

# ANNUAL REPORT

JULY 2020 - JUNE 2021

The Benjamin William Mkapa Foundation



# **Table of Contents**

	PAGE No.
BMF Program Coverage - 2020/21	05
Statement from the Chairperson of the Board of Trustees	06
Statement from the Chief Executive Officer	07
Introduction	08
Pillar 1: Human Resources for Health	10
Pillar 2: Health Service Delivery	11
Pillar 3: Health Financing	15
Pillar 4: Health Information Systems	16
Pillar 5: Leadership and Governance	16
Summarized Statement of Financial Performance For The Year 2020/21	18
Conclusion	19
Acronyms / Abbreviations	20
Our Partners	21



## **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 innovative 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**

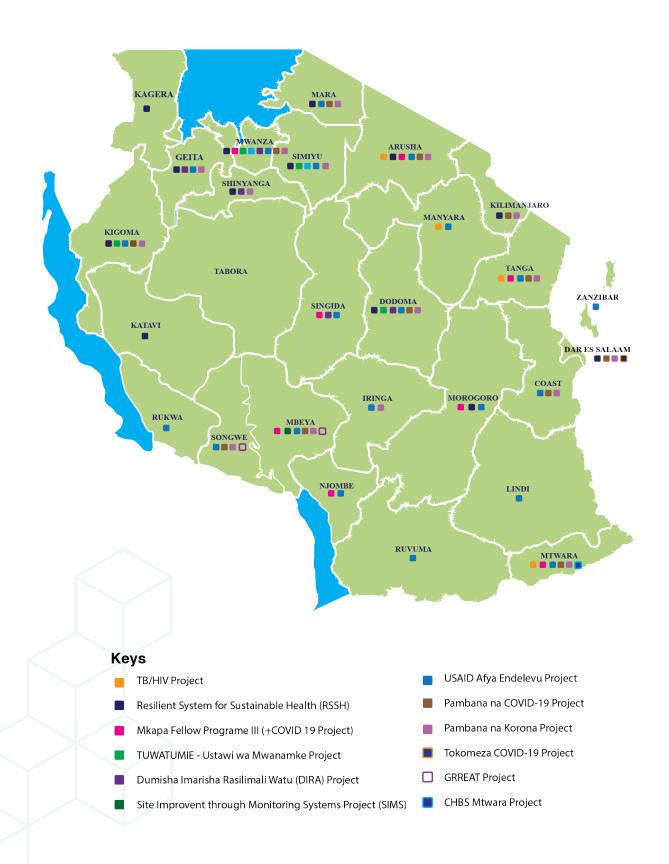
We ensure non-discrimination, inclusion and fairness in all dealings of the Foundation.

#### Collaboration

We foster and believe in diversity, unique contribution of our employees and partners through strategic partnerships and relationships.



## **BMF PROGRAM COVERAGE 2020/21**



#### STATEMENT FROM THE CHAIRPERSON OF THE BOARD OF TRUSTEES



It is with great pleasure that I present to you the 2020/21 Benjamin Mkapa Foundation Annual Report. This report comes in the second year of implementing the new BMF 5-year Strategic Business Plan of 2019 – 2024 which is focused on achieving BMF's vision of Healthy lives and well-being for all in Tanzania and the rest of Africa.

This Financial year was a year of a turning point for BMF as we lost our founder and the Settlor of this Foundation, His Excellency Benjamin Mkapa on 14th July 2020. It was so sudden and got all of us so unprepared. He seemed to have more life ahead and we wished it could be so. Africa lost one of her best sons, the Tanzania nation lost their leader who loved them so much, and we the Mkapa Foundation were robbed of our Settlor and compass.

It was a difficult time indeed, however we thank each and every one who came to comfort us and gave us strength to soldier on. Weeping was not all we could do. We also had to reflect and recollect the valuable time and experience he shared with us. We realized how privileged were we, to journey with him in his last mile. From him, we have learnt, grown and built this formidable Foundation, that gave us a precious opportunity to serve and impact lives. We could not ask him for more, thus we decided to live his dreams and legacy by doing the right thing for the people.

During same reporting year the country lost its seating President of the United Republic of Tanzania, His Excellency Dr. John Pombe Magufuli in March 2021, thus given the position of the Foundation working in close partnership with the Government, required us to reposition some of the implementation plans.

Nevertheless the Foundation in the same spirit of achieving our vision and mission, we continued placing energy and attention on Strengthening systems to accelerate the attainment of National Universal Health Coverage targets and also intensifying use of evidence-based approaches for high impact interventions.

We further recognize that our institutional performance and sustainability is critical to deliver our vision. It is on this basis that good governance and leadership principles have continued being applied coupled with reinforcement of Institutional frameworks, systems and structure for effective and efficient ways of serving our stakeholders.

Likewise, we have sustained strategic partnerships and engaged new partners to join our commitment of bringing hope to the underserved. Sincere gratitude are extended to the Government of the United Republic of Tanzania and Revolutionary Government of Zanzibar as well as bilateral and multilateral development partners, Private sector and well-wishers who have walked with us throughout the year, in context of changing internal and external dynamics, including the emerged COVID-19 public health challenge.

To the Board of Trustees, Management and Staff of the Mkapa Foundation, your everlasting commitment and resilience is profound and well appreciated. Asanteni. This Annual Report 2020/21 traditionally sets the start for a new financial year. We expect to carry the best practises forward and continue the good work. We strive to achieve!"

#### Dr. Adeline Kimambo

Chairperson of the Board of Trustees

#### STATEMENT FROM THE CHIEF EXECUTIVE OFFICER



During this reporting year (July 2020 - June 2021), we have innovatively and devotedly continued to strengthen the systems in accelerating the attainment of National Universal Health Coverage targets. We realised that, with the outbreak of the COVID-19 pandemic since early 2020, the health systems resilience tested its ability to respond to such shocks.

This demanding situation also exposed the Foundation to embarking on humanitarian assistance initiatives and paying more attention to the health security agenda, as an integrated factor of our other health related programs we have been undertaking.

It was a learning moment, and we are proud that we at the Foundation managed to adapt and adjust successfully. We segued the new norms that came with it as we integrated preventive measures and vaccination into our Institutional work plans and continued to serve the underserved.

The intention of having our health systems robust and more resilient, this continued to be our main complementary niche of attention, which was effectively articulated and implemented at the community-based systems and in health facilities from primary health care levels to the National Hospital.

Furthermore, we have continued intensifying the use of evidence-based approaches for high-impact interventions, and this has been achieved through our dual-prong approach of "upstream" and "downstream" interventions, thus sufficiently informing the health sector national frameworks by well-documented best practises from the field.

The BMF milestones for this FY 2020/21 could have not been attained without the commitment of our Board of Trustees, Management and Staff who worked continuously and tirelessly, creatively and diligently to reach the annual targets and institutional goals. It is this teamwork that has seen the Mkapa Foundation achieve 86% implementation rate as per our score card tool, which is 11% higher than the last financial year performance.

Recognising and grateful for the commendable support from Development Partners, I would particularly like to thank our financial partners namely Global Fund, Irish Aid, AVAC, WRAIR, USAID, FCDO, UNFPA and UNICEF. We are further indebted to the mutual partnership and facilitative role played by the Government of the Tanzania, particularly the MOHCDGEC, PORALG, Regional and Council Health Management Teams, and all other government departments and agencies that we interacted within the course of the year.

Our foot soldiers, the Community Health Workers and facility Health Care Workers have continued to bring in results moving forward the bar of achievements. This Annual report details the scale of their deployment and achievements.

Last but not least of importance, as we honour and celebrate the life of the Late His Excellency Benjamin W. Mkapa, the founding Settlor of this Foundation, we believe he had a life well lived and time well spent. In his own words, in the last para of his book, 'My Life, My Purpose: A Tanzanian President Remembers', he said, "I will leave it to my God and you to decide what difference I have made in this world". On this note, we the Benjamin William Mkapa Foundation have decided to continue telling his story!

Enjoy the reading!

**Dr. Ellen Mkondya-Senkoro**Chief Executive Officer

## INTRODUCTION

The Benjamin William Mkapa Foundation (BMF) 3rd Strategic Business Plan (July 2019 to June 2024) has three Goals to achieve by June 2024, namely: Implementation of interventions by Benjamin Mkapa Foundation in-line with the three goals of its Strategic Business Plan is structured around the six pillars of Health Systems Strengthening according to the World Health Organisation as indicated in the figure below;



#### GOAL 1:

Strengthened Systems to Accelerate the Attainment of National Universal Health Coverage Targets.



Intensified Use of Evidence-Based Approaches for High Impact Interventions.



Enhanced Institutional Performance and Sustainability.

During the implementation period of July 2020 to June 2021, BMF implemented its projects across the three goals through 13 active projects/initiatives funded by 8 Financial Partners.



For this reporting period, BMF has been able to cover five Health Systems Strengthening Pillars which are:

- Human Resources for Health
- Health Service Delivery
- Health Financing
- Health Information Systems
- Leadership and Governance

## BMF Led Initiatives 2020/21

s/n	Projects/Initiatives	Health Pillars	Financial Partners	
1	TB/HIV Project	2		
2	Resilient System for Sustainable Health (RSSH)	1, 2	Global Fund to fight AIDS, TB and Malaria	
3	Kipepeo Project	2		
4	Mkapa Fellows Program III (+COVID-19 Project)	1, 2, 3	Irish Aid	
5	TUWATUMIE - Ustawi wa Mwanamke Project	1, 2		
6	Dumisha Imarisha Rasilimali Watu (DIRA) Project	1	Bill & Melinda Gates Foundation through AVAC	
7	Site Improvement through Monitoring System (SIMS) Project	2	Walter Reed Army Institute of Research (WRAIR) - DOD	
8	USAID Afya Endelevu	1, 5	USAID - PEPFAR	
9	Pambana na COVID-19	1, 2	FCDO	
10	Pambana na Korona Project	1, 2	UNFPA	
11	Tokomeza COVID-19	1, 2		
12	GRREAT Project - Mbeya and Songwe	1, 2	UNICEF	
13	Community Based Health Services - CBHS Mtwara Project	2		

- Key for Pillars 1 Human Resources for Health

- 2 Health Service Delivery
  3 Health Financing
  4 Health Information Systems
  5 Leadership and Governance



#### BMF CONTRIBUTION TO THE FIVE PILLARS OF HEALTH SYSTEMS STRENGTHENING

BMF in this financial year has endured as a leading champion in complementing the Government of Tanzania's efforts in strengthening systems to accelerate the attainment of National Universal Health
Coverage targets across different national health priorities or strategic outcomes of the HSSP IV, One Plan III, NCD and HRH Strategic Plans through five pillars of Health System
Strengthening as below;

- Human Resources for Health
- Health Service Delivery
- Health Financing
- Health Information Systems
- Leadership and Governance



#### Pillar 1: Human Resources for Health



#### Facility Health Care Workers (HCWs)

**Recruitment:** From July 2020 to June 2021, the Foundation recruited, deployed, and maintained 1,701 skilled health workers at health facilities above the annual target of 867 skilled health workers resulting in an achievement score of 196%.

**Retention:** The Foundation retained 98% of the recruited staff against the annual target of 95% retention rate. These were 930 staff who were retained at their duty station for a period of 12 months among those eligible.

Orientation & Trainings: The Foundation conducted the orientation of the recruited skilled health workers according to the national orientation manual that clearly stipulates provision of all health services to clients according to National Guidelines. The Foundation managed to facilitate the provision of Human Resource Management and leadership skills to 669 Health Managers.

#### Trainings to HCWs through E-Learning Programme:

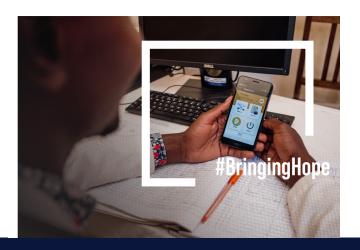
The E-Learning program is an electronic tool that was developed with technical support from BMF with the aim of facilitating online trainings for HCWs as part of Continuing Proffessional Development (CPD) during this reporting period. For sustainability purposes, BMF facilitated transitioning of the server from the Centre for Distance Learning Education (CDE) as initial host to the Ministry of Health. The link used is https://elearning.moh.go.tz

#### **Community Health Workers**

**Recruitment:** From July 2020 to June 2021, the Foundation successfully attained and surpassed the target by recruiting 1,768 (165%) CHWs against the planned 1,072 CHWs. These were involved in implementation of different projects based on the set scope across beneficiary villages within 10 LGAs of four (4) regions of Mwanza, Arusha, Coast and Kilimanjaro.

#### Adoption of Technology and Digitalization by CHWs

To enhance CHWs continuous learning, data, decision making and effective monitoring and supervision, the Foundation utilized a digital platform known as Community Health Assistants and Information Decision Making (CHAID) Application. During the reporting period of July 2020 to June 2021, a total of 1,684 CHWs located in Songwe, Mbeya, Coast, Kilimanjaro, Arusha, and Mwanza Regions were monitored through tracking the submission of activity, month and referrals reports using the CHAID Application. The CHWs monitored apopulation of 816,107 people whereby 388,821 were Females and 427,286 were Males.



## **Pillar 2: Health Service Delivery**

BMF continued working closely with the Government in supporting the Health Service Delivery component through facility and community-based interventions

#### Youth and Adolescents Health Services 'The Kipepeo' Project Campaign:

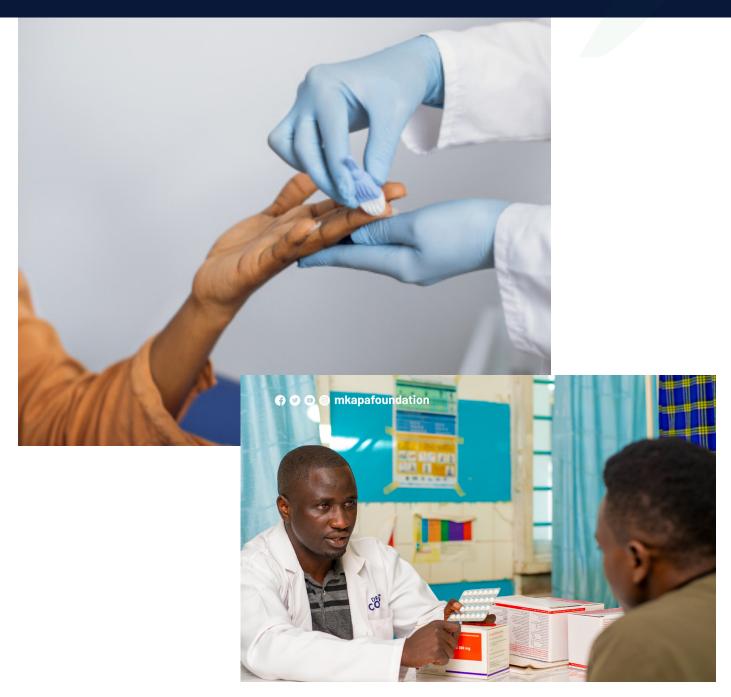
BMF in collaboration with Clouds Media Group implemented Kipepeo Campaign (October 2019 - December 2020) which aimed to increase awareness of HIV prevention, care and treatment, mitigating early sex debut and unplanned pregnancies. In addition, the campaign advocated on increased level of local discussion about the importance and challenges facing the youth, as well as focusing on HIV prevention and promoting adherence on ART to Adolescent Girls and Young Women (AGYW) in schools. The Campaign covered ten regions of Arusha, Dodoma, Iringa, Mbeya, Morogoro, Mwanza, Mtwara, Njombe, Singida and Tanga by reaching 103 secondary schools which engaged 424 secondary school teachers and 47,705 secondary school students against a target of 39,000 students, thus attaining an performance rate of 122%. In addition the program reached indrectly 8 Million Adolescent Girls and Young Women (AGYW) and Adolescent Boys and Young Men (ABYM) above the target of 7 Million.

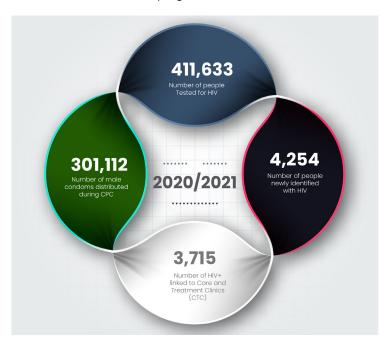


#### TB/HIV Community Combination Prevention Campaign(CPC):

BMF implemented TB and HIV project to contribute on the increase coverage of HIV and AIDS services in general to attain the target of 90% of people living with HIV know their status, 90% of all people diagnosed with HIV enrolled and received ART and 90% of receiving ART attain sustainable viral suppression. The project covered four regions of Tanzania, reaching a total of 201 wards (100% of the target) within 14 districts. Total 216 wards (103% of the target) were reached with index testing during post Combination Project covered four regions. The project covered four regions of Tanzania, reaching a total of 201 wards (100% of the target) were reached with index testing during post Combination Project covered four regions. The living during post Combination Project covered four regions of Tanzania, reaching a total of 201 wards (100% of the target) were reached with index testing during post Combination Project covered four regions.

- A total of 411,633 people were tested for HIV during Combination Prevention Campaign and Outreach services; and among those tested, (49%) were males and (51%) were females.
- Among those tested, 4,254 people were found to be HIV positive (1% positivity rate), and they include 1,508 males (35%) and 2,746 females (65%).
- Among HIV positive clients, 3,715 HIV positives clients (88.3%) were linked to CTC, and among the linked, 3,391 HIV positives clients were retained to care (91.3%).
- Total of 301,112 male condoms were distributed during Combination Prevention Campaigns to enhance HIV prevention.





#### Reproductive, Maternal and Neonatal Child and Adolescent Health (RMNCAH) Services:

During the reporting period, The Foundation implemented the GRREAT Project in two regions of Tanzania mainland namely Mbeya and Songwe, which focused on strengthening community-based health services specifically on adolescent reproductive health, HIV prevention, nutrition as well as preparedness and response to outbreaks.

Additionally, BMF implemented the Pambana na Korona project that focused on strengthening service delivery of Maternal, New-born and Child Health (MNCH) and to combat COVID-19 ensuring there is continuity of essential health services through technocal support and additional staff.

#### At the Community Level:

Over 399,420 people were reached with key COVID-19 messages including other disease outbreaks and essential health services, A total of 3,044 referrals were conducted and 2,704 were completed referrals, a total of 243,616 people were reached with health education through different congregation meetings and a total of 217,003 household visits were conducted by the deployed CHWs.

#### At the Facility Level:

The program noted 83% increase from 53,943 to 165,118 against the annual target of clients reached and attended with RMNCAH services by the deployed HCWs at 70 HFs in 8 regions as indicated in the graphical.





#### Emergency Response Initiatives.

As part of the initiatives to support the Government of Tanzania in combating the effects of COVID 19 Pandemic, BMF implemented a six (6) months COVID-19 response project known as PAMBANA na COVID-19 with the aim of preventing the spread of COVID-19 through Human Resource Capacity Strengthening and training on COVID-19 essential services. BMF deployed both HCWs and CHWs at supported health facilities, port of entries at airports, borders and harbours. A total of 1,072 CHWs were distributed in Arusha (221), Mwanza (346), Coast (226) and Kilimanjaro (279). In addition, the HCWs and CHWs worked to enhance and improve clients' service provision in 22 Regions of Tanzania through facility and Community-based health programs during COVID 19 pandemic. The program facilitated availability of protective gears and working tools for HCWs and CHWs.

#### Outcomes.

- 24,678 people have been reached with key messages, health education on COVID 19
- 289,619 people were reached through a household visit from October 2020 to March 2021.
- A total of 4,820 congregations/meetings were held for provision of health education 10 districts during the reporting period.
- A total of 1,323 rumors were registered by the deployed CHW and referred to the facility for follow up of which 350 (26.4%) of those referred reported to the health facilities.
- BMF distributed health promotion leaflets and posters using the 959 CHWs to the community during health education sessions, household visits and other community outreach services during the reporting period.

#### Comprehensive Quality Improvement Interventions.

During the FY 2020/21, the Foundation in collaboration with the Government successfully capacitated 130 Health Facilities on quality initiative services. The capacity building focused mainly on Infection Prevention Control (IPC) and strengthening Quality Improvement Initiatives in the context of Reproductive Maternal New-born and Child Health (RMNCH), the main focus was to improve services inline to the requirements of Basic Emergency Obstetric and Neonatal Care (BEmONC) on Seven (7) Signal functions as well as Health Management Information System (HMIS) especially on Data interpretation using graphs to support planning.

#### Improved Infrastructure for Quality Health Care.

In FY 2020/21 the Foundation was able to facilitate the improvement of 9 Health Facilities' infrastructures including 4 Regional Referral Hospitals. The refurbished Facilities were Babayu Dispensary in Chemba DC, Misasi HC in Misungwi DC, COVID-19 isolation centres at Amana RRH, Mwananyamala RRH and Kipawa Dispensary in Dar es Salaam, Dodoma RRH, Shinyanga RRH, Nyakahoja Dispensary in Mwanza CC and Nyankungu Dispensary in Geita.





Before After

## Pillar 3: Health Financing

BMF in collaboration with the Government continued to support Health Financing initiatives through implementation of improved Community Health Fund (iCHF) and Direct Health Facility Financing (DHFF) as part of addressing financial barriers to service delivery. The improved Community Health Fund (iCHF) is a voluntary community-based financing scheme in which households pay contributions to finance part of their basic healthcare services to compliment the Government health financing efforts.

BMF engaged 900 Community Health Workers who were capacitated with Gadgets to facilitate enrolment of Community members. The initiative was integrated with the Combination Prevention Campaigns whereby 68,530 people were sensitized on iCHF from different households in Arusha, Manyara, Mtwara, Mbeya, Songwe and Tanga regions, and among them 1,693 homes were enrolled in the improved CHF scheme.

During the same reporting period, BMF facilitated capacity building to 150 CHMT members from 15 LGAs from 5 Regions of Dar-es-salaam, Coast, Kilimanjaro, Arusha and Mwanza on implementing Direct Health Facility Financing (DHFF) Management; in addition, the training incorporated topics on leadership, governance, and accountability concerning disease control and prevention especially AIDS. Tuberculosis, Malaria (ATM) in the community

## Pillar 4: Health Information Systems

Documentation and translation of these cost-effective and scalable approaches are done and used to create a knowledge hub that can be shared. Documentation of success stories and dissemination is conducted through different media platforms. This pillar focuses on some of these documented interventions that focused on health information systems that BMF was able to concentrate and achieve during this FY 2020/21.

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

The Foundation conducted consultative sessions with key Government Ministerial, Departments and Agencies (POPSM, PORALG and MOHCDGEC) which aimed to improve the Human Resources Information recorded in the Human Resource For Health Information Systems (HRHIS). This aimed at enhancing ownership, visibility, and commitment to transition of the contracted HRH into Government employment system and creation of opportunities for inclusion of data management staff within government employment permits. By the end of June 2021, BMF managed to mainstream 33 HCWs out of 454 eligible as per the GOT released permit into government employment system.

Furthermore, The Foundation actively participated in collaborative and technical assistance sessions and taskforces including COVID-19 pillar meetings, Health Sector Policy Forum, Health Sector Technical Review Meetings, International AIDS Society Conference and NSAs dialogue meetings with PO-RALG to support the provision of evidence based health information's that informs the strategies and best practices approaches for addressing key health challenges at the community.

#### Promotion of the Adoption of Generated Knowledge into Policy and Practice

The Foundation managed to develop two policy briefs (CBHP Coordination and Oversight at the National Level and 1 HRH Advocacy - Are We on Track) that were used to disseminate information to key stakeholders as part of advocacy agenda.

BMF was engaged in five dialogues and engagement sessions with relevant actors including policymakers and decision makers. These dialogues include: one Joint Annual Health Sector Review Meeting, two National Level Collaborative and Technical Assistance for Implementation of RSSH Global Fund and Volunteerism Program and two National Level Sessions with NTLP and PORALG for allocation of TB staff under the USAID Afya Endelevu program.

## Pillar 5: Leadership and Governance

Good governance, leadership and supportive systems and structures are key not only to managing social, economic and financial resources but also enabling opportunities for enhanced institutional performance and sustainability. This pillar focuses on leadership and governance interventions conducted by BMF to contribute on program results and institutional growth during this FY 2020/21.

#### Human Resource Management at the LGAs

The Foundation in collaboration with the Government, continued to provide capacity building to the Health Managers on Human Resource Management through different initiatives. During this FY2020/21, BMF managed to facilitate the provision of Human Resource Management and Leadership skills to 669 health managers as detailed below;

Through USAID Afya Endelevu Activity, 374 Health Managers from 61 LGAs and 11 Regions (Arusha, Kilimanjaro, Manyara, Dodoma, Morogoro, Singida, Lindi, Mtwara, Iringa, Njombe and Ruvuma) were capacitated on Staff Management Protocol of recruited skilled HCWs.

Through GRREAT project between January–June 2021, the foundation capacitated 295 health managers on the CBHP guideline and policies to support effective deployment and supervision of the CHWs in Mbeya and Songwe Regions.

#### Enhanced Strategic Partnerships and Sustainable Funding Base

BMF team continued preparing and submitting as solicited and unsolicited proposals to several funding agencies and partners and at the same time forging strategic partnerships and stakeholder's stewardship at the National, Regional, Africa and International levels. Furthermore, BMF Senior Management Team with the Board of Trustees on 15th September 2020 at the BMF Offices in Dar es Salaam, held an interactive meeting with development partners to share their overall institutional performance and strategic direction after the demise of its founding Settlor.

## Story from the Field



"As you can see, I am aging. I was told that a vaccine can save me from getting more serious health problems if I catch coronavirus. But at first I feared. Some neighbours were saying the vaccines are unsafe. But a health worker came to educate me about the benefits of be- ing vaccinated,"

says Kapela who had just got his shot of the Pfizer vaccine



"Through this project, we learnt that out there in communities there was a huge burden of health challenges such as maternal mortality and child mal-nutrition which we might have over looked. The outreach programmes and events were an eye-opener to some of the challenges" said Dr Jo-seph Foma, the District Medical Officer



"The trainers told me that I was sup- posed to successfully make my own sack garden at home first, and then lead others by example"

says Ms Lyangola, a Community Health Worker (CHW)



"Thanks to the MFP III that brought these CHWs as they have been of significant help in building strong links between us and the community. Theresia goes places where I can't and brings in people with different issues especially those concerning maternal health"

says Dr. Chiwanga

# THE BENJAMIN WILLIAM MKAPA FOUNDATION SUMMARIZED STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR 2020/21

	2020/21	2019/20
(A) Revenue from Non-Exchange Transanctions		
Grant Income	31,684,160,057	17,560,526,029
Trust Income	2,307,214,369	1,192,479,238
	33,991,374,426	18,753,005,267
(B) Operating Expenses		
Direct Programme Expenditure	31,684,160,057	17,560,526,029
Trust Project Activities	209,325,967	252,678,854
Program Management Cost	1,783,753,067	979,854,596
	33,677,239,091	18,793,059,479
(C) Other Gains or (Losses)	64,804,448	(44,602,654)
(D) Total Expenses (B+C)	33,742,043,539	18,748,456,825
Deffered Revenue for the year (A-D)	249,330,887	4,548,442

# **CONCLUSION**

There has been a sustained incremental achievement during this reporting financial year 2020/21. Emerging issues from internal and external factors were dealt with promptly and creatively to allow our Organizational remain operational with minimal disruption.

This financial year June 2020 to July 2021 was the second implementation year of the new 5-year Strategic Business Plan III, whereas BMF achieved 86% of its targeted activities comparing to the 75% achievement of the previous year FY 2019/20. This is an indication of growth, resilience, and innovativeness in the face of the unforeseen.

The Foundation was able to expand its programmatic areas beyond Human Resources for Health, HIV/ AIDS, TB, Reproductive, Maternal, Child and Adolescent health by taking up emergency health response to COVID-19 outbreak. This was an exciting learning curve for BMF and required mainstreaming such emergency responses interventions into existing health ecosystem at national, regional and district levels of Tanzania.

Forward thinking after the demise of the founding Settlor (H.E. Late, Benjamin William Mkapa), BMF shall sustain his Legacy through the introduction of Mkapa Legacy Initiatives. The initiative will include (but not limited to) co-hosting with the Government of Tanzania and partners periodic Mkapa Legacy High level Symposium, that aims to reflect and continue application of ideologies and the visionary leadership best practises of the Former President Mkapa across Africa region including Tanzania.

In our noble endeavour, BMF will continue relying on SMART partnerships with our several technical and financial collaborators and supporters that extend from bilateral and multilateral development partners, private sector, Governments of both Tanzania Mainland and Zanzibar, and Communities. We shall continue to reinforce our commitment to serving the needy and bringing hope to the underserved, making health an accessible priority.

## ACRONYMS/ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome	HRH	Human Resources for Health
ATM	AIDS, TB and Malaria	MOHCDGEC	Ministry of Health, Community Development,
BMF	Benjamin William Mkapa Foundation		Gender, Elderly and Children
CEO	Chief Executive Officer	NCDs	Non-Communicable Diseases
CC	City Council	NGOs	Non-Governmental Organisations
CHMT	Council Health Management Team	PEPFAR	US President's Emergency Plan for AIDS Relief
CHW	Community Health Worker	POPSM	President's Office Public Service Management
COVID	Corona Virus Disease	PORALG	President`s Office, Regional Administration
DC	District Council		and Local Government
FCDO	Foreign, Commonwealth and Development	RHMT	Regional Health Management Team
	Office	RRH	Regional Referral Hospital
FY	Financial Year	WRAIR	Walter Reed Army Institute of Research
GFATM	The Global Fund to Fight AIDS, Tuberculosis	UHC	Universal Health Coverage
	and Malaria	UNFPA	United Nations Fund for Population Activities
HE	His Excellency	UNICEF	United Nations International Children's
HC	Health Centre		Emergency Fund
HCWs	Health Care Worker	USAID	United States Agency for International
HIV	Human Immunodeficiency Viruses		Development

# OUR **PARTNERS**

#### **Financial Partners**

















#### **Technical Partners**









Bringing HOPE to the underserved

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