



Mkapa Foundation

Bringing HOPE to the underserved

STRATEGIC BUSINESS PLAN BRIEF

JULY 2019 – JUNE 2024



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Our aim is to contribute to a society that is healthier, more prosperous, inclusive and resilient.

FOREWORD

The Benjamin William Mkapa Foundation (BMF) continues to remain true to its Founder's long-term vision to supplement and complement the development efforts led by the Governments of African countries, including the United Republic of Tanzania. This is reflected on the accomplishments of BMF in its 13 years of existence aimed at strengthening health systems in Tanzania, with special focus on the underserved communities.

The 5 years Strategic Business Plan (July 2019- June 2024) of the Mkapa Foundation is grounded in contributing to the attainment of Sustainable Development Goals (SDGs) by 2030, the UHC targets and the Country National development frameworks. It has taken into consideration the rapidly changing disease patterns, shifting demographics, fast growth of technology, and changing socio-economic and political environment. On this basis, this plan is developed to address the needs and challenges facing the health sector at all levels. Hence, it becomes a powerful instrument of dialogue and partnership to reposition BMF to define and realize its contribution to meet current healthcare challenges, as well as developing innovative solutions for emerging issues facing the underserved.

Along the process BMF has redefined its vision as "Healthy lives and well-being for all in Tanzania and the rest of Africa". Our aim is to contribute to a society that is healthier, more prosperous, inclusive and resilient. BMF will further focus on contributing into the national and global clarion call of "leaving no-one behind", thus targeting those at most risk of missing out on health services they need and deserve. Moreover our mission aspires to contribute towards attainment of better health outcomes, through innovative health and related system solutions. The objective is to ensure the health systems solutions at facilities and community levels are strengthened and resilient, in-order to improve access, quality and demand for health services.

It is our conviction that with shared vision, mission and values, every BMF stakeholder and particularly the Board of Trustees, Management and Staff will own the strategic business plan and ensure continued stronger cooperation, team work and support in turning the strategic goals and objectives into tangible results. This will further require being aware of our limitations and being proactive in addressing challenges as they arise, and at the same time remaining cognizant of the needs and expectations of our stakeholders we serve, our partners and ourselves internally.

The success of this plan will further be facilitated by the involvement, participation and support of the Governments, Development Partners, Academicians, Researchers, Private sector, Non-State Actors, Faith based organizations, Media, Community and all other key stakeholders to implement the strategic initiatives as defined in this plan.

Looking forward to a continued cooperation.

Ambassador Charles A. Sanga

**Chairperson, Board of Trustees,
Benjamin William Mkapa Foundation**



ACKNOWLEDGEMENT

The process of developing this Third Strategic Business Plan for the Benjamin William Mkapa Foundation has been possible through joint and participatory efforts of different stakeholders. The development process was inclusive and consultative with key internal and external stakeholders, through leadership of BMF Management with technical facilitation of external consultants namely, Lindam Company Limited which we highly acknowledge.

On behalf of the Management and Staff of BMF, I extend sincere appreciation to each and everyone that was consulted in the process of developing this 5 years Strategic Business Plan of the Mkapa Foundation. The commitment, time and ideas obtained from the various consulted stakeholders, including the Government of United Republic of Tanzania, Members of Parliament, Civil

Society Organizations, Technical Partners, Private Sector and beneficiaries, is highly valued and have to a large extent influenced and shaped our Strategic direction.

The financial support from the Irish Aid, and the in-kind technical support from Joint United Nations Programme on HIV/AIDS (UNAIDS), is highly recognized and valued.

I further extend sincere gratitude to the Board of Trustees for providing their leadership and guidance throughout the process. Moreover I recognise and thank the entire BMF staff, who took on this task with great courage and zeal. Last but not least I heartily thank the Senior Management Team and the internal Task force, for the hard work and dedication in ensuring quality deliverable of this Strategic document for the Institution.

To all I say "Asante Sana".

Dr. Ellen Mkondya-Senkoro,

Chief Executive Officer, Benjamin William Mkapa Foundation.



WHO WE ARE

The Benjamin William Mkapa Foundation (BMF) came into operations on 13th April 2006 as a registered Trust founded by the Third President of the United Republic of Tanzania (URT), His Excellency Benjamin William Mkapa. Our main objective is to supplement and complement the development efforts of the Government of Tanzania.

To operationalize the Trust Deed, the Third Strategic Business Plan extending from July 2019 – June 2024 is in place to build upon the success of the previous two Strategic Plans since BMF's inception. This Strategic Business Plan (termed as SBPIII) adopts initiatives guided by the Sustainable Development Goals (SDGs) for 2030, Universal Health Coverage (UHC), National Vision 2025, and other Government priorities.

Our experience :

- ✓ Long-lasting track record of reaching the underserved communities with health initiatives
- ✓ Touched lives of approximately 11 million people in more than 80% of Tanzania
- ✓ Designing innovative and sustainable health programmes aligning to country priorities;
- ✓ Leading technical partner in Human Resources for Health Programmes
- ✓ Trusted partner of the Government of United Republic of Tanzania
- ✓ Effective leveraging relationships and partnerships with Government, Development Partners, Civil Society Organizations, Media and others.



“There is a thought that poverty is a public policy failure; poverty is man-made by action and non-action: poverty can be eliminated”



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 systems solution.

OUR VALUES

EXCELLENCE

We strive for the highest technical and professional standards; celebrate innovation, learning and service.

INNOVATION

We strive to be proactive; creative and committed to continuous improvement.

INTEGRITY

We are committed to professional ethics, transparency, impartiality responsibility and accountability in our actions.

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 relationship.



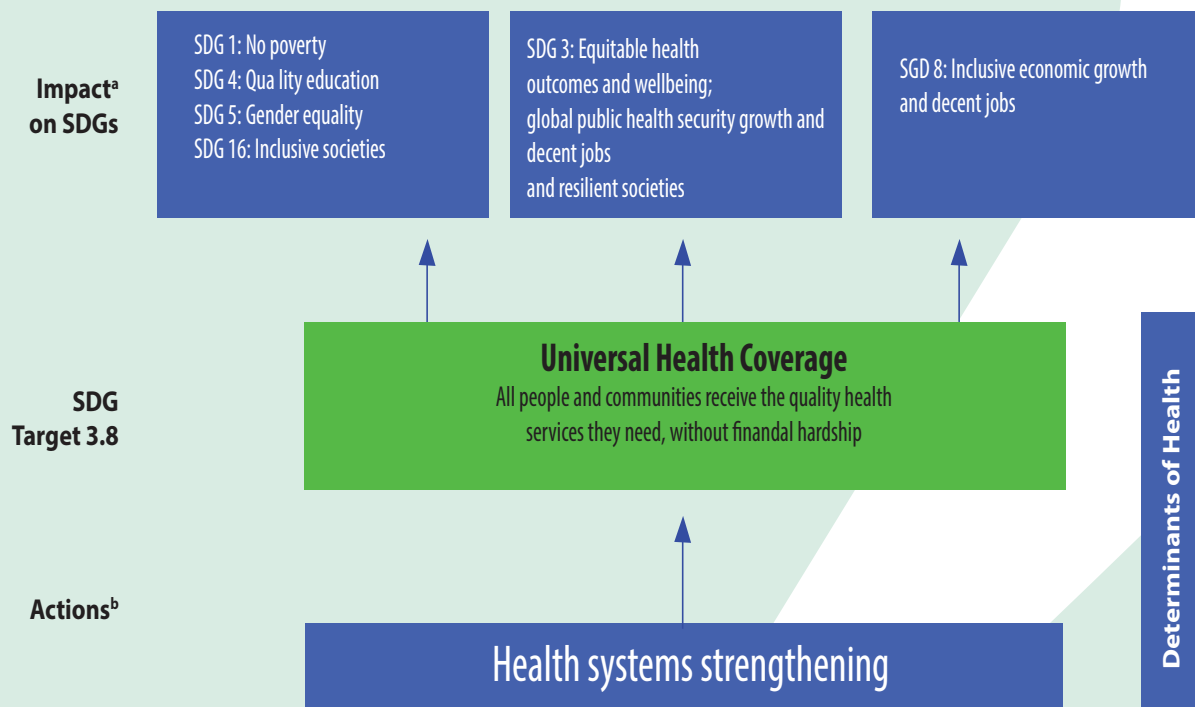
GLOBAL DYNAMICS

Health is centrally placed in the 2030 Sustainable Development Goal Agenda (SDG) and Universal Health Coverage (UHC) is recognized as a unifying platform for making progress on SDG 3¹ for health. African Region, Tanzania inclusive, faces complex issues that affect health of the society and the health systems, including transition in demography, epidemiology, economy, culture and societal makeup that are placing new expectations on health and putting new demands on all level of care, especially frontline services. There is an evolving double burden of disease with significant increases in non-communicable diseases co-existing with high communicable diseases (HIV/AIDS, TB, and Malaria) burden (epidemiologic transitions) that poses a threat on priority setting in view of health spending.

Eastern and Southern Africa remains the region most affected by the HIV epidemic, accounting for 45% of the world’s HIV infections and 53% of people living with HIV globally. TB remains the leading cause of death among people living with HIV, accounting for around one in three AIDS-related deaths. Furthermore it is estimated that there were 219 million cases of malaria in 2017 (The World Malaria Report 2018) and it continues to claim the lives of more than 435,000 people each year, largely in Africa. Whereas every two minutes a child who is under-five dies from preventable and curable disease, the same unacceptable situation is experienced with having 830 women dying every day from pregnancy and childbirth related conditions 99% of all these maternal deaths occur in developing countries. Notwithstanding the adolescent and young people, particularly girls face a higher risk of complications and death due to pregnancy.

Health workers are critical for accelerating progress towards SDGs and for building equitable primary health care systems. It is estimated that only half of all countries have the requisite health workforce required to deliver quality healthcare services, critical to achieving UHC (Global Burden of Disease Study 2017). The global health workforce is unevenly and inequitably distributed for instance the African region, with 24% disease burden has only 3% of health workforce.

In light of the above, it is notable that the Global, Regional and Local changes poses both opportunities and threats to the Mkapa Foundation which shall be accommodated strategically to deliver BMF results in the coming 5 years, thus ultimately attribute to National and International Development Goals.

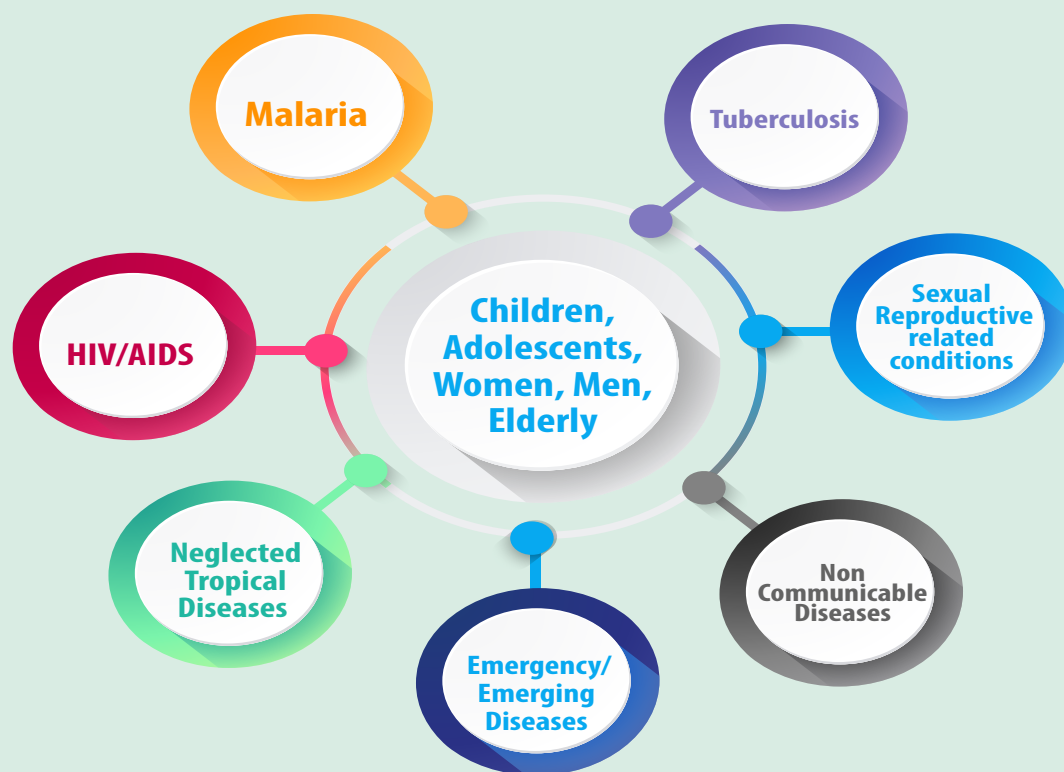


¹ Ensure healthy lives and promote health and well-being for all at all ages.

TANZANIA DEVELOPMENT CONTEXT

Tanzania has sustained relatively high economic growth over the last decade, averaging 6–7% a year. With a population of estimated 55.9 million, Tanzania total expenditure on health per capita is estimated at 7% of the nation’s GDP. The increased population estimated to be 89 million in 2035, economic transitioning and rural-urban migration has impact on the health systems and structures and will continue to exhaust the health system and create wider gap between the high-end health facilities, and the underserved facility within the same health systems.

Whilst considerable progress towards achievement of the UNAIDS 90-90-90 targets in adults aged 15 years and older has been made in Tanzania, yet only 61 % are aware of their **HIV** positive status and this situation is even lower among young people aged 15- 24 years at 50.2%. The burden of **Tuberculosis (TB)** is estimated at 154,000 people were infected with TB, but only 44% of those were notified, while the majority (56%) remained undiagnosed in the country (NTLP, 2018). On the other hand, health-seeking behaviour is low in the population, and people with TB are lacking awareness of the specific symptoms and are afraid of stigma due to the common co-infection of HIV/TB. **Malaria** continues to remain the leading cause of morbidity and mortality in Tanzania Mainland for all age groups (Annual Health Sector Performance Report, 2015/16), although both the reported health facility and population-based data are showing a declining trend in disease burden since 2000. It should however be noted there has been an overall increase in prevalence from 10% in 2012 to 15% in 2016 (**2015-16 TDHIS-MIS**). **Maternal mortality** is still alarming with rates remaining high at 556 deaths per 100,000 live births due to bottlenecks within the health systems and socio-cultural environment. Nevertheless, national efforts are worth noting through the upgrading of more than 450 health centres to provide comprehensive emergency obstetric care, however challenged with having them fully functional. Yet to note is the availability of **adolescent / youth friendly health services** at community and facility level is equally crucial and still challenged.



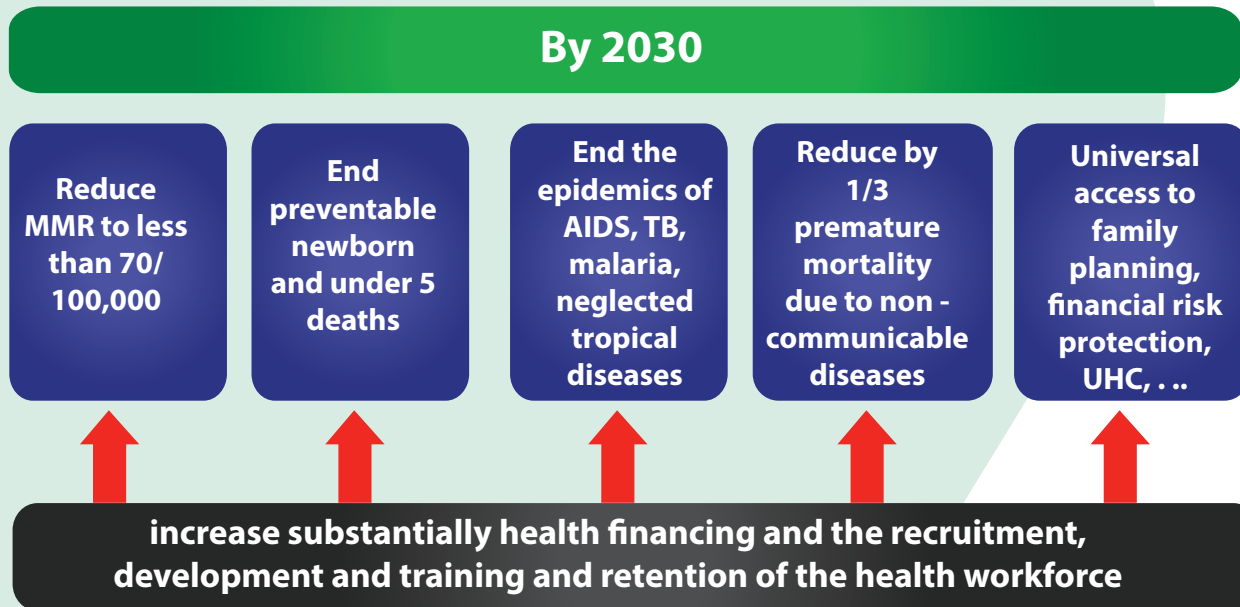
Burden of health conditions affecting the Society

Investing in the education and employment of **health workers** has been part of national human capital strategies. Despite efforts by the Government and partners to address Human Resource for Health (HRH) challenges, the gap is still alarming at national average of 52% particularly in rural settings and dispensary levels where shortage is estimated at 69%. By 2018, the sector was operating with estimated 99,684 health workers (47.6%) out of the required 209, 603.

Tanzania like many other countries, is embarking on **health financing** and Primary Health Care (PHC) reforms that will have important implications for progress toward UHC. The Government is developing a new health financing strategy to enable access to financial protection, as well as affordable and cost-effective quality health care. To address current fragmented and low insurance coverage, the Government is also developing a new Single National Health Insurance scheme with the goal of reducing Out-Of-Pocket expenditure. Furthermore, in improving financial management as an avenue towards greater efficiency and effectiveness of healthcare service delivery, the Direct Health Facility Financing (DHFF) system has been rolled out nationwide across the Primary Health care facilities.

Tanzania continues elevating and strengthening the Primary Health Care (PHC) as a strategic priority in both the health sector plan and greater development vision. **Community based health systems** recognized as crucial pillar in PHC is currently being reinforced to complement the health facilities investment, and it is to be guided by the National Community Based Health Program guideline, currently in final stages of development. This will further pave the way on the best cost effective, efficient and sustainable modalities of deployment and utilisation of community health care providers/workers.

Health workforce: the foundation for health targets in the SDGs





BMF STRATEGIC DIRECTION IN FIVE YEARS (2019-2024)

While the organization has remained consistent to its complimentary role to the Government’s initiatives, the needs of the individuals have evolved as influenced by regional and global dynamics. BMF is going through transformation process in order to adapt to these changes and remain relevant to its clients, partners and stakeholders. This strategy will increase BMF focus on health systems strengthening, evidence-based approaches to problem solving, and reinforcing its own institutional performance and sustainability.

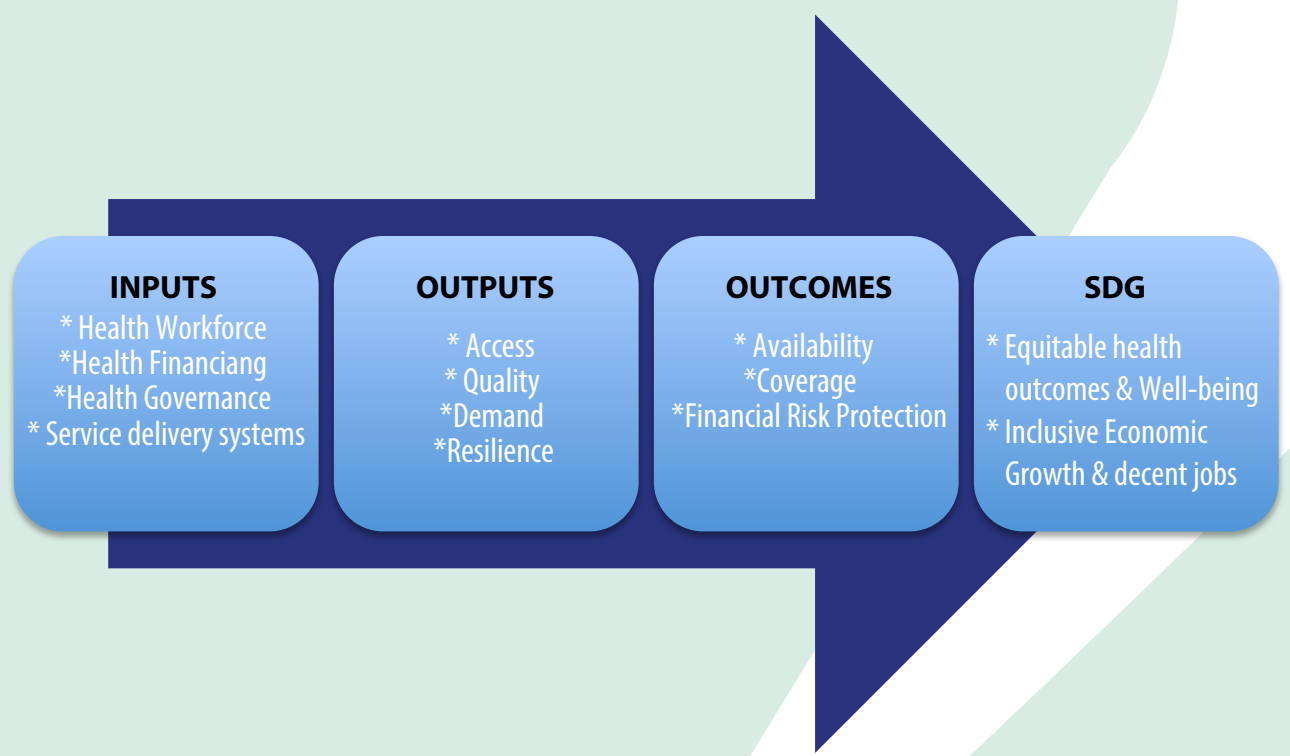
BMF will remain committed to apply strategic interventions to address programmatic dimensions which include:

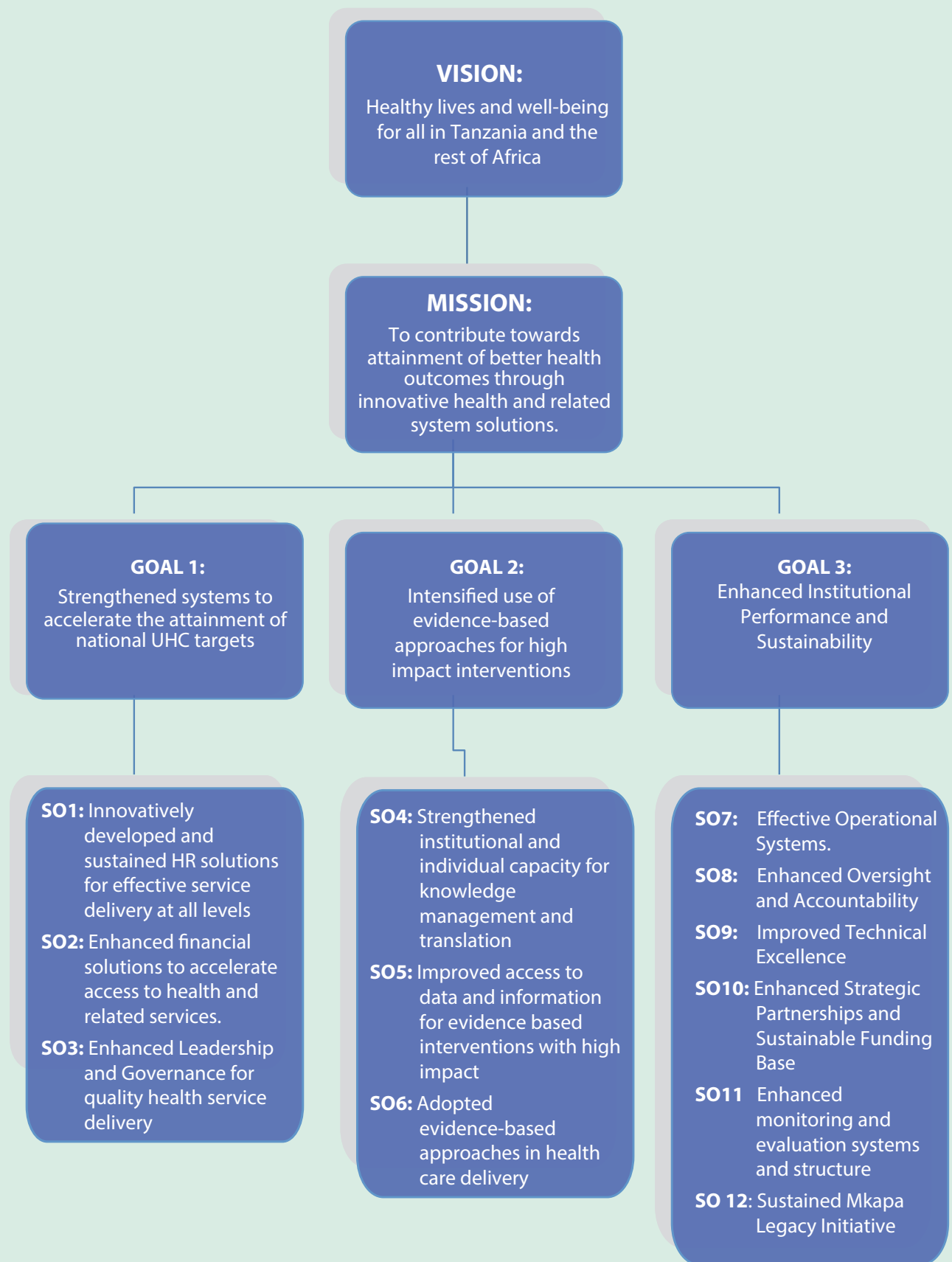
- ✓ the shortage and quality of Human Resources for Health (HRH) in health facilities in underserved communities.
- ✓ the limitation in financing and technical support that hinders access and quality of health services and functionality of health facilities, and
- ✓ leadership and governance in health service delivery system, particularly for HIV and AIDS, Tuberculosis, Malaria, Non-Communicable diseases and Reproductive, Maternal Newborn Child and Adolescent Health and Nutrition.

By doing so, BMF is expecting to contribute significantly towards a **“stronger health systems that will steer success of Universal Health Coverage and SDG”** in Tanzania, and beyond in the next 5 years.

The Foundation strategic entry points will continue to be Government, particularly Ministry of Health and affiliated Institutes, Central Ministry overseeing the Local Government Authorities, Ministry of Finance, Ministry of Education and responsible Ministry for Public services. Other partners will include the development partners – both multilateral and bilateral, private sector, faith-based organizations, like-minded organisations, individual philanthropists and communities. Operational partners will be extended to reach the Research Institutes, Training Institutes, Professional bodies, Healthcare facilities and local communities and Media.

BMF will strive to achieve goals, which will reinforce health systems to be resilient and sustainable, as well as foster application of evidence based approaches to deliver high impact initiatives and influence feasible policies for a healthy population.





CROSS CUTTING FACTORS

The successful operationalization of this Plan will depend on key cross cutting factors, which include:



Adoption of Technology and Digitalization: BMF will embrace technology and embark on digital transformation to reach a larger public, improve productivity, efficient use of resources, and improve its programs and services to the beneficiaries. Innovations through application of technology in service delivery will be reinforced including capacity development of health workers and performance management systems..



Partnerships: While continuing with leveraging on its strengths and competencies in core program interventions, BMF will sustain its attention in the public sector and with gradual entry into the faith based organization service delivery sites. In addition, facilitative policy environment and true partnership with the Government as well as strategic cooperation and support by the Development Partners, like-minded institutions, Private Sector, Research Institutions and Media- all are critical pillars towards success of the SBPIII.



Gender: Gender perspective will be integrated in all phases of the SBPIII implementation from the programming to the Institutional policies and operations. Programs that address equality in health and with impact on the health status of women and men, girls and boys will be a mainstreaming factor.



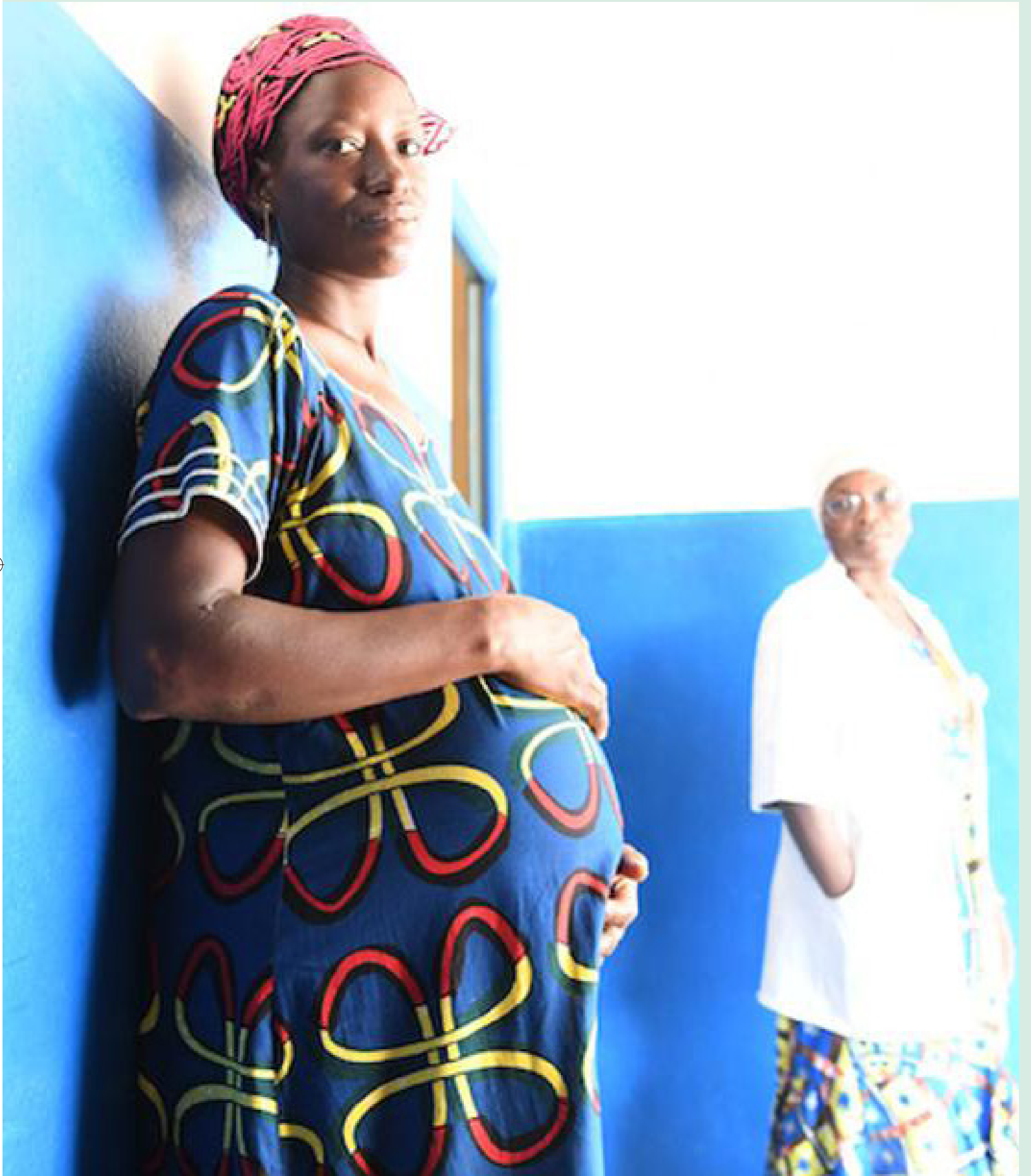
Policy Dialogue: BMF will optimize upon its past experience and niche by actively engaging in the policy dialogue platforms at all level so as to enhance policy formulations, reviews and roll out through evidence based approaches / information and building stronger alliances for further advocacy.



Knowledge Management: BMF acquired wealth of knowledge in healthcare service delivery for more than a decade will be reinforced as a Centre of Excellence. This is a significant asset that BMF will utilize to deliver innovative solutions in healthcare service delivery within the country and in Africa Region.



Technical Excellence: The Foundation will aim to further enrich the competence based recruitment process, as well as designing staff functions and systems that ensure accountability and succession plan. Continuous Staff development plans and strategies for growth and development in areas of excellence and Performance based rewarding, will be key factors considered during SBPIII implementation.



BMF RESULTS FRAMEWORK

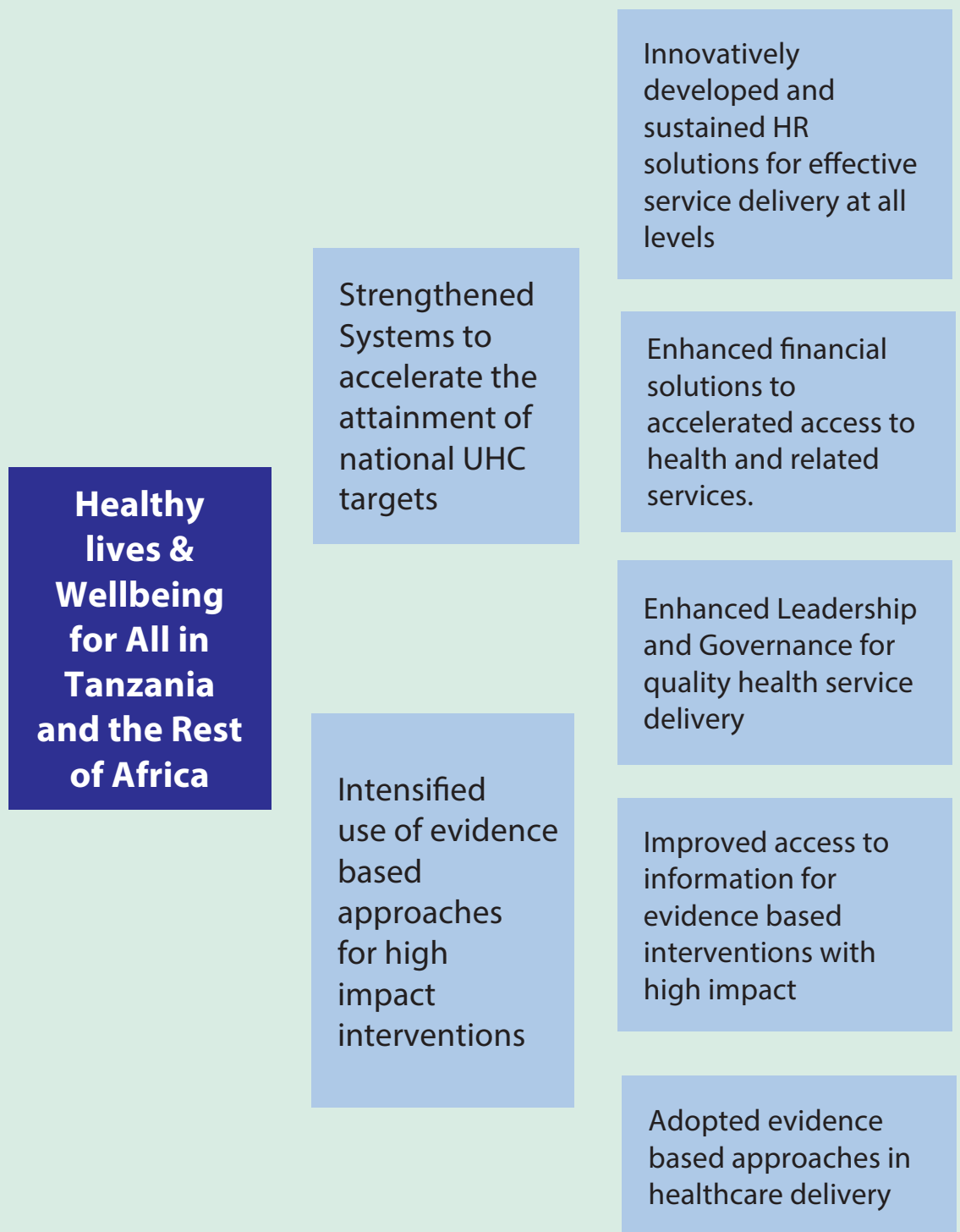
The Foundation Strategic Business Plan will be monitored and evaluated with well- defined and robust systems and structures set up within the Institution, which will link and be aligned to the Government reporting frameworks as much as possible. During the implementation of the Plan, BMF will track and collect indicators to monitor and evaluate the interventions that are designed to contribute to the realization of national impact indicators as stipulated in the various national documents.

National level impact indicators to which BMF will contribute:

| Sn | Indicator | Baseline | Target | Data Source |
|----|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1 | Human Resources for Health (HRH) vacancy rate | 52 % in 2015 | 30 % in 2019 | National Human Resources Assessment |
| 2 | The number of women who die of causes related to pregnancy, delivery, and post-partum per 100, 000 live births in a given year or another period | 556 per 100,000 live births in 2015 | 292 per 100,000 live births in 2020 | Tanzania Demographic Health Survey |
| 3 | The number of newborn deaths that occur within the first 28 days of life per 1,000 live births in a given period. | 25 per 1,000 live births in 2015 | 16 per 1,000 live births in 2020 | Tanzania Demographic Health Survey |
| 4 | Percentage of people living with HIV who have been tested HIV-positive and know their results | 61 % in 2017 | 95 % by 2020 | Tanzania HIV Impact Survey |
| 5 | Number of notified cases of all forms of TB – bacteriologically confirmed plus clinically diagnosed, new and relapses | 80,484 in 2019 | 83,572 in 2020 | TB Program reports |

The Monitoring, Evaluation, Research and Learning framework will track and document performance of the Key Performance Indicators (KPI) at the Impact, outcome and output levels across the **3 goals, 11 Strategic Objectives (SO) and 30 key Strategic initiatives/interventions**. Baseline, midterm reviews and end of plan evaluations will be undertaken to assess the impact of the Strategic Business Plan. Internal and external evaluators including financial and performance-based audits will assume the responsibility of continuous assessment on the value for money, compliance assessment, adherence to the signed agreements with partners, and ensure accountability for results.

The BMF 3rd Strategic Business Plan



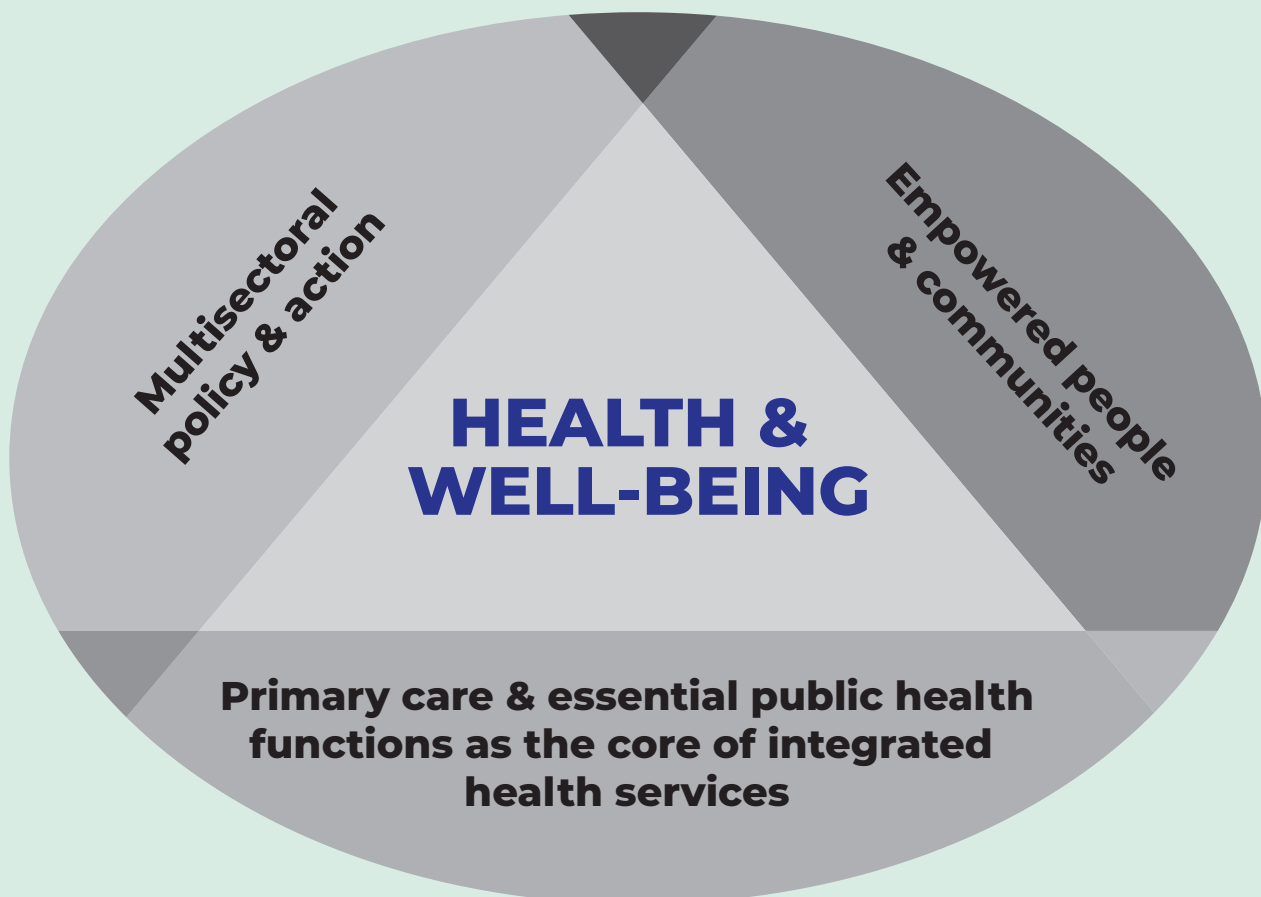
Plan (2019 to 2024) Result Chain

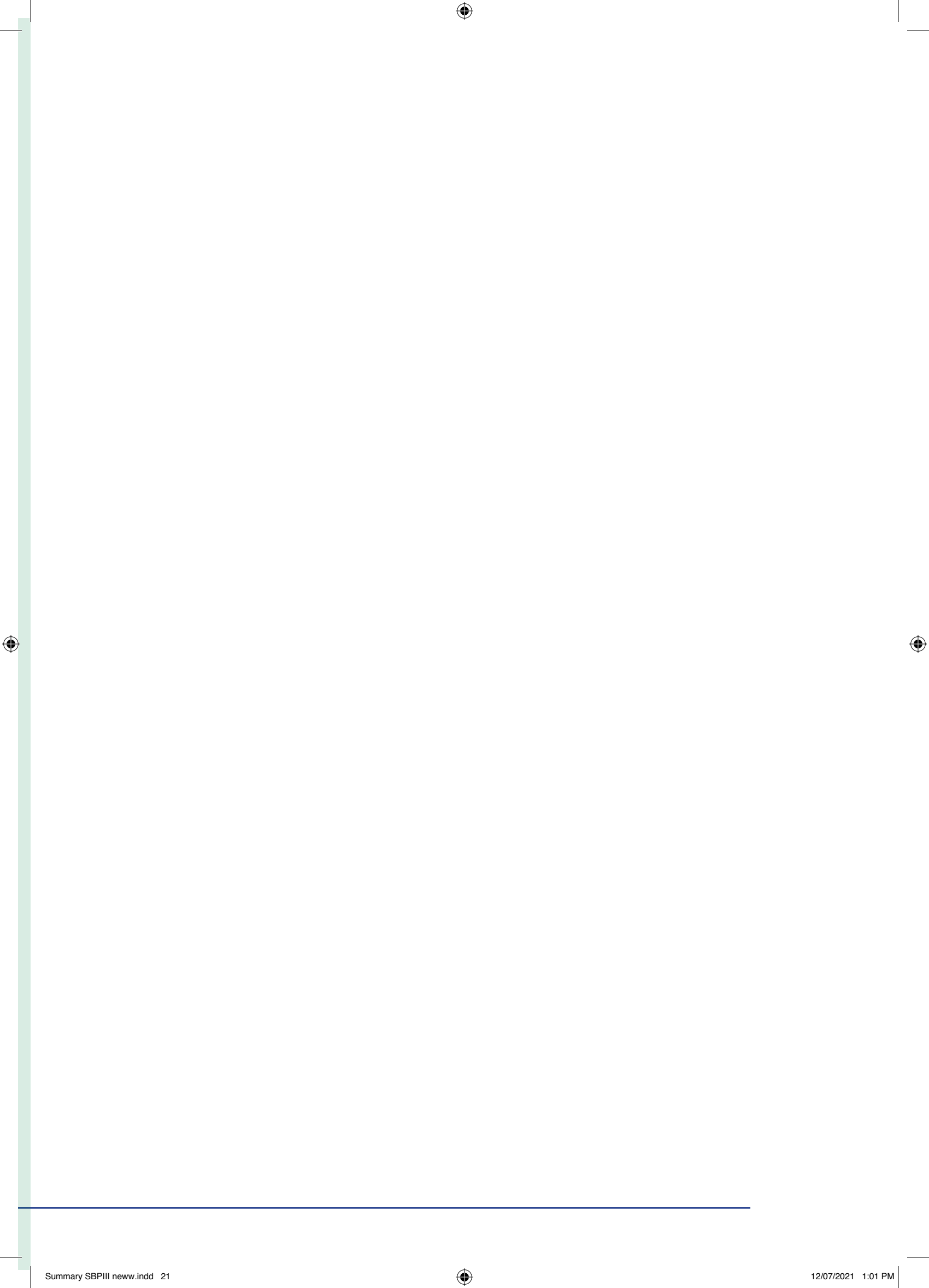


MANAGEMENT:

The Implementation arrangement and management of the Strategic Business Plan will focus on the influence of **people, resources, structure, systems and culture** as drivers to the implementation of the strategy. The Foundation will administer its operations in cost – effective modalities and build upon strategic partnerships to deliver its intended goals within Tanzania and beyond.

The Foundation will deploy coherent, innovative and well-informed resource mobilization strategy that will secure financial and technical resources to attain its goals. Traditional and non-traditional partners as well as modalities for mobilizations of resources will be applied by BMF within the country and internationally.







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