacy campaign early July to transform ECD

By Guardian Reporter, Zanzibar

IN a defining moment for Zanzibar's future, President Dr. Hussein Ali Mwinyi, has declared Early Childhood Development (ECD) a top national priority, placing it under his direct oversight. The bold move, made in June last year, reflects his unwavering belief that people, are a nation's greatest asset, and that the path to sustainable development begins in the earliest years of life.

Building on this commitment, in support of the President's unwavering commitment to invest in improving Zanzibar's human capital , so as to generate future income and achieve sustainable development, one year later, (in June this year), key stakeholders reached a landmark decision to officially launch the National ECD Advocacy Campaign for the Zanzibar Multisectoral Early Childhood Development Programme (ZM-ECDP), scheduled to be launched early July this year.

The ZM-ECDP campaign under the Care Takership of the Zanzibar First Lady Her Excellence Mariam Mwinyi, coordinated by the Zanzibar Presidential Delivery Bureau (ZPDB), brings together key sectoral ministries (Community Development, Health and Education), development partners, civil society organisations, and the media in a united effort to ensure that all children under the age of 0-8 years receive the nurturing care, nutrition, early education, health, and protection they need to survive and thrive.

Speaking here recently at a briefing meeting, the First Lady expressed, her excitement on the campaign and the multi-sectoral approach. "I am so excited to see how this campaign has attracted people from different sectors, the integration and the cross cutting nature of the work to be done by ZM-ECDP ," said The First Lady Maryam Mwinyi, adding that " Early years of a child's development offers a window of opportunity to lay a firm foundation for later learning and development."

"This is the moment I have long been waiting for, when the President's call to strengthen and prioritize Early Childhood Development as the cornerstone of building Zanzibar's human capital is rapidly evolving into reality through the Zanzibar Multisectoral ECD Programme. I fully commit myself to supporting this initiative as its Champion." Committed The First Lady.

Zanzibar Presidential Delivery Bureau Chife Executive Officer (CEO) Prof. Mohammed Hafidh Khalifan, congratulated President Mwinyi. for fast tracking and elevating ECD under his direct oversight through PDB. This decision according to the ZPDB CEO, has yielded the current commitment by all stakeholders to one Multisectoral ECD programme. It will yield sustainable benefits to children between 0-8 year to realise their development milestones, thereby yielding excellent human capital benefits for the future prosperity of Zanzibar.

"This campaign is not just about awareness. It's about changing the way Zanzibar nurtures its future generation starting from the household, supported by systems, and led by political will," said the UNICEF chief in Zanzibar. Adding that, "I also take immense pleasure in saying that Zanzibar is fortunate that Her Excellence the First Lady of Zanzibar is the champion of ECD and in fact the 'Torch Bearer' to advance the agenda of ECD in Zanzibar. We would be privileged to work under your esteemed leadership."

Speaking on some of the ECD initiative being undertaken currently, Dr. Hannah McCarrick Mikidadi, Country Director, D-tree International, Zanzibar said. "Zanzibar's community health worker program, Jamii ni Afya, is not only nationally scaled but also fully digitally enabled, placing Zanzibar at the forefront of global innovation in public health. With over 2,200 Community Health Workers (CHWs) trained and now delivering early childhood development (ECD) services to households, we are already seeing measurable gains in children's cognitive, linguistic, and motor development."

What's next for D-tree? Our 2026 Goals

We want everyone to always receive the right care, at the right time, in the right place. Achieving that means following people seamlessly across their care journey – at home, in the community and at a clinic – because good health is not built in a single moment.

TECHNOLOGY THAT WORKS FOR EVERYONE.

Digital tools and AI have the power to address some of the most persistent challenges in global health, but right now, most of their benefits reach only those who are better off. We will continue to design and deploy technology that works for those who need it most, fits their realities, and is affordable, such as the **GenAI chatbot for community health worker supervisors in Zanzibar**.

STEPPING UP WHERE OTHERS HAVE STEPPED BACK

The withdrawal of USAID funding has left a significant gap in technical support for governments across sub-Saharan Africa. We will help fill this gap, providing the technical assistance, training and digital system support that national and local health authorities need to implement their priorities and lead their own health systems.

EXPANDING INTO THE DISEASES RESHAPING AFRICA

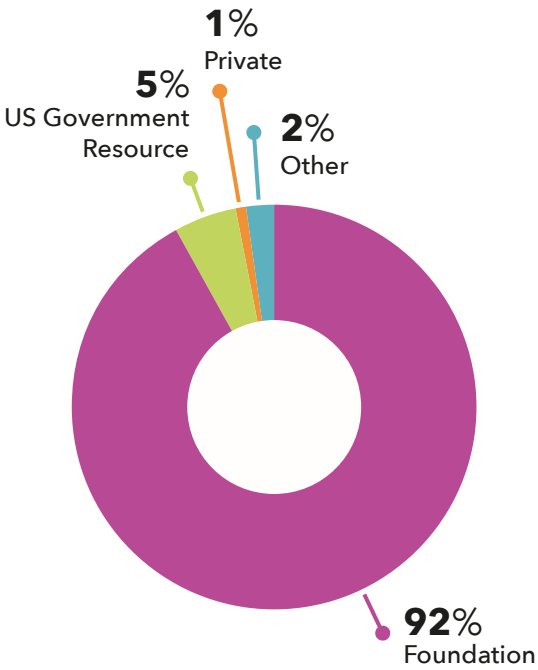
Infectious disease has long dominated the global health agenda, but non-communicable diseases (NCDs) are now an urgent and growing crisis. An estimated one in eight adults in Tanzania alone is living with diabetes. Wherever we can, we will extend our work to address hypertension, diabetes and other NCDs, bringing the same connected, community-based approach that has worked for maternal and child health to conditions that are quietly devastating communities across the continent.

Our donors

- Amref Africa (via USAID Malawi MOMENTUM)
- Tikweze Umoyo Project), Bayer Foundation
- Baylor College of Medicine Children's Foundation Malawi (via USAID-Malawi
- Client-Oriented Response for HIV Epidemic Control (CORE))
- Virginia Wellington Cabot Foundation
- Conrad N. Hilton Foundation
- Crown Family Philanthropies
- Dovetail Impact Foundation
- Endless Foundation
- Fondation Botnar
- Gates Foundation
- Patrick J. McGovern Foundation
- Rippleworks Foundation
- Stockholm University (with funding from the Swedish Research Council and UKAID)
- Swiss Federal Institute of Technology in Lausanne ("EPFL") – Tech4Dev

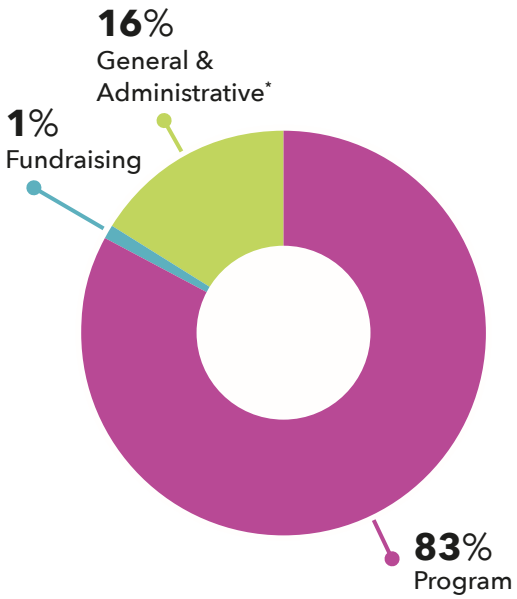
Financials

REVENUE BY SOURCE 2025



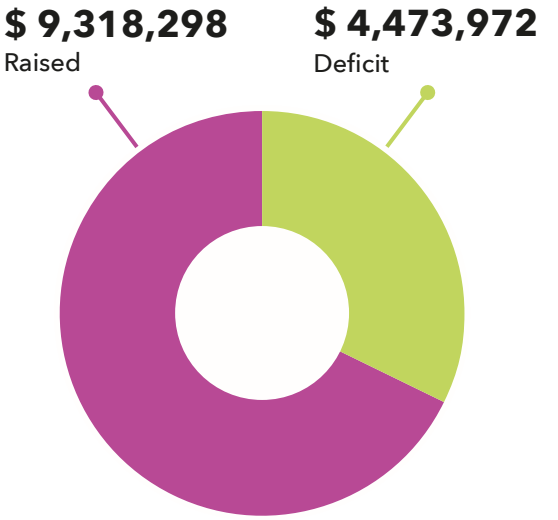
Foundation	$ 6,369,913
US Government Resource	$ 357,673
Private	$ 86,893
Other	$ 111,519
TOTAL REVENUE	**$ 6,925,997**

EXPENSES 2025



Program	$ 3,844,900
Fundraising	$ 35,778
General and Administrative*	$ 758,260
TOTAL EXPENSE	**$ 4,638,938**

TOTAL 3-YEAR BUDGET (FY25–FY27)



* General and administrative (or overhead) funding allows D-tree to be financially resilient and ensure robust financial, human resource and grants management systems and structures are in place that enable high quality programming. Help us break the myth that funds not going to 'programs' are not well spent. Unrestricted funds and overhead are essential to health of a well-run non-profits.

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Join us to improve care journeys for all

www.d-tree.org DONATE

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