



**Mkapa Foundation**

Bringing HOPE to the underserved

ANNUAL REPORT  
**2019/20**



## ABOUT US

The Benjamin William Mkapa Foundation (BMF) is a trust, non-profit making organization, established and incorporated under the Trustees Incorporation Ordinance, CAP 375 in 2006. The purpose of BMF is to complement and support the efforts of the Government of the United Republic of Tanzania to deliver health care services reaching all people equitably.



### OUR VISION

Healthy lives and well-being for all, In Tanzania and the rest of Africa.

### OUR MISSION

To contribute towards the attainment of better health outcomes through innovate health and related system solutions.

## OUR CORE VALUES:



**Excellence** – We strive for the highest technical and professional standards, celebrate innovation, learning and service



**Integrity** – we are committed to professional ethics, transparency, impartiality, responsibility and accountability in our actions



**Innovation** – we strive to be proactive, creative and committed to continuous improvement

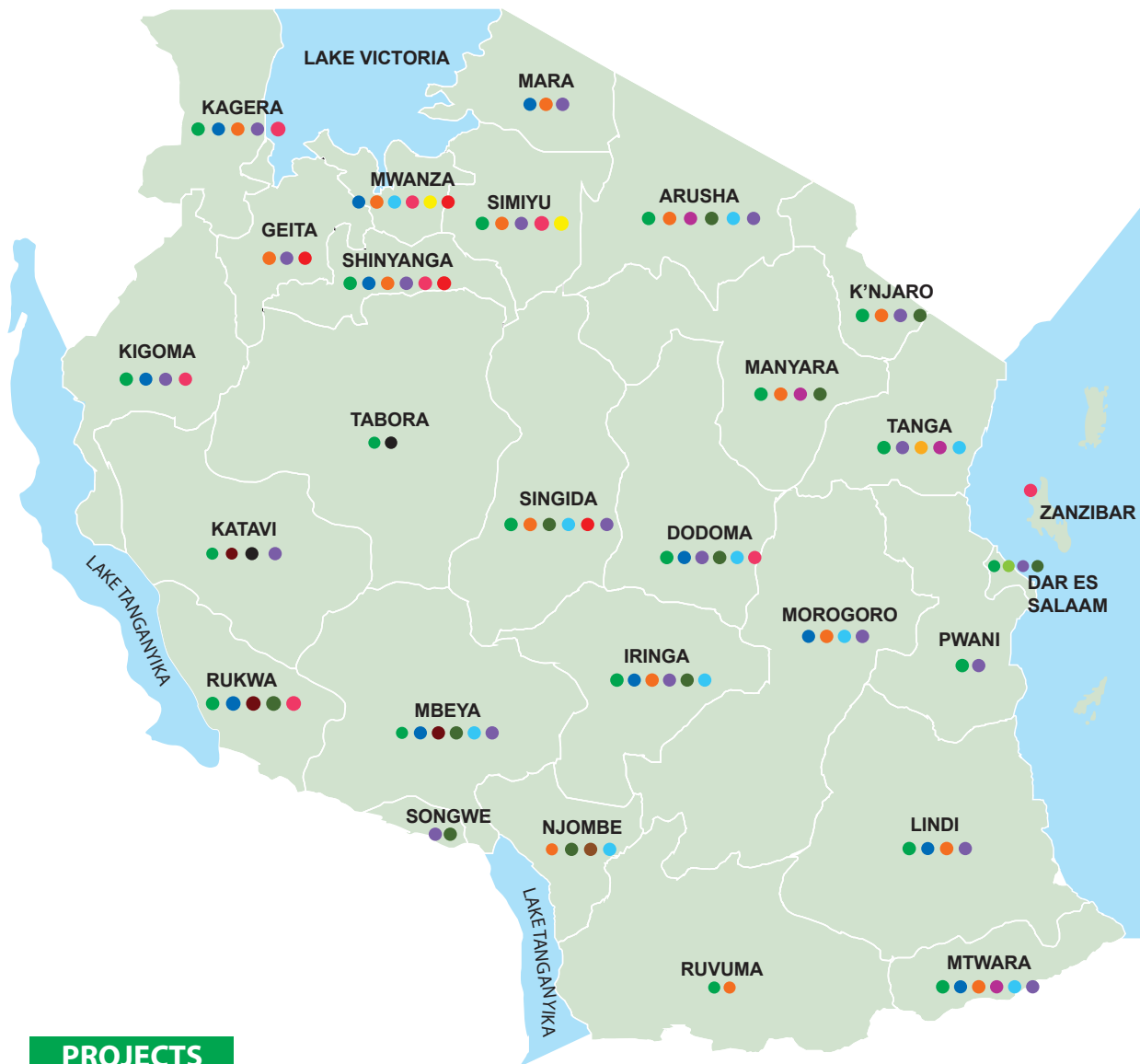


**Equity** – we ensure non-discrimination, inclusion and fairness in all dealings of the Foundation



**Collaboration** – we foster and believe in diversity, unique contribution of our employees and partners through strategic partnerships and relationships

# THE BENJAMIN W. MKAPA FOUNDATION PROGRAM COVERAGE 2019/2020



## PROJECTS

- REGIONAL LAB HOSPITAL STRENGTHENING: 2010 - 2019
- PUBLIC SECTOR SYSTEMS STRENGTHENING (PS3) PROJECT: 2015 - 2020
- SITE IMPROVEMENT MONITORING SYSTEM (SIMS) PROJECT: 2017 - 2020
- TB/HIV PROJECT: 2018 - 2020
- RESILIENT AND SUSTAINED SYSTEMS FOR HEALTH (RSSH): 2018 - 2020
- KIPEPEO PROJECT 2019 - 2020
- MKAPA FELLOWS PROGRAMME III (MFP III): 2018 – 2021
- TUWATUMIE/USTAWI WA MWANAMKE PROJECT: 2018 – 2020
- DIRA PROJECT: 2020
- USAID AFYA ENDELEU PROJECT: 2020 – 2025
- TOKOMEZA COVID-19 (UNICEF) PROJECT: 2020
- PAMBANA NA KORONA (FCDO) PROJECT: 2020

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## LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
AGYW	Adolescents Girls and Young Women
ANC	Antenatal Care
ART	Antiretroviral Therapy
AVAC	AIDS Vaccine Advocacy Coalition
BMF	Benjamin William Mkapa Foundation
BoT	Board of Trustees
CDE	Centre for Disease Learning Education
CHAID	Community Health Assistants Information and Decision-Making Application
CHW	Community Health Worker
CPC	Combination Prevention Campaign
CTC	Care and Treatment Clinics
DIRA	Dumisha na Imarisha Rasilimali Watu Afya
DPG	Development Partners' Group
FCDO	Foreign, Commonwealth and Development Office
GBV	Gender Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoT	Government of Tanzania
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
iCHF	Improved Community Health Fund
ICT	Information and Communication Technology
LGAs	Local Government Authorities
MFP	Mkapa Fellows Program
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
NCDs	Non-Communicable Diseases
NSAs	Non-State Actors
ODK	Open Data Kit
POPSMGG	President's Office Public Service Management and Good Governance
PORALG	President's Office Regional Administration and Local Government
RMNCHA	Reproductive, Maternal, New-born Child and Adolescent Health
RSSH	Resilient and Sustainable Systems for Health
SADC	Southern Africa Development Community
SIMS	Site Improvement Monitoring System
TB	Tuberculosis
UHC	Universal Health Coverage
UNICEF	United Nations
USAID	United States Agency for International Development
VAC	Violence Against Children

## STATEMENT FROM THE CHAIRPERSON OF THE BOARD OF TRUSTEES



It is my singular honor and pleasure to present to you for the first time the Annual Report for the Financial Year 2019/2020. I and my team had a privileged to be trusted by the Settlor, His Excellency Former President Benjamin William Mkapa to join the Board on 1<sup>st</sup> October 2019.

Our landing was smoothened by the laid down solid foundation left by the previous Board and the very able and supportive Management we found in place. That has enabled us to hit the ground running and catching up with the pace and the expectations of the time.

Not sooner, the Foundation adopted its third and new ambitious Strategic Business Plan (2019/2034). The new Plan is premised on three Goals namely: Strengthened systems to accelerate the attainment of national Universal Health Coverage targets; Intensified use of evidence-based approaches for high impact interventions; and Strengthened institutional performance and sustainability.

This year, however, was not so kind to many organizations and our Foundation is not an exception. Our optimism and ambitions soon met with the new reality and the sharp changed environment presented by the novel COVID-19. The disruption resulted from COVID-19 and the short period of lock down thereafter, necessitated BMF to halt some activities, replan and strategize on others. This disruption is also well reflected in this year's modest performance as detailed in this report.

I commend the management and staff of BMF for being agile and flexible to adapt to the changing environment and navigating the volatile, uncertain, complex and ambiguous (VUCA) terrain. Equally to our donors, partners and friends of goodwill who stayed the course and continued to support us in many ways. We truly appreciate and acknowledge each one of you and for your support in times of need.

It will be a remiss of me if not mentioned in special way the Government of the United Republic of Tanzania for the leadership and unrelenting cooperation and support given to us. In particular, we thank the MOHCDGEC and PORALG for the confidence bestowed on BMF to be part of many National Consultative Committees on issues of common concern including fight against COVID-19.

The end of this financial year is the beginning of another. On behalf of the Board, Management and Staff, we pledge to keep up the good work we have been doing, improve on what did not work well in the ending year, and strive to do more and do better in the coming years. That, we promise!

Dr. Adeline Kimambo

**Chairperson of the Board of Trustees**

## STATEMENT FROM THE CHIEF EXECUTIVE OFFICER



The year 2019/2020 was very eventful to BMF. We welcomed the new Board of Trustees formed by exceptionally able members and outstanding achievers under the able leadership of illustrious Dr. Adeline Kimambo. We could not ask for a better Board than this.

We also undertook a review of our ended Strategic Business Plan 2014/2019 and came up with the robust new 5-year Strategic Business Plan 2019/2024. Needless to say, a new Board and a new Strategic Business Plan ushered in a new era, new hope and undoubtedly new possibilities.

This financial year however was not all rosy. The emergence of COVID-19 tinged many of our plans and stole many of our dreams. But it also taught us many lessons, tested our resolve, built our resilience, strengthened our courage and presented to us new opportunities. It also made us to appreciate and acknowledge our not so often mentioned greatest source of strength, our staff. I owe them my gratitude for their unwavering commitment, dedication and sacrifice made to our Foundation.

Notwithstanding the challenges, the Foundation was able to register success in many fronts including kickoff of new projects and fostering strategic partnerships with International and National partners as well as the private sector.

This report presents to you detailed description of the implementation status of the Strategic Business Plan. We did the best we could under the circumstances and achieved an overall performance of 75 percent. Not what we wished for, but enough to give us courage to soldier on.

These achievements could have not been possible without the generous support of many pair of hands. We cannot thank enough our donors and strategic partners who have continued to show confidence on us by funding our programs and activities. We appreciate your flexibility in accommodating us when we were adjusting to cope with new realities. And for opening to us new windows of funding to COVID-19 related activities.

The Government of the United Republic of Tanzania deserves a special mention. We extend our gratitude to the MOHCDGEC, PORALG, POPSMGG and LGAs for giving us a space on the table on various National Technical Working Groups and forums. Also, for the excellent cooperation and collaboration that enabled us to successfully offer our modest contribution.

Last but not least, we thank our committed subcontractors and implementors at the grassroots, including our front-line Community Health Workers, thank you for making success possible. You have punched way above the weight given the circumstance.

***Stay with us, Stay the course!***

Dr. Ellen Mkondya – Senkoro

**Chief Executive Officer**



## INTRODUCTION

The year 2019/2020 was very eventful, stressful and fruitful to the Benjamin William Mkapa Foundation. It was the first year of the implementation of our 3<sup>rd</sup> and new 5-year Strategic Business Plan started from July 2019 and extend to June 2024. Amidst excitement to implement the new plan, the COVID-19 came unexpectedly and disrupted the order that existed. It brought opportunities too which opened BMF to new possibilities.

The new strategic business plan reinforces three Goals:

**Goal 1: Strengthened systems to accelerate the attainment of national Universal Health Coverage targets**

**Goal 2: Intensified use of evidence-based approaches for high impact interventions**

**Goal 3: Strengthened institutional performance and sustainability**

In the year 2019/2020, BMF planned to implement a total of 99 key activities under 12 projects distributed within the three Goals and funded by 9 partners. 5 new projects were introduced namely Kipepeo Project, Dira, USAID Afya Endelevu, Tokomeza COVID-19 and Pambana na Corona.

These projects all together have sustained Benjamin William Mkapa Foundation's continued support to Government efforts in improving delivery of health services in the country, particularly in HIV/AIDS, Tuberculosis, Reproductive, Maternal, Newborn Adolescent and Child Health, Human Resources for Health (HRH) and overall Health Systems Strengthening (HSS) matters.

### BMF Active Projects / Initiatives during the period July 2019 to June 2020

S/N	Project	Status	Project Period	Development Partner
1	Regional Lab Hospital Strengthening (Abbot Fund) Project	Old	Dec 2010 to Dec 2019	ABBOT Fund
2	Public Service Systems Strengthening Project (PS 3) (Abts Associate/USAID)	Old	Jul 2015-March 2020	USAID
3	SIMS Project	Old	June 2017-Sept 2020	Walter Reed Army Institute of Research - WRAIR
4	TB/HIV Project (AMREF)	Old	Jan 2018-Decr 2020	Global Fund
5	Global Fund - RSSH (Resilient System for Sustainable Health)	Old	July 2018-Dec 2020	
6	Kipepeo Project	New	Oct 2019-Aug 2020	
7	MFP III (+COVID 19 Project)	Old	June 2018-May 2021	Irish Aid
8	Tuwatumie/ <i>Ustawi wa Mwanamke</i> Project -CHW	Old	July 2018-June 2020	
9	DIRA	New	Jan 2020 to Nov 2020	Bill & Melinda Gates Foundation through AVAC
10	Afya Endelevu	New	Feb 2020 to Feb 2025	USAID-PEPFAR
11	Tokomeza COVID 19 (UNICEF)	New	April 2020 to Dec 2020	UNICEF
12	Pambana na Korona (FCDO)	New	April to December 2020	FCDO



## GOAL 1: STRENGTHENED SYSTEMS TO ACCELERATE THE ATTAINMENT OF NATIONAL UNIVERSAL HEALTH COVERAGE TARGETS

Strengthening systems remained on top of BMF agenda in supporting the Government of Tanzania to accelerate the attainment of national Universal Health Coverage targets. The support buttress existing Health Systems and Service Delivery, particularly Reproductive, Maternal, Child and Adolescent Health, TB, HIV, and Non-Communicable Diseases. The results have been forthcoming as highlighted below.

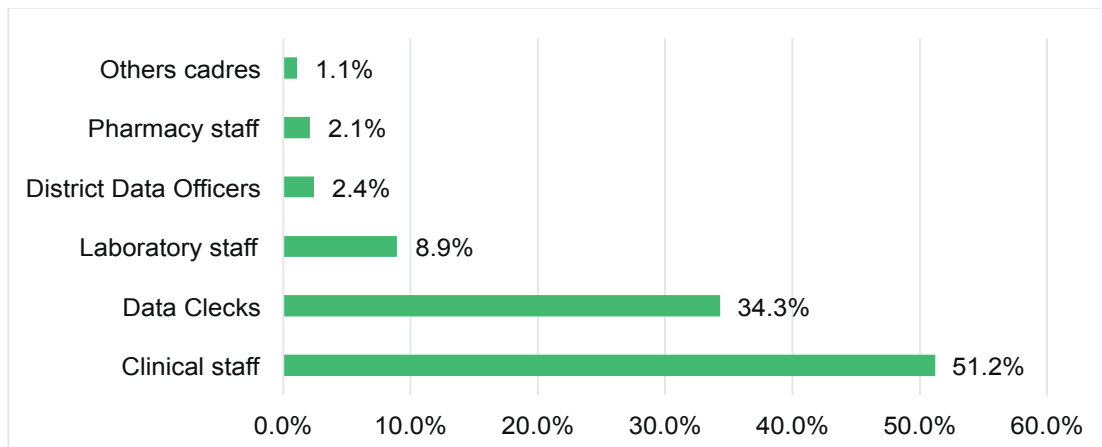
### Strengthened Health Systems

#### *Human Resources for Health Recruited and Allocated to Working Stations*

The Foundation surpassed the target on recruitment by **149 percent**. BMF recruited **1,817** skilled health workers against the annual target of **1,214** skilled health workers. The recruited workers were distributed to the existing government health facilities at the regional and Local Government Authorities (LGAs). These skilled health workers at health facilities include those supported by the RSSH (**38 percent**), MFPIII (**3 percent**), SIMS, USAID Afya Endelevu (**59 percent**) projects and FCDO support. The maintained staff include Clinical Staff, Laboratory staff, Pharmaceutical Staff, Data Clerks and other staff. More than half (**51 percent**) of the maintained staff are clinical staff, and data clerks constitute about a third (**34 percent**), whereas Laboratory staff constitute slightly less than a tenth (**9 percent**) as presented in Figure 1 below.

The addition to this success was contributed by the USAID Afya Endelevu, a new five-year project awarded to BMF by USAID on 12<sup>nd</sup> February 2020. The program is developing and implementing sustainable approaches to HRH recruitment, deployment, and management to support the delivery of quality HIV and RMNCAH services and facilitate the effective transition of contracted Health Care Workers (HCWs) into Government of Tanzania HRH systems.

**Figure 1: Percentage of Maintained Staff by Cadres as of 30 June 2020**



#### *E-Learning Programme*

The e-learning platform infrastructure ([www.moh.elearning.go.tz](http://www.moh.elearning.go.tz)), an electronic tool that was developed with support from BMF was installed at the Government hosting institution, Centre for Distance Learning Education (CDE). In addition, **three** courses, **Management of Childhood Diarrhoea; Non-Communicable Diseases (NCDs) and; HIV Management** were also developed during the period. The first batch of **31 HCWs** working in health facilities in **5** regions of **Dar es Salaam, Kilimanjaro, Morogoro, Mwanza and Dodoma** registered on the e-learning platform and were trained. That translated to **155 percent** of the target.

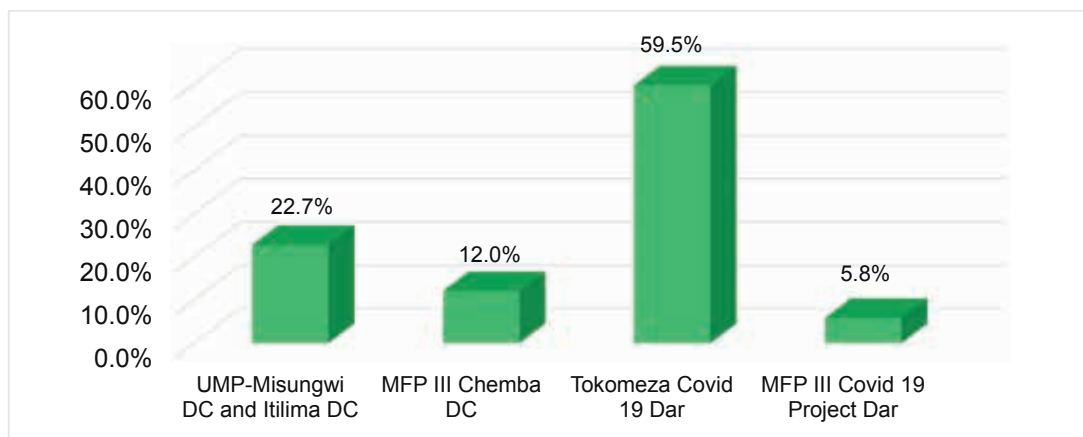
### **Community Health Workers (CHWs) Recruited and Deployed**

BMF started implementing the new National Operational Guideline for Community Based Health Care Services (2020). The main thrust of the document is to guide operationalization of Community-Based Health services in Tanzania. By 30<sup>th</sup> June 2020, the Foundation had recruited and deployed **949** CHWs against a target of **230** CHWs, and therefore attained a **413 percent**, way above the target. The percentage distribution of these CHWS by project/initiative is as summarized in Figure 2 below.

The services provided by the CHWS include addressing issues that contribute directly to the reduction of the disease burden; improved nutrition outcomes; better control of communicable diseases and Non-Communicable Diseases (NCDs); improved quality and coverage of Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH); and Social Welfare Improvement including effective responses to Gender Based Violence (GBV), Violence Against Children (VAC); and services to elderly and people with disabilities.

The emergence of COVID-19 necessitated additional CHWs recruitment to respond to the Emergency Preparedness Programme and provide services focusing on COVID-19 prevention and services.

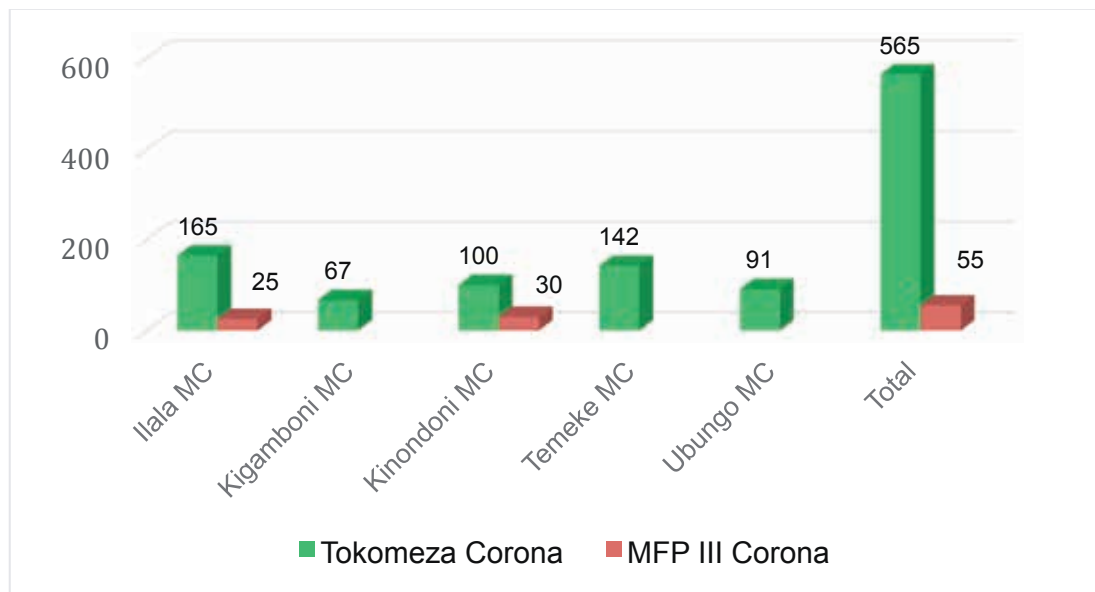
**Figure 2: Distribution of Number of CHWs Maintained by 30 June 2020**



### **Provision of Humanitarian Assistance Services at Community Level**

BMF worked with the GoT and other Non-State Actors in the fight against COVID-19 from the very beginning. The Foundation responded in timely fashion to the Government's call to increased support to community health and social services. That included, the recruitment and training of CHWs and enhancing the capacity of the respective community structures to respond to COVID-19, as well as, sustaining the provisions of essential health services.

Immediately, BMF mobilized resources from existed internal resources, and later new funds from UNICEF, Irish Aid, and FCDO. These resources helped to recruit, train, deploy and support **620** CHWs (**565** for Tokomeza Corona, and **55** for MFP III Corona) in Dar es Salaam region who were responsible for surveillance, supporting community contact tracing, and provision of health education. These were recruited and trained in May and June 2020. Their distribution by Municipal Council is as shown in Figure 3.

**Figure 3: Distribution of CHWs Recruited and Deployed to Respond to COVID-19**

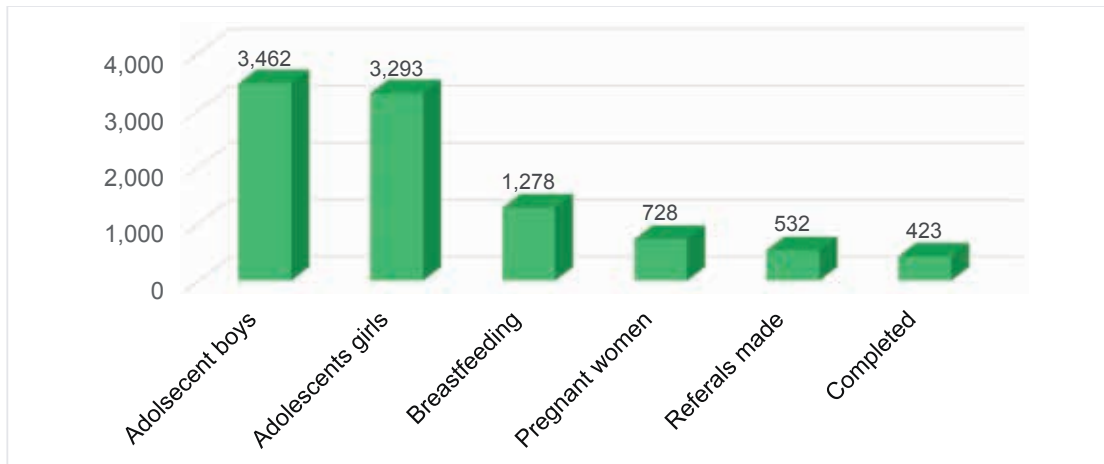
#### *Adoption of Technology and Digitalization by CHWs*

The National Operational Guideline for Community Based Health Care Services (2020) stipulates that CHWs will be provided with a HMIS data collection tool which is a replica of MTUHA Book 3; and the Social welfare data will be incorporated into the unified MTUHA data collection tools. In line with these guidelines and BMF own desire for the Adoption of Technology and Digitalization, **two** digital tools had been developed for capturing community-based interventions data using android smartphones or tablets.

The first was the Community Health Assistants Information and Decision-Making Application (CHAID) tool and second was the Open Data Kit (ODK) based Community Health Workers Performance Tracking tool. The former is for capturing community level data, prepare summary reports, make referrals, and monitor attendance and performance of the deployed CHWs. The latter is a tool for taking stock of households/sites visited and health education themes disseminated. The CHAID is already in use whereas the operationalization of the ODK based tool is expected to be launched on first quarter of Financial Year 2020/21.

BMF aimed to roll out the CHAID tool to **35** CHWs. By 30<sup>th</sup> June 2020, **35** CHWs in Chemba District Council were using the CHAID tool to facilitate the capture, storage and sharing of community-based health services delivery. The target was met by **100 percent**. The CHAID tool facilitated recording and sharing information and data in Chemba District Council from **2,619** households accommodating **33,964** family members (**50.4 percent** were females and **49.6 percent** were males). Further, the tool facilitated dissemination of relevant health education and information to **6,755** adolescents, **1,278** breastfeeding mothers, **728** pregnant women, **3,293** adolescent girls and **3,462** adolescent boys. The tool also facilitated **532** referrals and among them, **423 (80 percent)** were completed (See Figure 4 below)

**Figure 4: Household Members Documented by the CHAID Tool in Chemba DC**



### Services Delivery

BMF continued working closely with MOHCDGEC and the Local Government Authorities in supporting the health service delivery component through facility and community-based interventions. BMF continued to provide RMNCAH, HIV and TB management, provision of Health Education and responding to emergencies including the Covid-19 pandemic. At health facilities, these health services were provided by skilled health facility workers deployed through several projects/initiatives. At the community levels, the health services were provided by Community Health Workers and Community volunteers. BMF also conducted several Innovative campaigns for facilitating creating demand for services to the grassroots and bringing communities to the services.

#### *Conducting the Kipepeo Campaign*

Kipepeo Campaign was a new addition in BMF's program in 2019/2020. The Program funded by the Global Fund seeks to promote HIV/AIDS prevention behaviour and service utilization among youth and adolescent girls and boys at risk. Kipepeo Project was flagged off by Honourable Ummu Mwalimu, Minister of Health, Community Development, Elderly, Gender and Children in Morogoro Municipality on 18 January 2020. By 16 March 2020 when the campaign was stopped to abide to the Government directive of responding to the Covid-19 pandemic, it had covered, **92** secondary schools in **eight** regions of **Morogoro, Tanga, Arusha, Singida, Dodoma, Njombe, Mbeya and Iringa**. It attracted **362** secondary school teachers and **44,094** secondary school students against a target of **39,000** students, attaining an attendance rate of **113 percent**.



*Honourable Minister Ummy Mwalimu delivering the Kipepeo Campaign launch speech in Morogoro Municipality on 18 January 2020*



*Secondary School Students attending the Kipepeo Campaign Launch in Morogoro Municipality on 18 January 2020.*

### **Community Combination Prevention Campaigns**

Combination Prevention Campaigns (CPC) for HIV are evidence and community-based campaign programs that promote a combination of biomedical, behavioural, and structural interventions designed to meet the HIV prevention needs of specific people and communities. In the reporting year, BMF targeted to reach **82** administrative wards in **Arusha, Manyara, Mtwara** and **Tanga** regions. During operationalization, **87** administrative wards were reached (**110 percent** achievement). During the Community Combination Prevention campaigns and Post Combination Prevention outreach services, a total of **172,380 clients were tested for HIV**, and these included **80,889 males (47 percent)** and **91,530 females, (53 percent)**. In terms of the testing results, **2,197** clients tested positive (**1.3 percent**) and the **94.6 percent** of those who tested HIV positive were successfully linked to the nearby facilities and enrolled to care and treatment services.

BMF also conducted TB screening to **110,509** clients, provided health education on gender-based violence to **80,313** clients, screened **61,312** clients for sexually transmitted infections and **3,073** clients for cervical cancer. Additionally, **2,750** clients were counselled on family planning services, and another **2,301** were screened for breast cancer and **1,188** clients were screened for prostate cancer. All positive or suspect cases were linked to the nearby facilities and enrolled to care and treatment services. During these campaigns, **136,950** condom packets were also distributed.

The planned continuation of the Combination Prevention Campaigns and Post Combination Prevention outreach services to **Arusha, Manyara, Mtwara** and **Tanga** regions was halted due to Government's directive to limit travels ban gathering due to the Covid-19 pandemic issued on 16<sup>th</sup> March, 2020. The restriction, necessitated BMF and AMREF, the Principal Recipient to develop revised approach to enhance program continuity.



*Post CPC Follow up visits which were conducted at the CTC sites to verify the linkage and retention status.*

### **Health Financing**

Health financing is an important pillar for realization of the UHC. BMF supported the GoT on the promotion of the improved Community Health Fund (a voluntary community-based health financing scheme) and accommodated it in the Combination Prevention Campaigns.

During the campaigns, **76,734** people were sensitized on iCHF in **Arusha, Manyara, Mtwara** and **Tanga** regions. Among them **736** people from **150** households were enrolled into the improved CHF scheme against a target of **300** households which is about **50 percent** of the target. Several reasons were established as to why the response was not so high. They were ranging from inability to pay



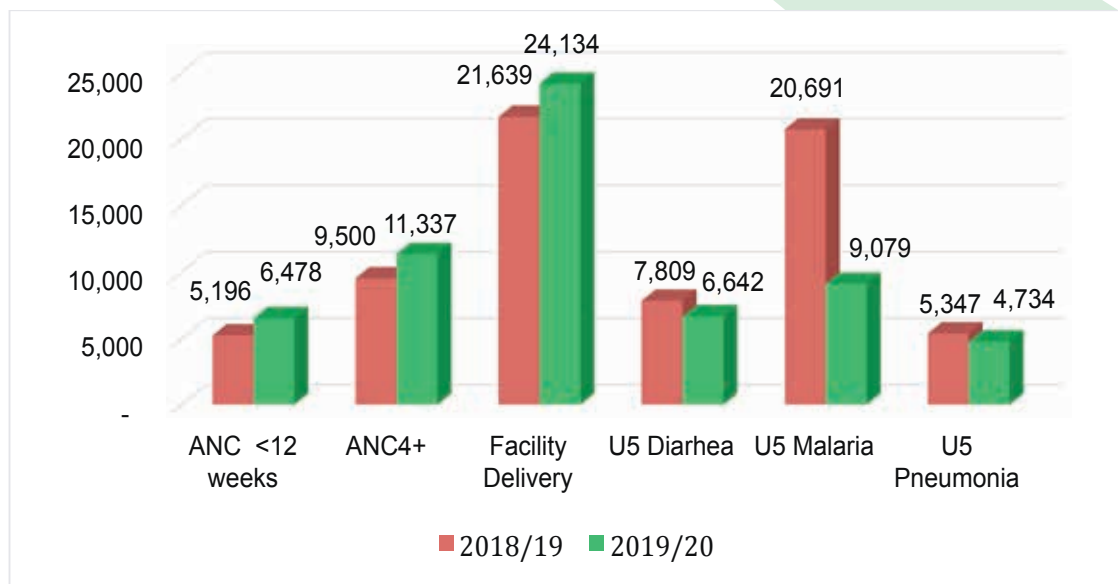
membership contributions, perceived low quality of care, lack of trust in the scheme managers and lack of general understanding and rationale behind health insurance.

Another initiative on Health Financing was the development of a Framework for National HRH Employment Financing Options- with focus on incentivised, motivated and sustained volunteerism scheme. The process of developing the framework involved multi-sectoral teams from the Government and partners. The operational and monitoring plan will be developed during the Financial Year 2020/21.

### Provision of RMNCAH services

BMF through the operationalization of MFP III interventions facilitates the provision of Reproductive, Maternal, New-born and Child Health services to clients at **34** health facilities located in **7** LGAs in **4** regions through deployment of **38** skilled health workers. As a result, there was a sharp increase in services to women and under 5 children within one year of implementation. Maternal health services were provided to **41,949 women**, and child health services to **20,450 under 5 children**. Figure 5 below shows the comparison between two consecutive financial years FY 2018/19 and FY 2019/20.

**Figure 5: Number of Clients who Received Services at BMF Supported Health Facilities in 2018/19 and 2019/20**



The figure above shows marked decreases of cases of under five children diagnosed with diarrhoea, malaria or pneumonia. Further analysis shows **25 percent** increase of pregnant women attending ANC within **12 weeks** of gestation as per national guidelines; **19 percent** increase of pregnant women completing **four** or more ANC visits and a **12 percent** increase in health facility deliveries. These findings suggest that, the presence of the BMF supported skilled staff contributed to the improvements of provision of services at these health facilities.

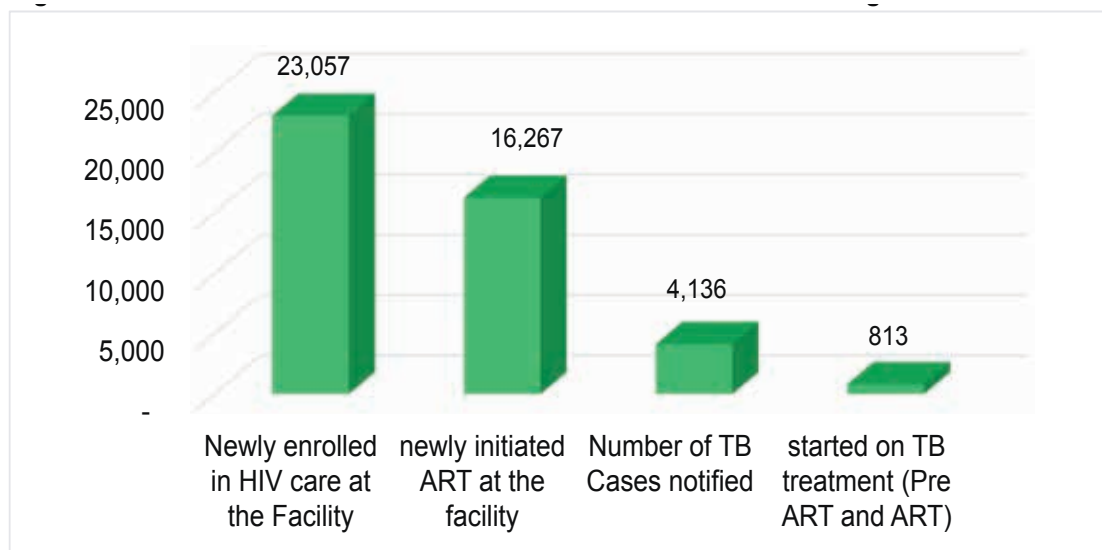
The RMNCH national indicator call for increase from **26 percent** during FY 2018/19 to **60 percent** during FY 2023/24 of pregnant women making first antenatal visit within 12 weeks of gestation (1<sup>st</sup> trimester) at health facilities in the intervention areas. That translates into an increase of **6.8 percent** per annum. In this financial year, the percentage of pregnant women making first antenatal visit within 12 weeks of gestation (1<sup>st</sup> trimester) at health facilities increased from **29 percent** to **36 percent**, that is, a **7 percent** annual increase. BMF is therefore on track in contributing to this indicator.

### Provision of HIV, Malaria and TB Management Services

One of the challenges when it comes to the HIV/AIDS, TB and Malaria services especially in low resource setting and underserved areas is lack of human resources. BMF supported the GoT through the operationalization of the human resources for health interventions under the RSSH project. The project focuses at addressing the health workers situation in the prioritized high disease burden regions in the country through ensuring a balanced distribution and retention of human resources for health.

This reporting year, BMF posted **597** skilled health workers to **393** health facilities located in **77** Local Government Authorities in **14** regions. Additionally, **two** staff were posted at MOHCDGEC headquarters. **79 percent** of these health care workers are Enrolled Nurses, Clinical Officers, Clinical Assistants and Assistant Nursing Officers. Overall, these health care workers contributed to the enrolment of **23,057** new clients to HIV care services at the respective health facilities and contributed to the initiation to ART to **16,267** new HIV positive clients. The discrepancy between the number of new enrolled positive clients, and the number HIV positive clients initiated on ART results from the fact that, some of the health facilities where BMF supported staff are working, are not CTC centres, and thus they refer all new clients to CTC sites not supported by BMF. Also, the deployed health workers contributed to the screening identification and notification of **4,136** TB case and started on TB treatment (Pre ART and ART) to **813** clients as shown in Figure 6.

**Figure 6: New Clients who Received HIV and TB Care Services during FY 2019/20**



The TB national indicator to which BMF contributes calls for an increase from **3 percent** to **15 percent** of people infected with TB successfully linked to Health Facilities during FY 2018/19 to FY 2023/24. In this financial year, the percentage of people infected with TB successfully linked to health facilities in the intervention areas was **20 percent**, way above the target.



## GOAL 2: INTENSIFIED USE OF EVIDENCE-BASED APPROACHES FOR HIGH IMPACT INTERVENTIONS

BMF promotes the use of evidence-based approaches to achieve high impact health interventions. Therefore, the Foundation developed a Knowledge Management System for strengthening the institutional and staff capacity on knowledge acquisition, documenting evidence-based approaches, accessing information for evidence-based interventions, and disseminating them for scale up. This goal is further streamed into **three** key focus areas as highlighted below with a focus on achievements for this reporting period.

### Strengthened Institutional and Individual Capacity for Knowledge Management and Translation

BMF initiated under the DIRA Project the development of a web-based resource centre called Niambie. The main purpose of this web-based resource centre is to create a comprehensive and user-friendly modular interface that will capture, analyse and share national performance data on HRH and HIV/AIDS and RMNCAH service delivery to the key stakeholders for evidence-based decision-making and actions. Niambie web resource is expected to be online and running during the second quarter of the financial year 2020/21.

### Improved Access to Information for Evidence Based Interventions with High Impact

The Foundation actively participated in planned collaborative and technical assistance sessions and taskforces. Travel and gathering restrictions due to COVID-19 limited the number and frequency of the meetings. Some of these collaborative and technical assistance sessions and taskforces included: Non-State Actors (NSA), HRH Technical group meetings; GFATM RSSH writing process, DPG - Health (brainstorming meeting with Pillars, NSAs, and Private sector leads) on COVID-19 response and collaborative session for developing the National HRH Volunteerism scheme that included key Ministries.

BMF officials also attended the Africa Health Agenda Forum in Kigali, Rwanda as well as the Global Congress of Medical Women International Association held in New York USA. BMF seized those opportunities to share and disseminate lessons and achievements of BMF's high impact interventions.



*BMF CEO Dr Ellen Mkondya Senkoro during the Annual Health Sector Review Meeting in October 2019*



*BMF team jointly with AMREF team from Tanzania during the attendance of the 2019 Africa Health Agenda meeting in Kigali as hosted by AMREF*

BMF also managed to engage 34 media houses to disseminate Kipepeo and the Combination Prevention Campaigns messages to 10 and 6 regions respectively. Among the media houses engaged, included Clouds Media (Radio and Television), Radio 5 Arusha, AFM Radio, Mashujaa FM and Kasibante FM, Pride FM, Voice of Africa, and Abudi FM.

Targeted and tailor-made messages were developed and disseminated to in school girls and the public at large to educate on Mitigating Early Pregnancy, Mitigating Early Sex Initiation, Adherence to studies for in school AGYW and Awareness on HIV prevention, Care and Treatment. In addition to that, **two** toll free numbers **117** and **15017** were shared with in school students for calls and messaging on mitigation against early pregnancies and HIV infection prevention.

BMF also participated in planned National Exhibition Platforms for programs visibility and dissemination of high impact interventions.



*Mkapa Foundation was among the participants who attended the SADC joint meeting of Ministers Responsible for Health and HIV/AIDS held in Tanzania from 4th - 8th November 2019.*

### GOAL 3: STRENGTHENED INSTITUTIONAL PERFORMANCE AND SUSTAINABILITY

BMF remains aware that its effectiveness and impact rest largely with enhancing its own capacity in areas of good governance, leadership, technical and supportive services. In this financial year, the Foundation recorded the following milestones:

#### Enhanced Oversight and Accountability

A new Board of Trustees was appointed by the Settlor on the 1<sup>st</sup> of September 2019 following the end of tenure of the existed Board of Trustees that served from 13<sup>th</sup> August 2014 and ended on 12<sup>th</sup> August 2019. The new Board led by Dr. Adeline Kimambo as the Board Chair was officially inaugurated on 1<sup>st</sup> October 2019 in Dar es Salaam.



*BMF Settlor H.E Former President of Tanzania (Late) Benjamin William Mkapa with the New Appointed BOT during the Board Inauguration 1st October 2019*

#### Effective Operational Systems

BMF also undertook an upgrade and capacity enhancement of its ICT outfit to cope with new demands posed by COVID-19 disruption of the working methodology. That necessitated the procurements of hardware and software, Mobile Phones for CHW on Covid-19 response and Zoom Teleconferencing Services, to mention but a few.

#### Enhanced Strategic Partnerships and Sustainable Funding Base

Four new projects were awarded this year making the total number of active projects run by BMF to reach 12. These new projects earned BMF sustained partnerships with Global Fund, AVAC, USAID and UNICEF.

BMF also managed to convene a Health Symposium event in Dar es Salaam which brought together key stakeholders from the Government, Development Partners and Private Sector to brainstorm and share ideas on fundamental issues related to the realization of Universal Health Care in Tanzania.



Ongoing Panel sessions discussions during the Health Symposium held on 1st October 2019



BMF Settlor H.E Former President of Tanzania (Late) Benjamin William Mkapa shakes hands with Ms. Laurel Fain (Director of Health Office from USAID Tanzania) during the Health Symposium event on 1<sup>st</sup> October 2019





## AUDITED FINANCIAL STATEMENTS

### THE BENJAMIN WILLIAM MKAPA FOUNDATION CONSOLIDATED STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30 JUNE 2020

GRANT RECEIPTS	2020 TZS	2019 TZS
Fund balance brought forward	2,964,183,173	715,660,913
Grants received	20,490,232,218	11,943,543,771
Interest income	21,139,253	34,714,759
Other income	211,070,907	1,231,268,908
Refund to Project	-	150,000,000
Refund to Trust	(421,772,834)	-
<b>Funds available for the year</b>	<b>23,264,852,716</b>	<b>14,075,188,351</b>
PROGRAMME DIRECT COSTS		
Recruitment and Remuneration of Program Staff	7,651,915,223	2,907,703,593
Construction & Rehabilitation of Staff Houses and Theatres	-	121,160,461
Training, Coaching and Supervision	221,263,843	539,250,148
Community Outreach and Supervision	47,978,376	270,255,936
Orientation and Supportive Supervision Sessions	306,642,115	167,199,315
Printing Cultural Specific SBCC	46,988,500	96,747,532
Conduct CP Campaigns	1,294,062,484	1,222,845,466
Development of Policy Documents and Orientation	-	46,233,269
Policy and Advocacy	-	66,628,461
Monitoring, Evaluation and Research	52,860,912	286,305,291
Support Other Implementing Organization	93,378,776	146,668,574
Orient Media Personnel Radio, Newspaper and Social Media	791,043,993	72,162,365
Conduct Combination Prevention Outreach Services	252,989,290	237,333,082
Conduct Training for POCT	60,486,520	-
Conduct HIV Testing Service	559,285,680	-
Air Specific Radio Spot	34,830,300	60,416,400
Development and Maintenance of Learning Platform	275,072,092	310,970,205
Conduct Integrated Youth Community Outreach	-	47,862,589
Development and Improvement of Service	243,885,595	-
Maintenance and Monitoring of CHW	192,414,323	-
Conduct, Facilitate and Strengthen of the Project	26,457,951	-

To Support Provision of Working Tools and Protective Gears to Project Staff	635,795,861	-
Branding & Health Promotion Materials for Implementation	80,363,000	-
Facilitate Communication Events in 10TZ Mainland	767,668,000	-
<b>TOTAL PROGRAMME DIRECT COSTS</b>	<b>13,635,382,834</b>	<b>7,050,904,202</b>
<b>TOTAL PROGRAMME MANAGEMENT COSTS</b>	<b>3,925,143,192</b>	<b>4,060,100,976</b>
<b>TOTAL PROGRAMME COSTS</b>	<b>17,560,526,026</b>	<b>11,111,005,178</b>
<b>EXCESS OF FUNDS OVER EXPENDITURE</b>	<b>5,704,326,690</b>	<b>2,964,183,173</b>

This income and expenditure statement was approved by the Board of Trustees for issue on 10<sup>th</sup> December 2020 and signed on its behalf by:

**Dr. Adeline Kimambo**

Board Chairperson

**Dr. Ellen Mkondya-Senkoro**

Chief Executive Officer



## CONCLUSION

During this first year of operationalizing the 3<sup>rd</sup> Strategic Business Plan from June 2019 to July 2020, the Foundation implemented **12** Projects. **2** of these projects ended during the implementation period, and **4** new ones were launched during the implementation period. The proportion of all planned Key Activities that were implemented during this period across all **3** Goals was **75 percent**.

By the end of the implementation period **a quarter (25 percent)** of the planned activities had not been implemented. **3** main reasons were accounted for this discrepancy namely; long overdue processes; resources related challenges and the COVID-19 pandemic. The experience and lessons learnt, together with the findings of the evaluation reports will be taken on board to strategize, address and mitigate the shortcomings.

This ending year has proven BMF's strength and resilience to withstood shocks and crisis. That, together with the new Strategic Business Plan makes the future more optimistic and exciting. In that regard, BMF plans to implement **119** Key Activities across the three Goals in the coming financial year 2020/2021.

BMF once again extend its deepest appreciation to donors, strategic partners and implementing partners for staying the course and unwavering support that made success possible amidst very teething challenges. BMF pledges to remain a faithful, dependable and reliable partner.

OUR PARTNERS



 **Irish Aid**  
Rialtas na hÉireann  
Government of Ireland



**The Global Fund**  
To Fight AIDS, Tuberculosis and Malaria



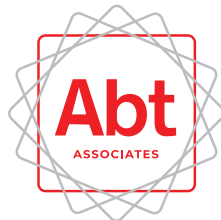
**USAID**  
FROM THE AMERICAN PEOPLE

**unicef**   
for every child



Foreign, Commonwealth  
& Development Office

**WRAIR**  
Walter Reed Army  
Institute of Research  
Soldier Health • World Health



 **Abbott  
Fund**

## OUR CONTACTS

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Conference Centre  
Ngorongoro Wing  
Arusha

#### **MBEYA**

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Lupa Way, Mbeya





**Mkapa Foundation**

Bringing HOPE to the underserved

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