



# Annual Impact Report

# 2025

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|                   |   |
|-------------------|---|
| <b>Adolescent</b> | Person aged 10-19 years                               |
| <b>AGYW</b>       | Adolescent Girls and Young Women                      |
| <b>AI</b>         | Artificial Intelligence                               |
| <b>ART</b>        | Antiretroviral Therapy                                |
| <b>ASRH</b>       | Adolescent Sexual and Reproductive Health             |
| <b>AYP</b>        | Adolescent Young Person/ Adolescents and Young People |
| <b>CBO</b>        | Community-Based Organisation                          |
| <b>CEO</b>        | Chief Executive Officer                               |
| <b>CEI</b>        | Client Exit Interviews                                |
| <b>CHP</b>        | Community Health Promoter                             |
| <b>CIFF</b>       | Children's Investment Fund Foundation                 |
| <b>CYP</b>        | Couple Years of Protection                            |
| <b>CSW</b>        | Commission on the Status of Women                     |
| <b>DIB</b>        | Development Impact Bond                               |
| <b>EBI</b>        | Evidence-Based Impact                                 |
| <b>EJAF</b>       | Elton John AIDS Foundation                            |
| <b>EKN</b>        | Embassy of the Kingdom of the Netherlands             |
| <b>ELMA</b>       | The ELMA Foundation                                   |
| <b>FIP</b>        | Facility Improvement Programme                        |
| <b>FP2030</b>     | Family Planning 2030                                  |
| <b>HR</b>         | Human Resources                                       |

|               |  |
|---------------|--|
| <b>ICPF</b>   | International Conference on Family Planning                  |
| <b>INGO</b>   | International Non-Governmental Organisation                  |
| <b>mCPR</b>   | Modern Contraceptive Prevalence Rate Ministry of Health      |
| <b>MERL</b>   | Monitoring, Evaluation, Research and Learning                |
| <b>ML</b>     | Machine Learning   |
| <b>MoH</b>    | Ministry of Health   |
| <b>MoU</b>    | Memorandum of Understanding                                  |
| <b>MPI</b>    | Multidimensional Poverty Index                               |
| <b>OBF</b>    | Outcome-Based Financing                                      |
| <b>PEP</b>    | Post-Exposure Prophylaxis                                    |
| <b>PPFP</b>   | Pregnancy Prevention and Family Planning                     |
| <b>PrEP</b>   | Pre-Exposure Prophylaxis                                     |
| <b>QA</b>     | Quality Assurance  |
| <b>RCT</b>    | Randomised Control Trial                                     |
| <b>RMNCAH</b> | Reproductive, Maternal, Newborn, Child and Adolescent Health |
| <b>SGBV</b>   | Sexual and Gender-Based Violence                             |
| <b>SRH</b>    | Sexual and Reproductive Health                               |
| <b>UNFPA</b>  | United Nations Population Fund                               |
| <b>UNGA</b>   | United Nations General Assembly                              |
| <b>VHT</b>    | Village Health Team  |
| <b>YAPS</b>   | Young Adolescent Peer Supporters                             |

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# Robust and resilient in challenging times:

## Tiko's determination to scale



With the closure of USAID and official development assistance (ODA) cuts from many other countries, 2025 was a defining moment for the development sector. No organisation was left untouched by the seismic shifts in our landscape, or the sudden emergence of a chillingly indifferent new narrative – one where global solidarity and empathy seemed to have been sidelined.

For us, it was a year of profound contrast. It was almost impossible to comprehend the overnight defunding of proven, youth- and girl-centric initiatives and the disruption to HIV prevention, testing and contraception programmes impacting girls and other vulnerable populations. We watched as the ripple effects threatened the existence of the local partners at the very heart of our sector's success.

Tiko has always been a different kind of organisation. Our model is inherently robust, resilient and designed for moments of crisis. We are girl-centric and digital-first, deeply human, sector-agnostic and intensely pragmatic.

We don't fall in love with our own solutions – we fall in love with the problem. If one pillar of the funding ecosystem fails, we pivot to find another way. Overcoming challenges so girls get continuous care is in our DNA.

When the traditional funding structures shook, we moved fast. We reached out to our existing donors who stepped up to support some of our ecosystem partners and vital community-led approaches.

We deepened our government partnerships, reaffirming our joint commitment to co-financing and integrated care. Our approach remains strictly complementary: governments provide the backbone, staffing and supplies – while Tiko powers the ecosystem through demand generation and private-sector integration.

Despite the shifting landscape, Tiko stepped up and impacted more girls than ever. In 2025, we reached 1.2 million girls with integrated services – a steady rise from 1.1 million in 2024.

We successfully transitioned 100% of our operations onto the new Tiko Platform, ensuring our digital infrastructure is as agile as the communities we serve. We successfully completed our second Development Impact Bond (DIB) in Kenya with standout results.

We also moved fast, proving that our model can tackle the most complex challenges. This year, we fully established our presence in Nigeria, Africa's most populous nation, and integrated evidence-informed sexual and gender-based violence (SGBV) support in Burkina Faso, Ethiopia, Kenya and Uganda. By embedding these critical services into our core offering, we ensured that integrated care isn't just a buzzword – it's a lifeline.

Finally, we doubled down on our commitment to rigorous proof. We launched a cluster randomised control trial (RCT) in Uganda to provide high quality evidence about the effectiveness and impact of family planning and HIV services accessed through Tiko by adolescents and young people (AYP).

For us, resilience is about providing the hard evidence that our model delivers, no matter which way the wind blows.

In 2025, our dual leadership structure proved essential. Our complementary styles as co-CEOs ensure Tiko remains future-ready. We are 'heads down' on delivery, ensuring every data point translates to a life change, and 'heads up' on the horizon, always scanning for the next opportunity to innovate.

The era of the hero INGO is over, and rightly so. We aren't here to be heroes. We are here to be the bedrock of a resilient, sustainable ecosystem that works for girls.

Thank you for standing with us as we prove that even in a changing world, the rights of girls are non-negotiable.

Yours in impact,  
**Serah Joy Malaba & Benoit Renard**  
Co-CEOs, Tiko

# 01

## About Tiko



## WHAT WE DO



Tiko is an African non-profit organisation partnering with governments, health providers and local community-based organisations to reimagine healthcare systems for adolescent girls across sub-Saharan Africa.



We turn fragmented services into a single, integrated ecosystem of accessible care for vulnerable girls facing the threat of unintended pregnancy, HIV and sexual violence – built around their lives and their choices.



By tackling this urgent crisis affecting millions of girls today, together we are helping to create a future where every girl has the protection and power to choose who she decides to be.



We work with local community-based organisations, peer educators, private and public providers and government to strengthen existing healthcare systems, rather than setting up parallel services. We break down the silos of traditional fragmented service delivery, enabling girls to access healthcare more easily.



We continuously measure service delivery and impact by capturing real-time, verified data. Through innovation and investment, we constantly strive for greater scale and impact for more girls at a lower cost per user.





# 02

2025 in  
focus



# 2025 in numbers



Total number of **services**

2,661,210

which included

1,516,511

**Contraceptive** services

616,464

**HIV** testing

51,375

**ARTs** and **PrEP**

10,729

**SGBV** services

271,192

**Mental health** services

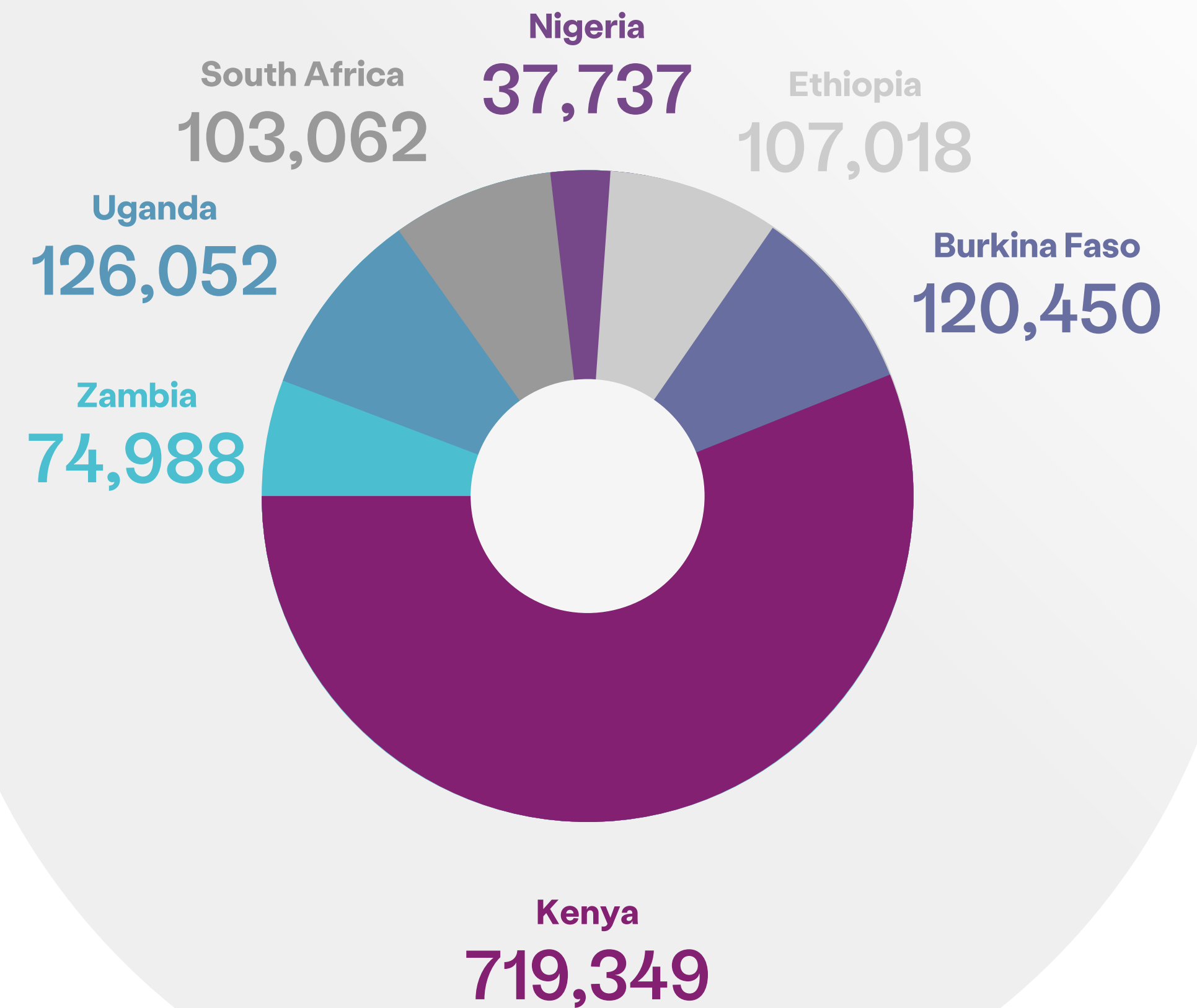
141,557

**SGBV** screenings



Total number of **AYP impacted** across 7 countries

1,288,656



# Key achievements



In a year of sudden and severe funding cuts and major disruptions, we **maintained our provision of integrated services to impact 1.2 million girls**. Our model is effective and resilient and Tiko is well-equipped to deal with the new funding landscape.



We launched a **cluster randomised control trial (RCT) in Uganda** to provide high quality evidence about the effectiveness and impact of family planning and HIV services accessed through Tiko by adolescents and young people.



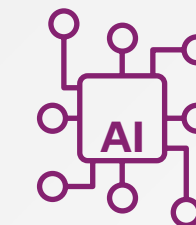
We **systematically migrated our core features to the new Tiko Platform**, a truly scalable, in-house and AI-ready digital ecosystem. By very early 2026, every Tiko operation had moved to our unified, modern, intelligent ecosystem.



We launched our **Prevention and Management of SGBV Strategy** in four countries, to go beyond typical care and to build a trusted, survivor-centric ecosystem that integrates medical, legal and psychological support – no matter where a girl is on her journey. We screened 141,000 girls and trained more than 1,200 service providers and mobilisers.



The world's first **Development Impact Bond (DIB)** for adolescent sexual and reproductive health (SRH), delivered by Tiko in 10 counties in Kenya, formally ended in June 2025. In a programme where payment was strictly tied to proven results, our performance was standout. It impacted 800,000 adolescent girls and young women, two and half times the initial target.



Tiko **leveraged AI and voice recognition** to deliver integrated health services with total privacy, requiring neither a smartphone nor internet access, ensuring transparency and dignity for every girl.



We launched our transformative **new 5-year strategy**, prioritising impact, integration, data-first system strengthening, cost-effectiveness and sustainability.



Tiko signed a pioneering **co-financing memorandum of understanding (MoU) with the Nasarawa State Government in Nigeria**. This is Tiko's model at its most evolved – moving beyond donor-only funding to a sustainable, shared-cost partnership with the state.



**Our global advocacy efforts** took us to Davos, the Commission on the Status of Women (CSW), the UN General Assembly (UNGA) and the International Conference on Family Planning (ICPF) to push the investment case for girls in the face of the funding decline, innovative financing and the need to focus on SGBV as part of an integrated response.

## THE TRIPLE THREAT

Millions of girls and young women across sub-Saharan Africa face the interconnected triple threat of unintended pregnancy, HIV infection and sexual violence. The impact on their health and livelihoods is devastating.



**Six million girls aged 10-19 are out of school due to early pregnancy.**



**Maternal mortality and HIV remain the leading causes of death for girls and young women in the region.**

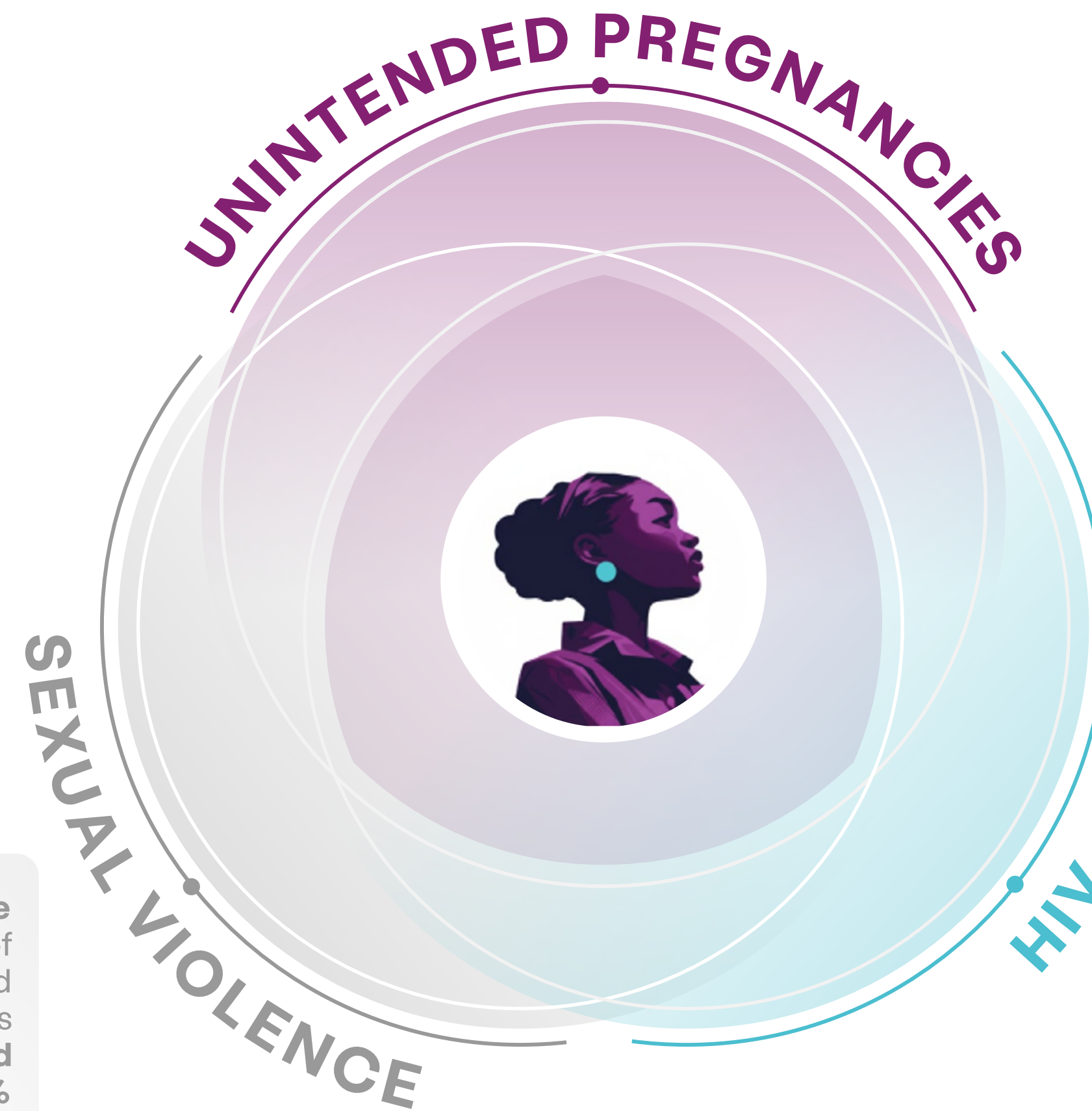


**One in five girls experiences sexual violence before turning 18 – dramatically increasing the risk of HIV infection and unintended pregnancy.**

All these factors limit employment opportunities and restrict girls' futures, with ripple effects on the economy.

Contraception, HIV and sexual violence services are delivered in isolation, with no clear entry point, coordination or follow-up. Girls are left to piece together support on their own, and too often, they fall through the cracks.

1 in 4 girls in become pregnant before age 18



**Sexual violence triples the risk of HIV infection and increases unintended pregnancy by 20%**

**Girls aged 15-24 account for 63% of new HIV infections**



# Strategy 2030: our radical roadmap

In 2025, Tiko connected more than 1.2 million girls to critical health services, while strengthening the systems that serve them. Our model is shown to avert unintended pregnancies, increase use of contraception (while maintaining full contraceptive choice) and expand HIV testing and linkage to treatment.

Beyond health outcomes, our interventions leave girls feeling more empowered to make informed decisions about their bodies and futures.

Now we want to take this proven solution to scale. **By 2030, we aim to impact 3.5 million** of the most vulnerable girls per year across six countries: Kenya, Uganda, Ethiopia, Nigeria, South Africa and Burkina Faso.

We will also fully integrate sexual violence services into our existing family planning and HIV offerings, to

holistically address the triple threat. To ensure long-term impact, we will lay the foundation for financial sustainability by deepening government partnerships and increasing cost-effectiveness.

**Over the five years, we will avert 3.6 million unintended pregnancies,** reduce incidence of HIV and improve outcomes for sexual violence survivors.

We will create a bold new blueprint for adolescent health – one that strengthens public systems, harnesses private providers to fill in critical gaps, builds local capacity and lays the foundation for governments to sustainably prioritise the health and futures of girls and young women.

**By turning a fragmented system into one that truly works, Tiko will unlock an entire generation's potential.**

Tiko's approach addresses the barriers to care by driving awareness, addressing stigma, ensuring affordability and integrating the existing system components to connect girls with the support they need.

Where funding cuts have disrupted the system, we are working with providers and governments to sustain access – tracking availability in real time, redirecting girls to private providers when needed, training new adolescent-serving providers and securing affordable, reliable supply chains.

Our model ensures girls not only know where to go, but can access services without fear, shame or financial hardship – empowering them to take charge of their health and futures.

## THE TIKO PROMISE

To realise our 2030 vision, we will focus on five strategic priorities:

**EXPAND CORE:**  
Transform Tiko into an integrated, girl-centric platform delivering critical services to target the triple threat.

**EXPAND REACH:**  
Take Tiko to scale in five key sub-Saharan African markets and sustain in one.

**STRENGTHEN SYSTEMS:**  
Strengthen local ecosystems (CBOs, peer educators, private and public health providers) and broader healthcare systems in countries where we work.

**DELIVER MORE VALUE:**  
Through a data-driven organisation, a lean operating model and scalable technology solutions.

**ACTIVATE SUSTAINABILITY PATHWAYS:**  
Design, pilot and scale complementary sustainability pathways.

# Breaking the silence: a new era of SGBV care

Sexual and gender-based violence (SGBV) is a catalyst for HIV, unintended pregnancy, trauma and social isolation. Across our markets, survivor services are scarce, fragmented or entirely absent – girls can be trapped by stigma, lack of protection and unreliable care, and find it difficult to obtain the care they need to heal.

In 2025, Tiko launched its Prevention and Management of SGBV Strategy, to integrate and scale sexual violence services to fully address the triple threat in Kenya, Uganda and Ethiopia. This work goes beyond typical care, to build a trusted, survivor-centric ecosystem of medical, legal and psychological support, as well as protection and safety – no matter where a girl is on her journey.

We screened 150,000 girls and trained more than 1,200 service providers and mobilisers.

Because we connect existing services into an integrated ecosystem, our model varies by geography. But in every context, Tiko is:

- **Building CBO capacity** to raise awareness, reduce stigma and build community support for girls by engaging leaders, men and boys to shift norms around masculinity and violence.
- **Training mobilisers to educate girls** on violence prevention, screen for signs of violence, provide emotional support, refer them to medical services and follow up on care plans.
- **Supporting government trainers to help public sector providers** screen for violence and provide trauma-informed medical care. This includes forensic evidence collection, pregnancy, HIV and STI testing, emergency contraception and post-exposure prophylaxis.
- **Providing access to psychological counselling** through public sector counsellors and private sector group therapy (where public-sector counsellors are unavailable).
- **Eliminating cost barriers with small vouchers** for transportation, food and dignity kits of clean clothing, while reimbursing providers for services not covered by the government.
- **Leveraging the Tiko platform** to track service delivery and ensure the quality of care.

Where possible, Tiko also refers survivors to legal aid, safe housing and reintegration support – partnering with governments and providers. Social workers (or mobilisers where they are not available) help girls navigate services, with Tiko reimbursing for small expenses and preparing providers to act as expert witnesses. This supports timely convictions – and reintegration for survivors.

Through this work, Tiko will generate data on survivor needs to encourage partners and governments to expand sexual violence support infrastructure.

Tiko is transforming how SGBV care is delivered by focusing on:

-  **Integrated awareness:** Embedding SGBV screening and holistic case management directly into the Tiko platform.
-  **Community capacity:** Empowering peer mobilisers and local partners to shift cultural norms and provide high-quality, trauma-sensitive care.
-  **System strengthening:** Institutionalising prevention within public and private sectors, using Tiko's real-time data to drive smarter government resource allocation.

By bridging the gap between digital efficiency and human-centred care, we are ensuring survivors are no longer invisible.

# The Adolescent Sexual Health Development Impact Bond:

## standout results

Tiko served as the implementing partner for the world’s first Development Impact Bond (DIB) for adolescent SRH. Working alongside the **UNFPA**, **UNAIDS**, **WHO** and the **SDG Partnership Platform**, in collaboration with the **Government of Kenya**, **CIFF** and **Bridges Outcomes Partnerships**, we took on the threat of HIV and teenage pregnancy across 10 high-burden counties.

June 2025 marked the formal close-out and evaluation of this historic outcome-based financing mechanism. In a programme where payment was strictly tied to proven results, Tiko’s performance was standout:

- **High-level success:** We successfully delivered on all five key payment metrics across both years of the project, across 10 counties. Tiko’s availability of real-time data ensured the team could monitor data daily and course-correct quickly. Over the two years of the DIB we provided 1.4m family planning services and 448,000 HIV services, reaching 800,000 adolescent girls and young women.
- **Cost-effective outcomes:** By achieving a service delivery rate three times higher than the initial target on a fixed budget, the DIB proved to be highly cost-effective, reducing the cost per service from \$17.50 to \$6.90. This highlights how outcome-based financing for scaled projects naturally incentivises efficiency, paving the way for governments to sustainably purchase these health outcomes.

| METRIC  | TARGET  | ACHIEVEMENT | % OF PROGRAMME TARGET |
|---|---------|-------------|-----------------------|
| Number of family planning services received through the ITH platform                    | 425,000 | 1,385,195   | 325%                  |
| Number of HIV services received through the ITH platform                                | 135,000 | 448,438     | 332%                  |
| Percentage of STM users resupplying in 4 months or switching to LARC                    | 41%     | 43%         | 105%                  |
| Percentage of unique users taking two or more HIV services in 18 months                 | 23%     | 27%         | 117%                  |
| Percentage of adolescent girls who access services and live in multidimensional poverty | 49%     | 54%         | 110%                  |

## How it worked

On the DIB, Tiko used an end-to-end incentive scheme that aligned the motivations of every actor in the ecosystem. This performance-based model demonstrated how Tiko can operate at a massive scale while maintaining the highest level of financial and impact integrity.

- **Outcome-based contracting:** At the highest level, the DIB model transferred the financial risk of underperformance from donors to investors and implementers, ensuring every dollar spent resulted in a verified health outcome.
- **Mobilisers:** Community mobilisers were paid per performance. They received small incentives only when a girl they enrolled successfully accessed her first service, with additional rewards for follow-up visits to encourage continuity of care.
- **Private facilities:** Providers were reimbursed for every verified service they delivered, ensuring high-quality care remains free for the end user.
- **Public facilities:** Since we did not directly reimburse the public sector for services, we provided an facilities improvement programme (FIP) payment. This modest incentive (averaging \$860 annually per clinic) is awarded to facilities that meet strict quality assurance and youth-friendliness metrics and is used for improvements, such as refurbishing spaces to make them more welcoming.
- **The Tiko Girl:** Through the Tiko Miles programme, girls received micro-rewards in the form of digital miles for accessing services or providing feedback. These miles can be redeemed at local shops for essentials like soap or sanitary pads, acting as a 'nudge' to maintain healthy behaviours.

'This model fundamentally changes how we fund and deliver social impact. By moving from traditional grants to paying only for verified outcomes, we create a system where resources are channelled to evidence-led solutions, and delivery consortia are empowered to innovate and scale their impact. Complex challenges like the threat of HIV and unintended teen pregnancies for girls in Africa require ambitious, collaborative solutions like this one.'

**Mila Lukic,**  
CEO of Bridges Outcomes Partnerships





# The Tiko Platform: evolution of a future-ready ecosystem

‘The transition to the Tiko Platform was more than a technical upgrade. It was a deliberate move to reinforce the foundation behind our work and support impact at scale.’

**Nelson Nogueira,**  
Chief Technology &  
Product Officer, Tiko



This journey began in a small office in Mozambique in 2012. A line of code was written which enabled an NGO to automatically send SMSs to its beneficiaries – that code was the basis of Movercado (MVC), our first software.

MVC was our proof of concept. Between 2012 and 2020, it underwent three major iterations, evolving from a prototype to a robust workflow engine. It introduced the concept of a ‘trigger’ – a simple keyword or code that could initiate a life-changing health interaction.

By 2020, our ambitions had outgrown our architecture. To impact millions, we needed more than a tool, we needed an ecosystem. The move to the Tiko Platform was driven by a bold vision:

- **Scalability and multi-tenancy:** Move from a single-country focus to a distributed system able to host multiple partners and projects simultaneously.
- **In-house sovereignty:** Commitment to build our own tech team, ensuring our software – and the data within it – could be managed sustainably.
- **Data with precision:** Move from generic data toward event-based, specific insights allowing us to understand the unique journey of every Tiko member.

2012

2015

2020

2025

The third version, MVC3, was written as Tiko became an independent organisation. It allowed us to configure a large amount of interactions without major back end developments, powering our first major pilots and expansion in Kenya.

Highly configurable, this software was agnostic to the area of impact. It supported our first Android applications, allowing us to introduce a no-tech to high-tech solution, allowing users without a phone to access the benefits of Tiko. It proved technology could bridge the gap between vulnerable populations and the health services they deserve.

Tiko migrated our core features – from complex enrolment flows to financial reward systems –to the new Tiko Platform, a truly scalable, in-house and AI-ready digital ecosystem. From Nigeria at the start of 2025 to our largest market, Kenya, in very early 2026, every Tiko operation moved to our unified, modern platform.

The Tiko core software is no longer just a great piece of technology and a database, it is an intelligent ecosystem. Our new architecture is divided into specialised domains: Rafiki for user access, Connect for partners, Loyalty for incentives and Trust for verification.

We are now in our AI-first phase, replacing manual audits with real-time AI ‘risk agents’ and using computer vision to verify medical commodities. Our ‘next-best-action’ engines use behavioural data to suggest the right health service to the right girl at the right time.

It is a platform that doesn’t just respond to the world, it anticipates a better future for every girl, everywhere.



# The partnership ecosystem: a pan-African network of changemakers

At Tiko, we invest in our partners. Since its launch in 2024, the Tiko Partnership Hub has evolved into a dedicated unit for capacity building and performance support: treating CBOs as valued collaborators, equipping them with the knowledge and tools to drive greater impact with Tiko and beyond.

## Scaling support

In 2025, we expanded this support model to all markets, ensuring every CBO has direct access to:

- **Weekly performance data:** Granular, actionable insights that drive informed decision-making.
- **Performance management tools:** Co-created solutions to help partners independently select, support and manage high-performing mobilisers.
- **Hands-on coaching support:** On-demand mentorship and technical support to help navigate unique local operational challenges.
- **Custom rewards:** A recognition programme that provides high-performing CBOs with relevant resources designed to further amplify their local impact.

By joining Tiko, these organisations enter a pan-African network of changemakers, fostering a culture where partners across sub-Saharan Africa learn from, challenge and inspire one another.

## From support to sustainability

We expanded our support by strengthening the internal processes of our Kenyan CBO partners, giving them a competitive edge in becoming donor-ready. By helping them establish formal governance boards, robust HR policies and professional financial controls, we provided the institutional credibility needed to diversify their funding and grow as independent, resilient organisations.

## Powering local ownership

As we scale, our goal is to strengthen our on the ground partners to take on more and more responsibility in the delivery of the Tiko programme, investing both financially and technically in their ability to deliver impact. This evolution deepens local ownership and builds a more resilient partnership model.

‘Our partnership with Tiko has truly transformed the way we serve our community. Through their continuous support and innovative approach, we have been able to reach more young people with accurate information and link them to timely, youth friendly SRH services. Tiko’s model has not only strengthened our systems but has also empowered us to make a real and lasting impact in the lives of the young people we serve. Tenda Zaidi na Tiko!’

**Manga HEART,  
Kenya CBO**





'I was so excited to be supported by Tiko to attend the ICFP2025 in Colombia. This gave me exposure to global perspectives that are going to help me improve my community work. This was not only an opportunity but a steadfast commitment to enhance young people's effort towards creating impactful solutions. Thank you for believing in young minds to create change and giving me an opportunity to lead on global platforms.'

**Lucy Achieng Onyango,**  
Girl Power CBO, Kenya



# PARTNERSHIP ECOSYSTEM IN NUMBERS

Active mobilisers

4,262

Public and private clinics

978

Active CBOs

169

Pharmacies

109

Retailers

750

# Innovation: discovering what really works

Kenya is the proving ground where we pilot, fail fast and refine the best practices to rollout across Africa. We innovate to build an evidence base for what actually works for girls.

## Economic empowerment: Wezesha

For young mothers, the barrier to employment isn't just a lack of skills, it's a lack of childcare and transport. Our **Wezesha** ('Empower' in Swahili) pilot tested an outcome-based training model for young women.



**The Tiko edge:** We provided wraparound support – childcare, transport, and SRH services – to ensure they could show up and fully benefit from the class.



**The result:** More than 50% of graduates are now in gainful employment, proving that when you remove the structural barriers, the potential is limitless.

## Precision: the Pathways project

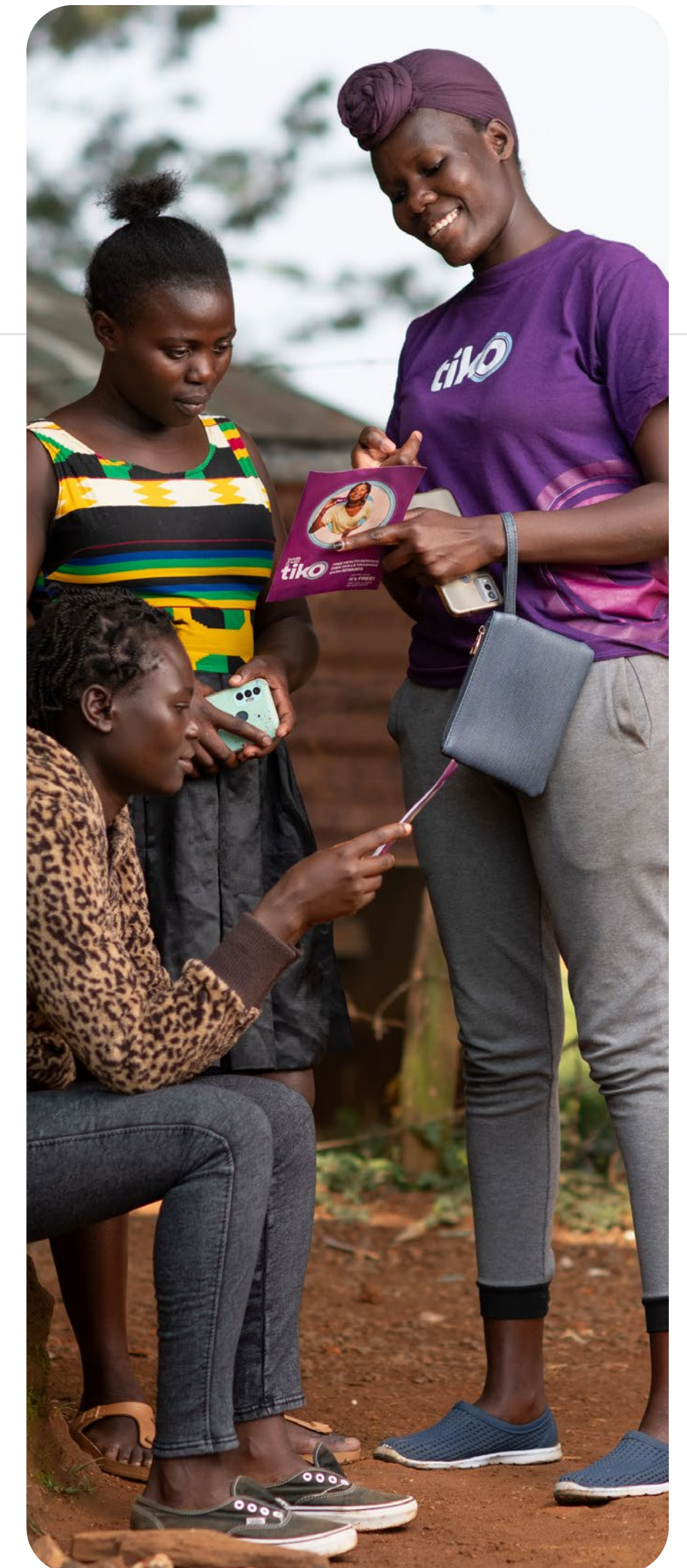
In collaboration with **The Gates Foundation** and **Sonder Collective**, we are moving beyond one-size-fits-all programming.

The Pathways initiative uses segmentation to better understand overlapping social, economic, cultural and environmental vulnerabilities facing AGYW in Kenya and inform more tailored programming to address vulnerability. Tiko is using the segmentation to refine efforts to prevent new HIV acquisitions, early and unintended pregnancies, and SGBV.

In 2025, we analysed the 2022 Kenya Demographic Health Survey to create 10 distinct segments across urban and rural contexts.

The approach will be used to roll out a hybrid cash transfer programme in Siaya and Machakos counties depending on each girl's unique needs. This segmentation ensures every dollar spent is hyper-targeted to the specific cultural and economic realities of each girl.

We are evaluating how targeted services can improve health outcomes, strengthen agency and autonomy, and enhance overall wellbeing.



# 03

## Country spotlights





# Kenya

## The blueprint for impact



Kenya is Tiko's flagship operation spanning 16 counties. By integrating HIV care, SGBV screening and mental health into a single journey, we addressed the triple threat facing young women with unprecedented, precise care.

Under the leadership of the new country director Celestine Mugambi, Tiko expanded its public sector footprint by 11%, serving 154,500 girls exclusively within the public sector, and formally executed a co-financing agreement with Homa Bay County.

To incentivise these public sector teams, Tiko implemented an FIP, which facilitated emergency commodity procurement and enhanced the delivery of youth-friendly services.

### 2025: scale meets quality

- **Massive reach:** We impacted 719,349 girls (ages 15–19) with subsidised SRH services.
- **Quality improvement:** We saw a 69% increase in quality assurance (QA) scores across private facilities, the highest improvement in any Tiko market.
- **Public sector integration:** We expanded from 197 public facilities in 2024 to 219 in 2025, proving that Tiko's agile tech can seamlessly strengthen government health systems.
- **New partnerships:** We secured a partnership to integrate triple-threat interventions and livelihood initiatives in Kisumu and Homa Bay.

## Tujulishane: building compassion through data

In late 2024, in a landmark collaboration with the Kenyan Ministry of Health (MoH), we launched the Tujulishane Campaign, a strategic intervention designed to normalise help-seeking and dismantle the stigma surrounding SGBV across Nairobi and Kisumu.

In 2025, we delivered the campaign, exceeding our initial targets for visual storytelling and placing content across media:

- **19.7m people reached:** Our joint efforts through digital and traditional media maximised the campaign's impact.
- **Consistent message:** We developed 112 unique e-posters to ensure our message remained consistent and accessible.
- **The lifeline:** Every piece of content anchored the user to our toll-free call centre, reinforcing one critical message: help is available, confidential and free.

Tujulishane proved that when the public sector and Tiko align, we can mobilise an entire community toward protection.

### The digital horizon

Kenya served as the launchpad for Tiko's voice verification system, which ensures every girl who interacts with the platform is real. It guarantees inclusivity for girls with limited literacy or shared phones and delivers verified, reliable data.

By embedding biometrics into every major service, we have set a new global standard for data trust and impact verification.

## KESP: education as a catalyst

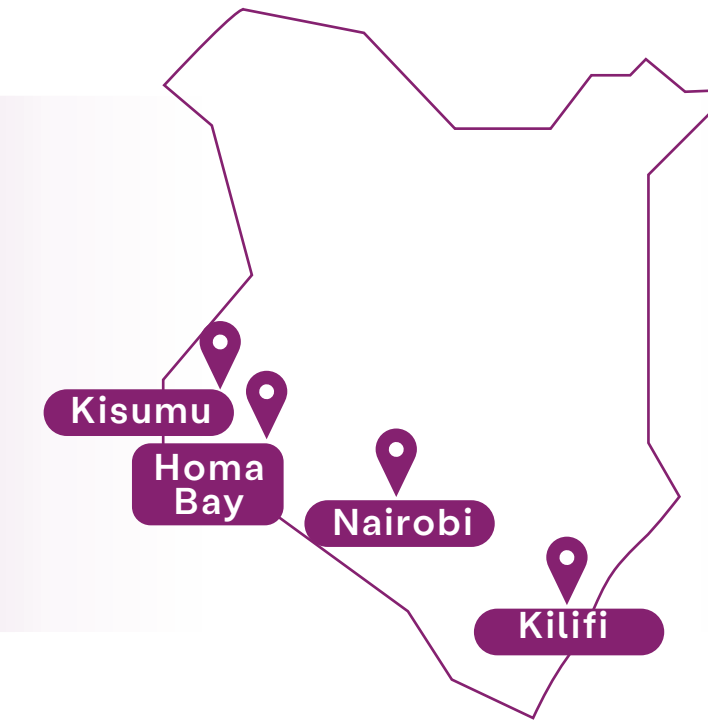
The **Kilifi Education Support Program (KESP)** continued to show how targeted financial support transforms lives. The intersection of health and education in Kilifi County is critical because physical wellbeing and academic opportunity are inextricably linked. When 81% of girls are out of school and nearly a quarter are married before age 18, it is clear SRHR education or counselling is insufficient if families cannot afford basic school necessities or if health outcomes are not stabilised.

An integrated approach – combining financial support through cash transfers with health interventions – is the only way to dismantle the cyclical barriers of educational deprivation and reproductive health risks, ensuring that girls can both transition to and remain in secondary school.

- **100% enrolment:** 3,522 girls in the programme had their fees paid in full.
- **Academic excellence:** Girls at Roka Secondary recorded a mean score of 4.5, outperforming boys, who scored 4.1. The school's overall mean grade improved dramatically from 3.084 to 4.306 – making it the most improved school in the sub-county. The principal attributed the success directly to Tiko-supported students.
- **Beyond the classroom:** Through partnerships with **Generation Kenya** and **SHOFCO**, we bridged the gap between graduation and employment, linking 170+ girls to entrepreneurship and demand-driven training. Our partnership with SHOFCO – who are also funded by **CIFF** – shows how investment in girls' health and education are dovetailing, with each organisation playing to its strengths.



**19 dialogues**  
across 4  
priority  
counties



**2,000**  
community  
members and  
leaders reached

## From stigma to accountability

In 2025, we addressed one of the most persistent barriers to safety: the culture of silence. Our **Community SGBV Dialogues** were designed as a strategic intervention to dismantle harmful norms and build localised, dignified referral pathways, ensuring that when a girl speaks out, she knows exactly whom to trust.

- **Validation over stigma:** These dialogues publicly validate survivor experiences, transforming community leaders from gatekeepers into champions of protection.
- **Collective ownership:** By engaging both 'norm-setters' and 'norm-receivers', we have shifted the community's stance from a tolerance of SGBV towards active accountability.
- **Localised pathways:** We strengthened the physical and social links to medical, legal and psychological support.

This model proves that when engagement is culturally grounded and community-led, we go beyond providing a service – we drive systemic change for girls.



# 2025 Kenya in numbers



Number of users served **719,349**

ART services provided **9,139**

Contraceptive services provided **987,295**

HIV tests provided **295,689**

SGBV services provided **7,460**

Pre-exposure prophylaxis (PrEP) for HIV prevention services provided **5,852**

# Burkina Faso



## Reaching the last mile

In Burkina Faso, Tiko demonstrated significant impact across Ouagadougou and Bobo-Dioulasso, in the country's southwest. In a landscape of immense challenge, our model is proving that technology can be the ultimate tool for equity.

Tiko provides a secure, stigma-free bridge to family planning, HIV services and critical support for survivors of sexual violence. The programme had the highest family planning continuation rate, a success attributed to a sophisticated combination of data-led outreach through the private sector and the innovative use of WhatsApp groups for user retention.

While a government directive brought a pause in operations in July 2025 pending the completion of our local registration, Tiko has proactively leveraged this period to ensure future stability.



## Targeting the deepest need

We serve those the system often misses. Our latest data reveals a profound impact on the most vulnerable:

- **Outperforming the baseline:** 56% of adolescent girls receiving Tiko services live in multidimensional poverty. Factors determining this in both Ouagadougou and Bobo-Dioulasso included lack of access to electricity and poor school attendance. This is significantly higher than the national urban poverty rate of 45%, proving that Tiko is successfully reaching deep into the communities that need us most.

## Institutional integration

By participating in regional technical groups and annual planning sessions, Tiko is now a core component of the national health strategy.

- **Joint oversight:** We conduct joint supervision and training with MoH teams, ensuring that our digital standards align perfectly with public health priorities.
- **Ecosystem strength:** In 2025, we delivered capacity-building to over 600 ecosystem actors. From performance monitoring for CBOs to rigorous QA audits for public and private providers, we are raising the bar for quality across the entire health landscape.

By combining operational training with a focus on national policy, Tiko is ensuring that even in the toughest terrains, no girl is left behind.

'Tiko has personally contributed so much to my life. It has allowed me to gain more knowledge about sexual health and how to raise awareness among young girls to foster behavioral change regarding SRH. I have also benefited from exchanging my Tiko Miles for food supplies such as rice, cooking oil and milk at partner shops. This only serves to further strengthen my commitment to the empowerment and wellbeing of young girls.'

**Ezona Geneviève Kanzie, Tiko peer mobiliser, Ouagadougou**





# 2025 Burkina Faso in numbers



Number of users served **120,450**

Contraceptive services provided **136,475**

HIV tests provided **30,403**

# Ethiopia

## Resilient infrastructure protecting the most vulnerable



In 2025, Tiko reached 107,000 girls – a scale-up of 45% from 2024, facilitated by a robust demand-generation strategy that effectively leveraged community mobilisers and health extension workers to establish ecosystems in new woredas.

A key strategic accomplishment was our public sector expansion, increasing from 11 facilities in 2024 to 30 in 2025, implementing our FIP to drive measurable gains in quality and service uptake. This was further consolidated by a new MoU with **DKT** to ensure a reliable supply of contraceptive commodities and a more diverse and improved method mix for our users.



### Strategic alignment

Tiko holds an active seat on the **reproductive, maternal, newborn, child and adolescent health (RMNCAH) Directorate** and the reproductive and adolescent and youth health technical working groups at the MoH and **Addis Ababa Health Bureau**, helping to shape the future of adolescent and reproductive health at the policy level.

Our collaboration with the Addis Ababa Health Bureau has moved beyond simple cooperation to a model of deep accountability.

We conducted supportive supervision across 25 public sites, ensuring that every Tiko-affiliated facility meets national health standards.

### The response to crisis

We delivered critical refresher training on clinical and forensic management of SGBV survivors to public health providers, ensuring that even as the system faced strain, the standards for survivor-centred care remained non-negotiable.

In Ethiopia, we are proving that Tiko offers resilient infrastructure that protects the most vulnerable girls when traditional systems falter.

‘Before Tiko began working in the community, we encountered many cases of teenage pregnancies and girls seeking abortions. These cases have significantly reduced now that contraceptive services are more accessible. While we still receive some cases, the numbers have decreased dramatically.’

**Dr Biniyam Fentie, general manager, Sabriyout Clinic, Gulelle sub city, Addis Ababa**





# 2025 Ethiopia in numbers



Number of users served **107,018**

Contraceptive services provided **220,477**



# Nigeria

## An ambitious horizon



Nigeria represents our most ambitious horizon and is a strong fit for Tiko's model, with its many large cities where informal settlements have fragmented, low-quality healthcare infrastructure.

The programme is central to our mission of reaching 3.5 million girls by 2030, offering a unique opportunity to prove our model's scalability in a complex, high-impact environment. Expanding here will unlock a new era of youth-led health solutions, empowering a generation of Nigerian girls to stay in school, pursue their dreams and drive the continent's prosperity.

With 19% of girls aged 15-19 already navigating the complexities of early childbearing, the need for Tiko's model is urgent. In 2025, we fully launched in Nigeria with a clear, accelerated roadmap: to impact 600,000 Nigerian girls annually by 2030.



### A rapid strategic launch

In our first year, we moved with speed and care to establish a robust infrastructure across three key Area Councils in Abuja (Bwari, AMAC and Kuje):

- **Private sector foundation:** We rapidly built a network of over 40 private clinics, training providers to deliver youth-friendly services that meet strict MoH standards.
- **Strategic partnerships:** We signed a landmark agreement with the **Planned Parenthood Federation of Nigeria (PPFN)** to manage five public facilities, ensuring a consistent supply of commodities and a Tiko standard of care. We also formed partnerships with **E-Health Africa** and **MSI Choices** to deliver services across both the public and private sectors.
- **Community mobilisation:** We onboarded four strategic CBOs, deploying 100 trained mobilisers who are already bridging the gap between clinical services and community trust.
- **Notably, Nigeria attained the highest service integration rate** across all Tiko markets, with 47% of users accessing more than one service.

### The Nasarawa breakthrough

The definitive highlight of 2025 was signing a pioneering co-financing agreement with the **Nasarawa State Government**. This is Tiko's model at its most evolved – moving beyond donor-only funding to a sustainable, shared-cost partnership with the state.

By December, we had already mapped public facilities alongside the **Nasarawa State Primary Health Care Development Agency** and completed intensive training for:

- 90 public healthcare providers from 30 primary healthcare centres (PHCs)
- 60 community health influencers (CHIPS agents) from 30 PHCs
- 20 strategic community mobilisers

In Nigeria, we are building a high-fidelity, co-financed engine for impact that will change the lives of millions of girls.

'I never thought I could talk freely about my health without being judged. Through Tiko, I found a safe place and the right support.'

**Yeri, 17, who lives in a Nigerian community where access to accurate SRH information and services remains limited.**





# 2025 Nigeria in numbers

Number of users served **37,737**

Contraceptive services provided **34,993**

HIV tests provided **35,817**



# South Africa

## A vital safety net

Our focus on South Africa is on building a seamless, integrated bridge between youth and the services they need most: SRH, HIV prevention, care and treatment, and mental health services.

### Expanding the ecosystem

While we continue to move decisively to meet girls where they are, our South Africa programme has a more inclusive approach, also incorporating interventions for boys and young men.

- **The district push:** We rolled out implementation in **Tshwane Health District** with initial implementation in three sub districts with 22 active public facilities on the Tiko platform.



### Implementation strategies

In 2025, our QA audits across Ekurhuleni, Johannesburg and Tshwane revealed critical gaps in ART and PrEP initiation and LARC delivery.

- **Ecosystem reconstruction including service provider upskilling:** In partnership with the **Gauteng Provincial Health Department** and **Wits RHI**, we coordinated an intensive Nurse-Initiated and Managed ART (NIMART) training for Ekurhuleni District.
- **FP method mix improvement:** We trained 48 nurse clinicians from Ekurhuleni District on long-acting family planning and launched seven facility-level improvement projects.

The preceding strategies stabilised service delivery during a period of intense systemic disruption.

- **Rebuilding service delivery for key populations:** When USAID funding shifts threatened to cut off care for the most marginalised, Tiko stepped in. We formalised strategic partnerships with **OUT LGBT** and **Sisonke** to ensure access to healthcare for key populations remained uninterrupted. Our partners **EJAF** and **The Elma Foundation** supported our efforts to sustain delivery.

In South Africa, we are proving that Tiko is a vital safety net through using data and our networks to identify gaps and plug these gaps before they become crises.

'I experienced gender-based violence and suffered from depression to the point where I did not leave home for a long time. I was introduced to Tiko through a mobiliser and now I attend counselling and my mental health has improved so much that I recently represented my province in athletics.'

**Puleng, Tiko user, Johannesburg**





# 2025 South Africa in numbers



Number of users served **103,062**

ART services provided **7,472**

Contraceptive services provided **32,199**

HIV tests provided **84,306**

Pre-exposure prophylaxis (PrEP) for HIV prevention services provided **3,001**

Mental health services **11,443**

# Uganda

## Expanding the ecosystem of care



Since 2021, Uganda has been a key site for Tiko's mission to deepen service integration. In 2025, we moved decisively to evolve our model – expanding beyond traditional clinical boundaries to meet vulnerable youth exactly where they are, whether in a pharmacy, a private clinic or a community safe space.

### Cluster randomised control trial (RCT)

The cluster RCT set out to provide high quality evidence about the effectiveness and impact of family planning and HIV services accessed through Tiko for adolescents and young people – a gold standard of proof for the Tiko model.

Baseline data has been collected and our country team is working closely with community organisations to ensure girls in need are reached in Wakiso District, and other operational sites in Uganda.



### Scaling the ecosystem for broader impact

We successfully scaled our operations into Wakiso District, significantly broadening access to integrated SRH and HIV prevention, treatment and care services. This wasn't just a geographic move, it was a capacity-building surge:

- **High quality, youth-focused training:** We trained 150 health workers and 170 community mobilisers in youth-friendly service delivery, ensuring that as we grow, the quality of care remains consistently high and responsive to young people.
- **Community approach:** We onboarded a new network of six CBOs and six village health team (VHT) coordinator groups onto the Tiko platform, strengthening the link between community demand and access to health services.

### Decongesting the system

To remove barriers to access, we are intentionally diversifying our service points. By moving care into non-traditional spaces, we are reducing the pressure on overstretched public facilities:

- **Pharmacy integration:** We trained providers across five pharmacies in Kampala to deliver family planning services – offering girls a faster, more discreet alternative to a hospital visit.
- **Private sector HIV care:** Five private health facilities and five pharmacies were trained and onboarded as HIV service care points to provide alternative service delivery points for young people, further expanding the safety net for young people.

## Improving service quality and data management

In both Kampala and Wakiso, joint QA audits and on-site mentorships were conducted with the MoH across health facilities and pharmacies, resulting in strengthened health system performance through enhanced provider capacity and improved adherence to national health standards. With Tiko's support, 32 private facilities have acquired codes to report through the national database (DHIS2).

## Inclusion and innovation

While our primary focus remains adolescent girls, our Uganda operations have pioneered a more inclusive approach, incorporating interventions for boys and young men. By addressing the health and rights of the entire youth community and integrating mental health into our core offering, we are building a more resilient, holistic ecosystem for the next generation.

'I would love to impact more lives in the community and let them know that health is their responsibility, not the government's or organisations'. Reaching out to the vulnerable seems like too much work for many but it's a journey worth taking. I am glad to serve vulnerable people with endless support from Tiko.'

**Scovia Nakanjako, 20, Tiko mobiliser, Mbuya Kinawataka**





# 2025 Uganda in numbers



Number of users served **126,052**

ART services provided **17,580**

Contraceptive services provided **65,264**

HIV tests provided **102,576**

SGBV services provided **2,115**

Mental health services **33,750**

Pre-exposure prophylaxis (PrEP) for HIV prevention services provided **2,580**

# Zambia

## Met and exceeded targets

The Zambia programme was funded by UNFPA as a proof of concept, designed to test whether the Tiko model could be adapted and delivered effectively within Zambia's health system context. The results demonstrated that it could.

Adolescents and young people were reached at scale across Lusaka, services were delivered through a verified network of public and private facilities and the programme consistently met or exceeded targets.

Tiko worked closely within 12 local communities, developing a targeted ecosystem of partners – community mobilisers, public and private health service providers, retailers and a community-based organisation – who together unlocked access to sexual and reproductive health services for young people.

SRH services, including HIV and family planning services, reached across 12 ecosystems,

with 12 public facilities participating in co-designed FIPs. Engagement with private sector facilities introduced a QA marketplace approach to strengthen service delivery. Regular coordination with service providers, counsellors and mobilisers improved continuity of care for PrEP, ART and family planning, ensuring integrated and adolescent-friendly service delivery.

Tiko improved data reporting and service continuation at public facilities and enhanced commodity management with UNFPA support.

We trained 68 service providers and 147 mobilisers in clinical and non-clinical service delivery, demand generation and adherence strategies.

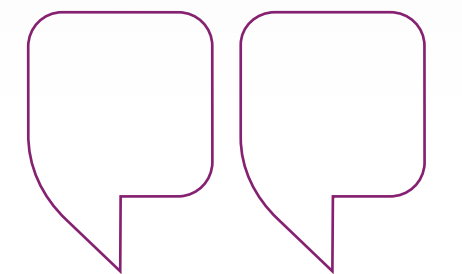
Tiko engaged a range of potential investors and financing partners to explore pathways for expanding and sustaining the model beyond

the initial period. These conversations spanned commercial banks, impact finance institutions, and government financing mechanisms, including early-stage discussions with the National Health Insurance Management Authority and the Public Private Dialogue Forum on outcomes-based financing structures.



'Most of the young people engage with Tiko mobilisers because they know there is someone who won't judge me. That person will be there for me. Tiko becomes a place for them.'

**Sharon, 23, Tiko mobiliser, Lusaka**





# 2025 Zambia in numbers



Number of users served **74,988**

ART services provided **3,699**

Contraceptive services provided **39,808**

HIV tests provided **67,513**

PrEP services provided **1,795**



# 04

Looking  
ahead to  
2026

## Outcome-based financing

Building on lessons from our DIB in Kenya, Tiko is scaling outcome-based financing as a central pillar in 2026, shifting from paying for activities to paying for independently verified results.

In South Africa, Tiko is launching the **Girls' Partnership Platform**, a blended financing mechanism to improve adolescent health and wellbeing, which will reach more than 30,000 girls with integrated family planning and HIV services in Gauteng Province. Our vision is a new model for financing adolescent SRH that prioritises measurable results, cost-effectiveness and accountability.

Beyond South Africa, Tiko aims to expand its portfolio, with early discussions underway in Kenya and Nigeria to establish similar blended financing initiatives.



## Imara Impact

In late 2025, in partnership with Bridges Outcomes Partnerships and in collaboration with FP2030, Tiko launched the **Girls' Outcomes Platform**, now renamed **Imara Impact**, a pioneering outcome-based financing platform designed to enable the urgent expansion of access to adolescent SRH services globally.

Imara Impact will solve many of the bottlenecks that have limited the growth of outcome-based financing: complexity, access to working capital, high transaction costs and jargon. Focusing on reaching a new generation of funders, it will provide viable 'on-ramps' for new capital to fund girls and young women at scale, building on Tiko's technology.

## Domestic financing

Tiko is strengthening government co-financing in 2026, beginning with the development of detailed roadmaps across all markets to assess the regulatory environment and government appetite and define the most effective pathways to public financing. This structured approach will enable Tiko to align with government systems while charting a clear route toward long-term domestic financing.

Tiko is working with governments, national and sub-national stakeholders to progressively increase their financial contributions to adolescent SRH services, ensuring stronger ownership, accountability and sustainability over time.

## The AI-augmented roadmap

Our 2026 tech strategy marks a shift from a restriction-based model to a proactive, predictive-based framework. We are using it to guide users to the right support at the exact moment of need.

By aligning our infrastructure with international standards for information security and data privacy, we are giving our partners absolute confidence that Tiko is not just a platform, but a robust, global foundation for social change.

## A trusted SGBV services ecosystem

In 2026, Tiko is refining its SGBV offer by increasing partnerships, segmenting services based on the girls' needs and strengthening the ecosystem across four of our six countries. The remaining two – Nigeria and South Africa – will prepare to launch SGBV services in 2027.

Our survivor-centric approach focuses on building a trusted ecosystem, expanding and strengthening our network of delivery partners and deepening local pathways that connect survivors to dignified medical, legal and psychological support.

## Unlocking pathways for girls' futures

In 2026, Tiko is deepening its efforts to link girls from health services into broader empowerment and livelihood opportunities, ensuring programmes respond to the underlying social and economic drivers of vulnerability. This includes strengthening feedback loops with girls, testing more holistic support pathways and working with partners to extend impact beyond health outcomes alone.

In Ethiopia, Tiko is working with girls engaged in 'survival sex' to provide more sustained and tailored support, combining immediate service access with investments in enabling infrastructure, such as safehouses where needed, alongside practical pathways to alternative livelihoods. This includes support such as transport subsidies, school re-entry assistance and vocational training opportunities.

Tiko is entering a phase of disciplined growth and deeper system integration. The focus is shifting from reaching more girls to ensuring they are reached holistically, with a full triple threat package of services, including SGBV prevention and response, HIV services and family planning support.

Sustainability is central, with a stronger emphasis on government co-financing and the long-term embedding of adolescent SRH within public systems. This is complemented by efforts to optimise costs, diversify the funding base and explore new pathways, such as offering Tiko's technology, performance management and verification capabilities as a service.

Together, these priorities reflect a forward-looking agenda and a commitment to innovation that prepares Tiko not only to scale up to 2030, but to evolve beyond it.



## Financials 2025

The financial performance of Tiko for the fiscal year 2025 is detailed in the Statement of Income and Expenditure, revealing a comprehensive overview of the organisation's revenue generation and spending activities.

In the pursuit of its mission, Tiko garnered a total income of EUR 25.94 million, with contributions from governmental subsidies, income from investors in development impact bonds, and support from other non-profit organisations. This financial overview, coupled with Tiko's strong asset base and strategic liabilities management, underscores its commitment to financial stewardship to achieve noteworthy impact within communities.



### Net result (€000)

| CATEGORY                          | 2025 BOARD APPROVED BUDGET | ACTUALS JAN TO DEC 2025 |
|-----------------------------------|----------------------------|-------------------------|
| TOTAL INCOME                      | 25,867                     | 25,941                  |
| TOTAL EXPENDITURE                 | 25,393                     | 25,476                  |
| NET OPERATING RESULT              | 474                        | 465                     |
| NET FINANCIAL INCOME AND EXPENSES | -40                        | -719                    |
| RESULT BEFORE TAXATION            | 434                        | -254                    |
| TAXATION                          | 90                         | 190                     |
| NET RESULT                        | 343                        | -444                    |

### Balance sheet as at December 2025 (€000)

| ASSETS                                     |               |
|--|---------------|
| Tangible fixed assets                      | 129           |
| Receivable, prepayments and accrued income | 942           |
| Cash and cash equivalents                  | 11,505        |
| <b>TOTAL ASSETS</b>                        | <b>12,576</b> |
| EQUITY AND LIABILITIES                     |               |
| Reserves                                   | 1,667         |
| Current liabilities                        | 10,909        |
| <b>TOTAL EQUITY AND LIABILITIES</b>        | <b>12,576</b> |

