



Mkapa Foundation

Bringing HOPE to the underserved

THE BENJAMIN WLLIAM MKAPA FOUNDATION (BMF)

STRATEGIC BUSINESS PLAN BRIEF

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JULY 2024 – JUNE 2030





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FOREWORD

I am delighted, humbled, and privileged to present to you the fourth Strategic Business Plan 2024–2030, which outlines our vision and mission, as well as the goals, objectives, and initiatives we have identified to enable the Foundation to realize its full potential.

Since our establishment in April 2006, the Benjamin William Mkapa Foundation (BMF) has remained true to its founder’s long-term vision of supplementing and complementing the development efforts of the Government of the United Republic of Tanzania. Over the years, we have demonstrated outstanding performance in reinforcing health delivery systems, particularly in underserved communities across Tanzania. Our distinctive position and contributions were further validated when the Government recognized the Foundation as a leading partner in strengthening the public health system, particularly health workforce initiatives. This trust and cooperation have also been extended by our various development partners and the private sector, who have collaborated with us throughout our journey of bringing hope to the underserved.

As we stride forward into our third decade of operations, it was essential for us to take stock of our strengths, address our weaknesses, identify opportunities for further development, and prepare to address potential threats in the operating environment.

Through this plan, our vision remains the same as “Healthy living and well-being for all in Tanzania and the rest of Africa” and our mission as “To innovate sustainable and resilient health and related system solutions for equitable health outcomes.”

The successful implementation of this plan is anchored on our ability and capacity to leverage our wealth of experience and excellence in providing robust solutions in health service delivery in collaboration with public and private organizations. It is of key importance that BMF’s Board and Management will work to turn the strategic goals and objectives into tangible results, requiring the active involvement and participation of the Government, partners, and key stakeholders. We further aim to cross the borders of Tanzania and ensure health for all agenda is extended to other neighboring countries within African Region by capitalizing on the arising opportunities and our organizational niche.

I take this opportunity to offer our sincere gratitude and appreciation to all those who directly or indirectly contributed to the various stages of formulating this Strategic Business Plan. We are banking on your continued support to make this plan a success. Together, we can achieve it—please play your part!

A handwritten signature in blue ink that reads "Adeline Kimambo". The signature is fluid and cursive, written over a thin horizontal line.

Dr Adeline Kimambo

Chairperson – Board of Trustees



ACKNOWLEDGEMENT

The preparation of this document would not have been possible without the visionary leadership, dedication, commitment, and support of the Board of Trustees involvement in all key stages of the development process, from conceptualization to approval, and we highly appreciate and acknowledge all stakeholders of the Foundation engaged in the process of its development.

The Foundation also owes enormous thanks to the Extended Management Team members who devoted their time, effort, and expertise to develop this plan. Our dedication to translating the views received from our stakeholders, including BMF Staff, has been invaluable. Our collective insights and collaborative efforts have ensured that the plan is comprehensive, relevant, and capable of driving our mission to promote healthy lives for all in Tanzania and the rest of Africa.

The successful preparation of the new plan would not have been possible without the devoted professional guidance and support provided by the lead consultant, Dr. Catherine Kahabuka, assisted by the co-consultant, Dr. John Willy Massoy. We are deeply grateful for their unwavering guidance, expertise, and support throughout the process of developing the new plan. Their ability to synthesize complex inputs and provide clear, actionable recommendations has been crucial to the formulation of this strategic document.

We also extend our heartfelt gratitude to the participants who provided valuable input and insights during the final evaluation of the ending strategic plan (2019-2024). Your contributions significantly informed the development of this new strategy, enriching its relevance and effectiveness. The feedback and perspectives you shared were vital in ensuring that our new plan is grounded in real-world needs and experiences, making it a robust tool for achieving our goals.

Additionally, we recognize the invaluable support and feedback from our partners, donors, and other stakeholders. Your continuous support and engagement have not only contributed to the success of this strategic planning process but also to the broader mission of BMF. Your collaboration and shared vision are essential to our ongoing efforts to improve health outcomes across Tanzania.

Finally, as we look forward to realizing the goals of the plan in the coming years and positioning the Foundation better in the communities we serve, I would like to take this opportunity to thank everyone who took their time to provide insights and feedback throughout the long development process. Your inputs and feedback have not only enriched our new plan but also positioned us better to serve less privileged communities in Tanzania and beyond. Your commitment and support are the bedrock upon which we build our success.

Dr. Ellen Mkondya-Senkoro

Chief Executive Officer

BENJAMINI MKAPA FOUNDATION

EXECUTIVE SUMMARY

The Benjamin William Mkapa Foundation, established in April 2006 by the Third President of Tanzania, His Excellency Benjamin William Mkapa, is dedicated to innovating sustainable and resilient health system solutions for equitable health outcomes. With a vision of healthy lives and well-being for all in Tanzania and Africa, BMF focuses on enhancing disease prevention and treatment, supporting health policy, fostering human resources for health (HRH), promoting community involvement, mobilizing resources, and ensuring governance and sustainability.

Since its inception, BMF has implemented three strategic plans (2008-2012, 2013-2018, 2019-2024), each adapting to emerging health challenges and national priorities. These plans have focused on HRH deployment, responses to communicable and non-communicable diseases, building sustainable business models, and strategic partnerships.

During the implementation of Strategic Plan III (2019-2024), BMF made significant strides across multiple goals. In Human Resources for Health (HRH), the Foundation deployed 9,228 individuals, including healthcare workers (MKAPA FELLOWS), Community Health Workers (CHWs), and data management staff. BMF also supported the National Centre for Distance Education, enrolling 83,228 health professionals in the National e-Learning for Health Care platform. Additionally, BMF completed the construction of 482 houses for healthcare workers, a project initiated during SBP II. In response to the COVID-19 pandemic, BMF played a crucial role in coordinating non-state actors at the national level, mobilizing resources, launching community-based initiatives, and conducting vaccination campaigns, resulting in 986,150 individuals being vaccinated in Tanzania.

In maternal and child health, BMF's efforts contributed to over 60,000 women delivering in health facilities due to improving access of services by constructing and equipping the theatres and maternity wards of Primary Health Care levels and introduced the Universal Anesthesia Machine in areas without electricity. BMF enhanced M&E systems with digital tools, strengthened organizational capacity for knowledge management, and promoted a culture of knowledge sharing. Financial sustainability was significantly bolstered by the establishment of an Endowment Fund, the creation of Imara Horizon Company Ltd, and the successful mobilization of TZS 157 billion to finance SBP III exceeding by 1% from the planned budget of TZS 156 billion.

Despite these achievements, BMF faced challenges such as adaptation to in-country leadership changes, changing international development aid landscapes thus limitations in resource mobilization for comprehensive implementation of its strategic plan, untimely passing away of its founding Settlor, limitations in adoption of a fully-fledged digitalized Enterprise Resource Planning system. The Foundation learned valuable lessons, including the importance of strategic focus, partnerships, result-based management, local ownership, adaptability, and innovation. The critical role of digital tools and systems was also highlighted.

Looking ahead, BMF's upcoming Strategic Business Plan IV (2024-2029) aims to build on past successes and address emerging health challenges. The plan outlines four primary goals: **strengthening systems to achieve UHC and SDG targets; intensifying the use of innovative and evidence-based approaches; enhancing BMF institutional performance; and ensuring sustainable growth of BMF.** To achieve these goals, BMF will foster innovative HR solutions, sustain community-based health services, enhance HRH planning and performance management, and promote multisectoral coordination. Financial solutions will include enhancing business development capacity, advocating for private sector financing, and improving the Direct Health Facility Financing (DHFF) model. In intensifying the use of

evidence-based approaches, BMF plans to enhance its knowledge management platform and system and promote knowledge-sharing practices. Additionally, BMF will increase communication visibility, integrate research in programming, and strengthen digital infrastructure.

To enhance institutional performance, BMF will align its structures, legal frameworks, policies, and systems with SBP IV. This includes digitalizing core business processes, enhancing procurement and supply chain management, and improving administration and operations management. BMF will also improve staff benefits, retention, talent development, and capacity building, as well as grants management and M&E systems. Ensuring institutional sustainability involves strengthening organizational oversight, sustaining the Mkapa legacy, diversifying funding sources, and nurturing strategic partnerships. This includes enhancing Institutional business development structures, reinforcing fundraising initiatives and leveraging financial resources from various partners.

The success of SBP IV depends on several critical success factors, including a facilitative policy environment, readiness of stakeholder cooperation and strategic partnerships, having relevant interventions with sustainable outputs, timely technology adoption, technical excellence and effective governance and visionary leadership. BMF will employ a holistic strategy implementation approach, emphasizing effective communication, stakeholders' engagement, effective resource allocation, agility, and continuous learning and adaptation.

The SBP IV is costed at **TZS 211.657 billion (US\$ 89.21 million)**, primarily supporting programmatic interventions as well as supportive functions including Institutional sustainability strategies. A comprehensive resource mobilization strategy and plan will be deployed in a systematic and well-coordinated manner which will facilitate effective and efficient solicitation, acquisition, utilisation, and management of resources.

BMF will use an evidence-based Monitoring, Evaluation, Research, and Learning framework to monitor progress, assess performance, and adapt interventions as well as having robust knowledge management system. By fostering a collaborative environment and leveraging innovative solutions, BMF aims to enhance health outcomes, strengthen institutional performance, and ensure the sustainability of its interventions.



ABOUT BENJAMIN WILLIAM MKAPA FOUNDATION

1.1 BMF Objectives and Mandate

The Benjamin William Mkapa Foundation (BMF) is a Trust registered in April 2006, founded by the Third President of the United Republic of Tanzania (URT), His Excellency Late Benjamin William Mkapa. In accordance with BMF's Trust Deed, last amended in 2021, BMF's primary objective is to supplement and complement the development efforts of the Government of Tanzania. BMF envisions healthy lives and well-being for all in Tanzania and the rest of Africa. The Foundation's mission is to innovate sustainable and resilient health and related system solutions for equitable health outcomes. The specific objectives of the Foundation include:

- i. **Enhancing Prevention, Care, and Treatment:** Address both communicable and non-communicable health conditions, including but not limited to HIV and AIDS, Tuberculosis, Maternal, Reproductive, Child Health, and other related diseases, through innovative and integrated health service delivery solutions.
- ii. **Promoting Policies and Strategies:** Advocate for and support the development and implementation of national and international policies that address health challenges, particularly focusing on alleviating HIV and AIDS, strengthening Human Resources for Health (HRH), and enhancing overall health system resilience.
- iii. **Supporting HRH:** Foster the development, recruitment, training, and retention of Human Resources for Health, especially in high-demand areas. This includes promoting innovative HRH solutions and ensuring equitable distribution and productivity of skilled health workers.
- iv. **Community Involvement:** Enhance the engagement of communities in health initiatives addressing HIV and AIDS, reproductive, newborn and child health, and family planning. This also involves active participation of young people and men in health programs.
- v. **Resource Mobilization:** Strategically mobilize, receive, and administer funds and other resources from diverse sources to support health-related activities. This includes fostering partnerships with local and international entities for sustainable financing solutions.
- vi. **Strengthening Cooperation:** Promote and strengthen collaboration with local, national, and international institutions to advance the Foundation's objectives. This includes forming strategic alliances and partnerships to enhance health service delivery and system strengthening.
- vii. **Implementing Evidence-Based Approaches:** Intensify the use of innovative and evidence-based approaches for high-impact health interventions. This includes enhancing knowledge management systems, promoting research integration, and utilizing evidence-based programming for decision-making.
- viii. **Enhancing Digital Infrastructure:** Develop and implement robust digital integration strategies to improve program operations. This includes modernizing information system infrastructures, adopting advanced analytics tools, and ensuring robust cybersecurity measures.
- ix. **Strengthening Governance and Leadership:** Improve the functionality and efficiency of governance structures at all levels, from national to community. Enhance result-based decision-making and leadership capacity to ensure quality health service delivery.
- x. **Ensuring Sustainability and Legacy:** Sustain and enhance the Mkapa legacy through various initiatives. This includes promoting own sources of funding, strengthening the endowment fund, and fostering continuous engagement with the legacy forums.

1.2 BMF Growth and Programme Areas

Since its inception in 2006, the Benjamin William Mkapa Foundation (BMF) has made significant strides in improving health systems in Tanzania. The Foundation operationalized its Trust Deed through three Strategic Plans covering the periods 2008-2012, 2013-2018, and 2019-2024. Each plan focused on strengthening health systems and enhancing TB, Malaria, HIV and AIDS; Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition; Non- Communicable Diseases interventions, adapting to emerging health challenges and national priorities.

1.3. Impact and Reach

Over the 18 years of existence, BMF programs have reached an average of 80% of Tanzania, directly and indirectly benefiting over 32 million people. Some of the major milestones include:

- **Over 5 million pregnant women** reached by receiving antenatal, labour, and post-natal care.
- **Over 2 million children under five** reached by receiving post-natal and childcare services.
- **6.4 million community members** reached by receiving various health services.
- **Over 1 million individuals** receiving HIV and AIDS care services.
- **More than 13,000 jobs** have been created in the health sector including health professionals (MKAPA FELLOWS) and community health workers.
- **More than 500** health infrastructures have been constructed and/or renovated including **483** staff houses for health workers.
- **1,150 health scholarships** have been awarded for pre-service and in-services trainings.

Indirect beneficiaries encompass policymakers, health managers, civil societies, media, and the general community. These initiatives are made possible through robust partnerships with national and local government authorities, international donors, and various non-governmental organizations.

1.4. Strategic Partnerships

The Benjamin William Mkapa Foundation (BMF) collaborates with key government entities from both Tanzania Mainland and Zanzibar, including the Ministry of Health, the President's Office, Public Service Management (POPSM), and the President's Office Regional Administration and Local Government (PORALG), Prime Minister's Office and other Government related institutions. In addition to its core activities, BMF works closely with development partners from both bilateral and multi-lateral donors, International and Local Non- Government Organizations and Foundations, and the Private sector with the aim of amplifying its impact. These collaborations foster ownership of BMF initiatives, address national health gaps, and ensure sustainability. By leveraging the expertise and resources of these partners, BMF enhances the impact and scalability of its health programs across Tanzania.

1.5 Organizational Growth

BMF's growth from 2006 to 2024 is marked by a fourfold increase in health projects, and a tenfold increase in technical partners. The Foundation has managed health projects worth TZS 308 billion with an exemplary record of unqualified audit opinions annually. To ensure long-term financial sustainability, BMF established an Endowment Fund and Imara Horizon Company Ltd., the latter being a Special Purpose Vehicle for profit-making and overseeing investments.

1.6 Moving Forward: Strategic Business Plan IV (2024-2030)

The upcoming Strategic Business Plan IV will build on past successes and address emerging health challenges. It aims to align BMF's efforts with the evolving health landscape in Tanzania and beyond, continuing to strive towards the vision of "Healthy lives and well-being for all in Tanzania and the rest of Africa."

SITUATION ANALYSIS

2.1 Socio-Economic and Health Landscape of Tanzania

2.1.1 Economic and Administrative Overview

The United Republic of Tanzania is the largest country in East Africa, covering 947,300 km², comprising Tanzania Mainland and the Islands of Zanzibar. Administratively, the country is divided into 31 regions and 184 districts. In 2016, the International Monetary Fund (IMF) reported Tanzania as the fastest-growing economy in East Africa, with a growth rate of 6.6%, surpassing Rwanda (5.9%) and Kenya (6.0%). On 1st July 2020, the World Bank declared Tanzania a lower middle-income country (LMIC), achieving this status five years ahead of its target of 2025 due to consistent economic and human development progress. This achievement was partly attributed to the government's substantial investment in the health sector, significantly improving the health status of Tanzanians. According to the Bank of Tanzania (BOT) and IMF, Tanzania's real GDP grew by 4.9% in 2021, reaching USD 70.28 billion.

Demographically, Tanzania is among the countries with the fastest-growing populations and rapid urbanization. The population was projected to reach over 67 million by 2025 and had already reached 65,497,748 in 2022. Life expectancy at birth is projected to rise to 66.2 years for men and 71.3 years for women by 2025. With these demographic transitions, coupled with an aging population, will result in changing demands for health services, including increased needs for managing non-communicable diseases (NCDs).

2.1.2 Health Sector Progress

Tanzania has an advanced health sector wide approach program that enhances coordination and alignment between the government and stakeholders' particular development partners, and this is Government led, mainly the Ministry of Health. URT has made substantial progress in the health sector over the past decade, with increased life expectancy at birth due to reduced mortality and morbidity, largely driven by successes in reducing infant and child mortality and combating major communicable diseases such as HIV, Tuberculosis (TB), and malaria. Despite these significant gains, deep inequities and vulnerabilities persist, particularly between urban and rural populations, as well as between the wealthy and the poor. Industrialization and urbanization have created a large population of urban poor who struggle daily with poor housing and lack of basic services such as clean water, sanitation, and electricity, often leading to infectious disease epidemics and NCDs. Climate change is impacting health through increasingly frequent extreme weather events, such as heatwaves, droughts, storms, and floods, leading to food availability disruptions, increases in zoonoses and water- and vector-borne diseases, and mental health issues.

Despite budget increases, such as from TZS 31 billion in 2015/16 to TZS 1.3 trillion in 2024/25, health sector funding remains below international benchmarks.



Key Health Indicators

- ◆ Maternal Mortality rate have been reduced from 556 in 2015-16 to 149 deaths per 1,000 live births in 2022.
- ◆ The Under-five Mortality rate has been reduced from 67 in 2015-16 to 43 deaths per 1,000 live births in 2022.
- ◆ The infant Mortality rate has been reduced from 43 in 2015-16 to 33 deaths per 1,000 live births in 2022.
- ◆ Neonatal Mortality rate have been reduced from 25 in 2015-16 to 24 deaths per 1,000 live births in 2022.
- ◆ Over the last 3 decades health facilities deliveries have increased from 52% to 81% which home deliveries have decreased from 47% to 18%.
- ◆ 30% of children under five are stunted.
- ◆ Adolescent health about 1 in four adolescents had begun children by the age of 19.
- ◆ The median sexual debut amongst adolescent girls (15-19) remains 15 years.
- ◆ The use of modern methods of family planning among married women has increased steadily from 7% in 1991-92 to 31% in 2022. The use of traditional methods increased slightly from 4% in 1991-92 to 7% in 2022.
- ◆ THIS 2022-2023 demonstrated that 82.7% of adults living with HIV are aware of their HIV-positive status, 97.9% of adults living with HIV were on ART, and 94.3% of adults who were on ART had viral load suppression.
- ◆ Household ITN ownership increased from 23% in 2004- 05, peaked at 91% in 2011-12, and then declined to 67% in 2022.
- ◆ Overall, in Tanzania Malaria prevalence has been decreasing to 8% in 2022.
- ◆ TB notification number has been increasing from 80,484 in 2019 to 87,400 cases in 2020.
- ◆ According to estimates by the WHO, in Tanzania, NCDs account for 33% of all deaths; cases and deaths due to road traffic injuries have increased by 44% and deaths by 64%, between 1990 and 2000.
- ◆ Tobacco use, excessive alcohol consumption, poor diet and lack of physical activities have been reported as the most common behavioral risk factors associated with NCDs.
- ◆ Health facilities have increased in numbers from 5,253 in 2007 to 8,665 in 2020 with the total public health facilities rising from 3,421 to 5,122.
- ◆ Health insurance coverage in Tanzania has remained low over the last two decades, with only about 15% of Tanzanians covered at the end of 2021.
- ◆ Tanzania Universal Health Insurance bill signed into law on 6 December 2023.
- ◆ According to the HRH Tanzania Mainland country profile new staffing level guideline for the Financial Year 2022/23, the minimum number of health workers required is 348,923, but only 119,678 are available, meeting just 34% of the need.
- ◆ Most of the health workforce is concentrated in the public sector (79,623) compared to the private sector (40,055).
- ◆ Tanzania has a long history of community-based health programs, starting before the 1970s with Village Health Workers (VHWs) in each village and now termed as Community Health Workers.
- ◆ To address the challenge of coordination, management, and training of CHWs, the Government inaugurated the National Integrated and Coordinated Community Health Workers Program which will benefit 137,294 CHWs to be deployed in phases until 2027/28.

2.2 Global Priorities

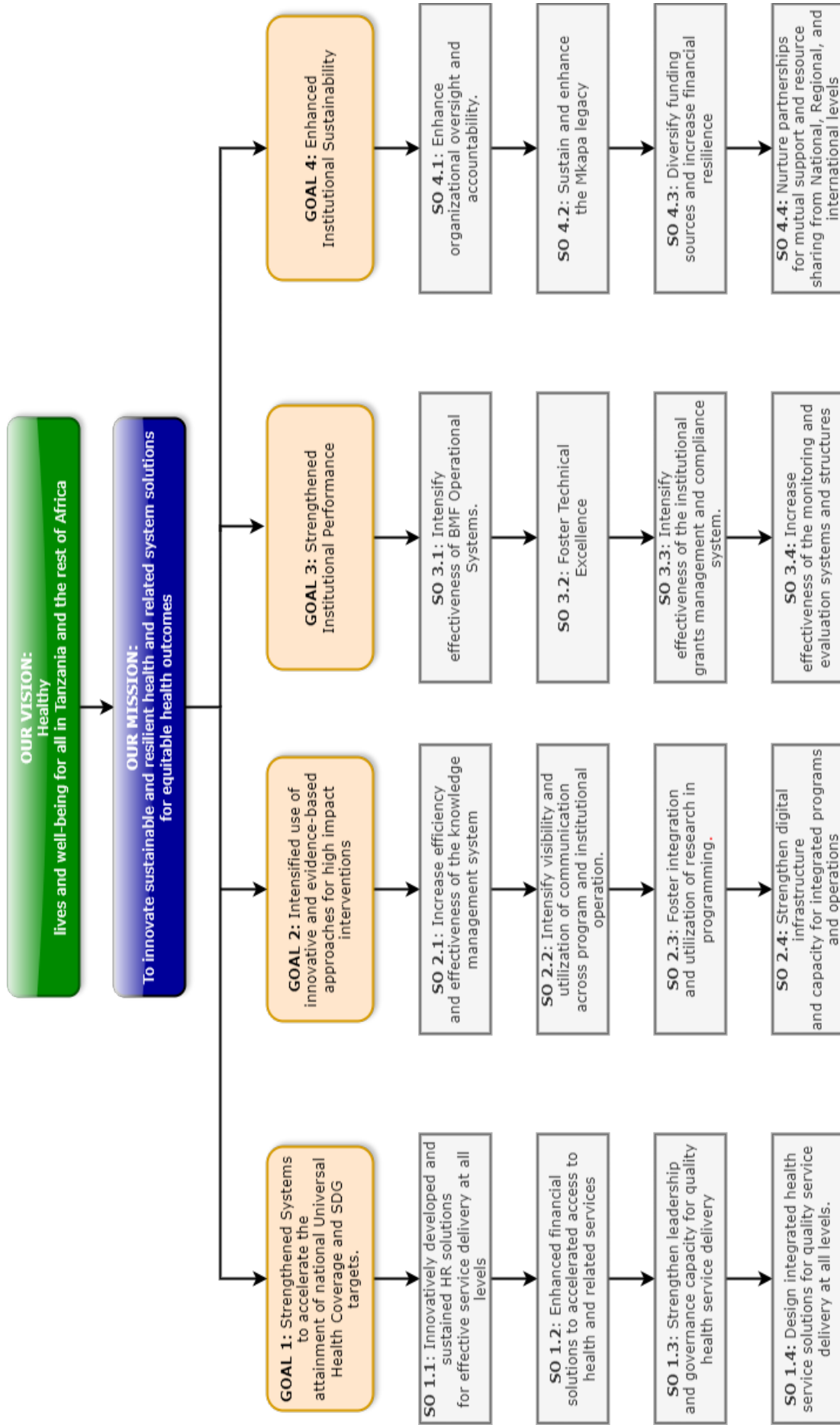
Global health priorities are centred on advancing the 2030 Sustainable Development Goals (SDGs), with a strong emphasis on strengthening health systems and human resources for health. At the global level, there is a critical need to support vulnerable groups, particularly considering the COVID-19 pandemic. Ensuring adequate financial protection and expanding universal health coverage (UHC) through prioritized public health spending are essential steps toward equitable healthcare access and poverty eradication. Equity-focused policies are recommended to enhance both health and economic outcomes by improving financial protection for households. A primary health care (PHC) approach is vital for advancing equity and financial protection, underpinned by modern health information systems for better policy design. The implications of population growth on health systems are significant for achieving the SDGs. Urgent areas requiring global attention include addressing health workforce capacity issues, ensuring equitable healthcare access, strengthening PHC infrastructure, enhancing financial protection to prevent catastrophic health expenditures, improving health system resilience and preparedness, retaining healthcare professionals, and advancing health information systems and governance for evidence-based decision-making.



OUR VISION, MISSION, AND CORE VALUES



THE STRATEGIC BUSINESS PLAN IV GOALS AND OBJECTIVES AT A GLANCE



STRATEGIC INITIATIVES

Goals, Objectives, and Strategic Initiatives

Goal	Strategic Objective	Strategic Initiative
GOAL 1: Strengthened Systems to accelerate the attainment of national Universal Health Coverage and SDG targets.	SO 1.1: Innovatively developed and sustained HR solutions for effective service delivery at all levels	SI 1.1.1: Strengthen HRH Supply, Recruitment and Result based Management
		SI 1.1.2: Sustain integrated health service delivery through Community Based initiatives.
		SI 1.1.3: Enhance designing and deployment of responsive strategies for HRH planning, allocation, optimization, performance, retention, and productivity.
		SI 1.1.4: Promote existence and functionality of HRH multisectoral coordination and engagement at all levels.
	SO 1.2: Enhanced financial solutions to accelerated access to health and related services	SI 1.2.1: Enhance establishment and implementation of innovative HRH financing sustainability models for public and FBO health facilities.
		SI 1.2.2: Accelerate implementation of the Universal Health Insurance scheme.
		SI 1.2.3: Advocate for private sector engagement in financing health services in alignment to ESG principles.
		SI 1.2.4: Enhance the capacity of district and facility management teams in managing CBHPs through Direct Health Facility Financing (DHFF)
	SO 1.3: Strengthen leadership and governance capacity for quality health service delivery	SI 1.3.1: Improve functionality and efficiency of the governing structures at national, regional, district and community levels.
	SO 1.4: Design integrated health service solutions for quality service delivery at all levels.	SI 1.4.1: Enhanced effective access to health and social services through designing and implementing targeted interventions to general and Key Vulnerable population including people with disabilities.
		SI 1.4.2: Promote integration of cross cutting issues (Quality Improvement, Gender, Economic Empowerment, Climate Change, Nutrition and Technology) to health services and systems.
		SI 1.4.3: Support the control and management of communicable and non-communicable conditions.
		SI 1.4.4: Support Global Health Security Initiatives at National and sub-National levels.
GOAL 2: Intensified use of innovative and evidence-based approaches for	SO 2.1: Increase efficiency and effectiveness of the knowledge management system	SI 2.1.1: Design and Institutionalize effective Knowledge Management Frameworks, systems, tools, and culture.
		SI 2.1.2: Implement a comprehensive knowledge management platform.
		SI 2.1.3: Promote knowledge sharing practice and culture within an institution and beyond.
		SI 2.1.4: Promote partnerships in knowledge management.

Goal	Strategic Objective	Strategic Initiative	
high impact interventions	SO 2.2: Intensify visibility and utilization of communication across program and institutional operation.	SI 2.2.1: Expand utilization of communication channels and platforms.	
		SI 2.2.2: Streamline utilization of communication strategies and policy internally	
		SI 2.2.3: Promote partnership in utilization of communication platforms	
	SO 2.3: Foster integration and utilization of research in programming.	SI 2.3.1: Enhance the research integration framework in programming	
		SI 2.3.2: Institutionalize evidence-based programming to inform policy and strategies.	
	SO 2.4: Strengthen digital infrastructure and capacity for integrated programs and operations	SI 2.4.1: Foster digital integration.	
		SI 2.4.2: Enhance effectiveness of information system and IT infrastructure.	
		SI 2.4.3: Develop and deliver tailored capacity building programs in ICT, M&E and entire BMF team.	
		SI 2.4.4: Enhance disaster recovery and business continuity capacity.	
	GOAL 3: Strengthened Institutional Performance	SO 3.1: Intensify effectiveness of BMF Operational Systems.	SI 3.1.1: Align institutional structures, legal frameworks, policies, and operational systems with SBP IV.
			SI 3.1.2: Implement the integrated digitalization of BMF core business and support processes.
			SI 3.1.3: Enhance the procurement and supply chain management system
SI 3.1.4: Strengthen HQ and Field offices administration, working environment and operations management.			
SO 3.2: Foster Technical Excellence		SI 3.2.1: Enhance effective management of staff remuneration, reward, and recognition.	
		SI 3.2.2: Enhance BMF staff talent development, retention, and succession.	
SO 3.3: Intensify effectiveness of the institutional grants management and compliance system.		SI 3.3.1: Enhance effectiveness of the grants management system.	
		SI 3.3.2: Develop and operationalize effective sub-grantee management system.	
		SI 3.3.3: Implement effective compliance system and procedures.	
SO 3.4: Increase effectiveness of the monitoring and evaluation systems and structures		SI 3.4.1: Enhance effectiveness of organizational M&E procedures and frameworks.	
		SI 3.4.2: Enhance operationalization of the institutional data management and information systems	
		SI 3.4.3: Enhance monitoring and evaluation of institutional performance.	
		SI 3.4.4: Enhance monitoring and evaluation of programs.	

Goal	Strategic Objective	Strategic Initiative
GOAL 4: Enhanced Institutional Sustainability	SO 4.1: Enhance organizational oversight and accountability.	<i>SI 4.1.1: Effectively engage the Settlor and the Board on BMF oversight and related initiatives</i>
		<i>SI 4.1.2: Enhance internal control environment and risk management system, frameworks, and practice.</i>
	SO 4.2: Sustain and enhance the Mkapa legacy	<i>SI 4.2.1: Review and refine the Mkapa Legacy initiative.</i>
		<i>SI 4.2.2: Foster diversification of BMF complimentary financing.</i>
		<i>SI 4.2.3: Enhance access to Mkapa legacy documentation and information.</i>
		<i>SI 4.2.4: Sustain and strengthen Mkapa Legacy Forums</i>
	SO 4.3: Diversify funding sources and increase financial resilience	<i>SI 4.3.1: Strengthen BMF business development structure, systems, and frameworks.</i>
		<i>SI 4.3.2: Reinforce fundraising initiatives from private sector locally and internationally</i>
		<i>SI 4.3.3: Leverage financial resources from traditional and non-traditional donors</i>
		<i>SI 4.3.4: Foster national and international learning and experience sharing for Business Development.</i>
	SO 4.4: Nurture partnerships for mutual support and resource sharing from National, Regional, and international levels	<i>SI 4.4.1: Cultivate strategic alliances, and collaborations, with entities in the African region.</i>
		<i>SI 4.4.2: Sustain trusted partnership with the governments of Tanzania mainland and Zanzibar.</i>
		<i>SI 4.4.3: Strengthen partnerships with local/National NGOS</i>
		<i>SI 4.4.4: Reinforce and expand partnerships with international institutions to enhance BMF coverage locally and international.</i>
		<i>SI 4.4.5: Engage private sector for technical partnership to enhance BMF coverage locally and international.</i>



STRATEGIC IMPLEMENTATION APPROACHES FOR SBP IV



Communication: Through a clear, effective, and efficient communication process BMF is bringing every stakeholder onboard and ensure everyone is working towards the same goals and objectives.



Engagement: The Foundation enhance engagement of internal stakeholders by promoting and fostering accountability at all levels through determination and assignment of roles and responsibilities as well as delegation of work.



Resources: The Foundation strives to allocate necessary resources to ensure effective and efficient execution of SBP IV. Shortages of resources will be addressed through holistic resources mobilisation efforts within and outside the country.



Agility: The Foundation recognizes that external factors can impact SBP IV's success. Therefore, it will regularly monitor the environment and adjust goals, objectives, and interventions as needed to stay aligned with changing circumstances.



Learning and Adaptation: The Foundation will periodically conduct a post-mortem of the implementation of SBP IV for the purpose of unveiling key lessons which will inform the next plan and reduce the impact of potential pitfalls or challenges in the future

CRITICAL SUCCESS FACTORS

6.1 Visionary Leadership

BMF acknowledges the visionary leadership that has driven its success for two decades. Continued support and commitment from the Settlers, Board, and Management are anticipated for the successful implementation of SBP IV and beyond.

6.2 Organizational Excellence

BMF aims for outstanding performance in all aspects, including culture, leadership, strategy, people, processes, and results. Innovation and agility in programmatic interventions and operational excellence in support functions are key.

6.3 Technical Excellence

BMF differentiates itself through technical excellence in healthcare service delivery, particularly to underserved communities. The quality of its human capital is crucial for the implementation of SBP IV.

6.4 Facilitative Policy Environment:

BMF supplements the efforts of a policy environment facilitated by the Government of the United Republic of Tanzania, the Revolutionary Government of Zanzibar, and other African countries that will embark to collaborate with BMF. Furthermore, BMF will work closely with mandated ministries, NDAs dealing with Human Resources for Health, health financing, local government authorities, and the health sector in general.

6.5 Strategic Cooperation and Support:

BMF's success relies on cooperation and support from stakeholders, including the Governments of Tanzania and Zanzibar, local and international donors, implementing partners, regulatory bodies, beneficiaries, management, staff, and the community.

6.6 Relevance

BMF must remain relevant to local and international stakeholders. Goals, objectives, and interventions of SBP IV align with national, regional, and global health agendas.

6.7 Sustainability

Sustainability of BMF's interventions is bolstered by strong support and cooperation from stakeholders. Collaboration with Tanzanian and Zanzibar governments ensures that the outputs of SBP IV are sustainable.

6.8 Adoption and Mainstreaming of Technology

BMF prioritizes technology-driven interventions in the health sector, aiming to develop and adopt innovative solutions relevant to the local operating environment.

6.9 Partnerships

To achieve its vision of healthy lives across Africa, BMF seeks to establish and sustain win-win partnerships with relevant stakeholders. This approach will increase BMF's footprint and enhance its capacity and institutional learning.

6.10 Knowledge Management

With nearly two decades of experience, BMF has accumulated substantial knowledge and developed tested models in health service delivery. Effective knowledge management and utilization of evidence-based interventions are central to SBP IV.

MONITORING, EVALUATION, RESEARCH AND LEARNING

10.2 Framework:

The Foundation will use an evidence-based monitoring, evaluation, research, and learning framework which is anchored on resources, strategies, and results. Through this framework BMF will be monitoring progress, periodically assess progress towards targets, periodically evaluate performance, relevance, effectiveness, efficiency, and sustainability of interventions. Key outputs of the MERL framework will include quarterly monitoring reports as well as mid and end-term evaluation reports.

10.3 Indicators and Data:

Performance will be monitored through the collection and analysis of data on inputs and outputs using relevant tools and templates. Tracking of inputs and outputs will be conducted quarterly. Both primary and secondary data will be collected, with primary data sourced from intervention sites and secondary data gathered through national systems. Analyzed data will be shared through existing tools, platforms, and channels, including standard reports and the scorecard systems. BMF will deploy technology in all key stages of M&E data management.

Table 1: National Level Indicators that BMF will Contribute.

SN	Indicator	Indicator Definition
1.	Human Resources for Health (HRH) Vacancy Rate	Percentage of HRH positions that remain unfilled each year or during a specified period.
2.	Health Insurance Coverage	Percentage of the total population covered by health insurance (all schemes).
3.	ANC Services	Percentage of women aged 15-49 who had a live birth and attended 4 or more ANC visits.
		Percentage of women aged 15-49 who had a live birth and received ANC from a skilled provider.
4.	Institutional deliveries	Percentage of births delivered in a health facility.
5.	Full Vaccination Coverage Among Infants	Percentage of children who are fully vaccinated against antigens.
6.	Maternal Mortality Ratio	The number of women who die of causes related to pregnancy, delivery, and post-partum per 100,000 live births each year or another period
7.	Neonatal Mortality Rate	Number of newborn deaths within the first 28 days of life per 1,000 live births in a given period.
8.	Infant Mortality Rate	The number of deaths of infants under one year old per 1,000 live births each year
9.	Under-5 Mortality Rate	The number of deaths of children under five years of age per 1,000 live births in a given year
10.	Total Fertility Rate	Average number of births per woman aged 15-49
11.	HIV testing	Percentage of women aged 15-49 who have been tested for HIV and received their results.
		Percentage of men aged 15-49 who have been tested for HIV and received their results.
12.	TB Incidence Rate	Number of new and relapsed TB cases per 100,000 population.
13.	TB Notification Number	Number of notified cases of all forms of TB –bacteriologically confirmed plus clinically diagnosed, new and relapses, in each period

ANNEX**11.1 References**

1. United Republic of Tanzania (URT) Administrative Divisions. Tanzania Health Sector Strategic Plan V. 2021.
2. International Monetary Fund (IMF). World Economic Outlook. 2016.
3. World Bank. World Bank Country and Lending Groups. 2020.
4. Bank of Tanzania (BOT) and International Monetary Fund (IMF). GDP Report. 2021.
5. Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC). National Health Policy 2007 Implementation, HSSP IV Mid-Term Review, Annual Health Sector Performance Profile Report. 2020
6. Ministry of Health, Community Development, Gender, Elderly and Children. Health Sector Strategic Plan IV 2015-2020. Dodoma, Tanzania; 2015.
7. National Bureau of Statistics (NBS). Population Projections. 2022.
8. National Bureau of Statistics (NBS): 2022 Population and Housing Census Report
9. National Bureau of Statistics (NBS). Life Expectancy Projections. 2025.
10. <https://www.who.int/data/gho/data/themes/topics/health-workforce>
11. Ngwaru Tafara, et al. Building the Foundations: An Investment Case for Early Childhood Development in Mainland Tanzania. Dar es Salaam, Tanzania: UNICEF and Genesis; April 2023
12. Ministry of Health, Community Development, Gender, Elderly and Children. Budget Speech 2020/21. Dodoma, Tanzania; 2020.
13. World Bank. Tanzania Public Expenditure Review. Washington, D.C.; 2020.
14. Ministry of Health, Community Development, Gender, Elderly and Children. Tanzania Health Sector Strategic Plan July 2021 – June 2026 (HSSP V). Dar es Salaam, Tanzania; 2021
15. SARA 2020
16. Ministry of Health (MoH) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF. Tanzania Demographic and Health Survey and Malaria Indicator Survey 2022 Final Report.
17. World Health Organization. Malaria. <https://www.who.int/news-room/fact-sheets/detail/malaria>
18. World Bank. The Trends in Adolescent and Youth Well-being in the United Republic of Tanzania; June 2023
19. THIS 2011/12 & TAIS, 2017
20. MOHCDGEC, 2016 & UNICEF, 2020
21. TMIS 2017
22. Tanzania Health Sector Strategic Plan V_2021-2026.





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