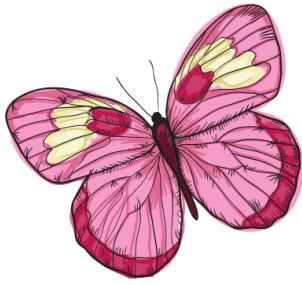




TUMAINI LA MAISHA TANZANIA
2020 ANNUAL REPORT



Message from CEO

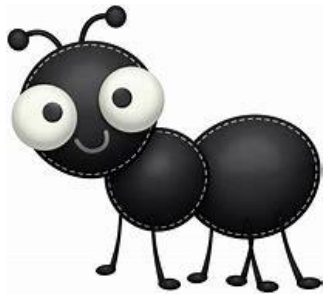
*To all our child patients, parents, staff and our donors and supporters,
I am so delighted to share with you all our annual report for 2020.
Thank you all for believing in Tumaini la Maisha and for helping us
ease the suffering and cure so many of the children we cared for
this year.*

*Since the first year TLM launched we have grown and advanced
our service to meet the vision and mission we set ourselves at the
very beginning. We have had no static years. 2020 was another
year of growth – and this was despite the very challenging
background of the COVID19 pandemic that hit the entire world –
including our corner of the world in Tanzania.*

*But despite the additional challenges all our services remained
open and operational. Children and their families were welcomed
from all over the country. And we even managed to develop and
strengthen new partnerships and collaborations.*

*We are proud of the work we do. We are honored to know with
some of the bravest and kindest people imaginable. Every year we
are humbled by the strength and determination of the children and
families we care for, in the face of the most frightening of
circumstances. This experience drives us onwards to do better and
reach more children sooner.*

Curing kids' cancer in Tanzania – Together we can!



Thank You



Since its registration in 2011 Tumaini La Maisha Tanzania has grown from seeing less than 100 new children to over 700 children in the year in 2020. This also involves one-year survival rates going from 15% when we started to over 50% in the year 2020. In this time, we have also grown from a single treatment centre in Muhimbili National Hospital to partnering with 8 centres nationwide to deliver paediatric oncology care.

Everything we provide, from chemotherapy to psychosocial therapies, is completely free of charge for all children and their guardians. We believe that through the power of partnership, our vision can become a reality –

“together we can!”



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MESSAGE FROM BOARD CHAIR & BOARD MEMBERS



Dear Friends,

We are proud to present our 2020 Annual Report, which showcases what we have achieved during this period.



We are grateful as always for the impact and generous support from our donors, from individuals and foundations to corporations. 2020 was the best of times and the worst of times in many ways



We have had to develop new measures and approaches to accommodate the changing environment in which we found ourselves in.



Central to our commitment during the period was to protect our patients, their families and our staff during the pandemic, it did not compromise our duty in the provision of the best care and treatment of children with cancer.

We were able to treat 717 new children who were diagnosed with childhood cancer while still continuing to treat more than 100 children who started their treatment before the year 2020.



2020 at a GLANCE

2.1 Billion Tshs. was DONATED to support Children with Cancer



48 Number of volunteers were engaged in the program



717 NEW children received treatment & supported





MISSION:

Children with cancer in Tanzania have appropriate access to quality services leading to cure rates seen in resource rich settings.

VISION:


No child in Tanzania suffers or dies unnecessarily from cancer.

VALUES:

- **Commitment** - to reach and provide free treatment to every child with cancer in Tanzania.
- **Excellence** - to provide the highest quality of care and to use all available resources effectively and efficiently.
- **Partnership** - to work continuously in collaboration with the Ministry of Health, the national Paediatric Oncology Network, CHI, Muhimbili University of Health and Allied Sciences (MUHAS) and our donors and supporters to make our vision of a comprehensive and coordinated national service a reality.
- **Integrity** - to ensure accountability and transparency with all funding received and services offered for children in treatment.
- **The Now & the Future** - maintaining two equal priorities: providing the very best for children now by whatever means available, while constantly striving for local system strengthening for the children of the future.

MOTTO:

Curing kids' cancer
in Tanzania -
together we can!



OUR PROGRAMMATIC STRATEGY



To strengthen our organizational capacity to deliver the best possible outcomes for children with cancer in Tanzania. This is achievable through continued collaboration between Muhimbili National Hospital (MNH) and other existing and new partner centres across Tanzania as part of our strategic five-year expansion plan. This is jointly prioritized with continuous staff training, development and collaboration with partners medically and otherwise.



**WHERE WE WORK WITH
OUR PARTNERS**





OUR OPERATIONS

A. CLINICAL WORK

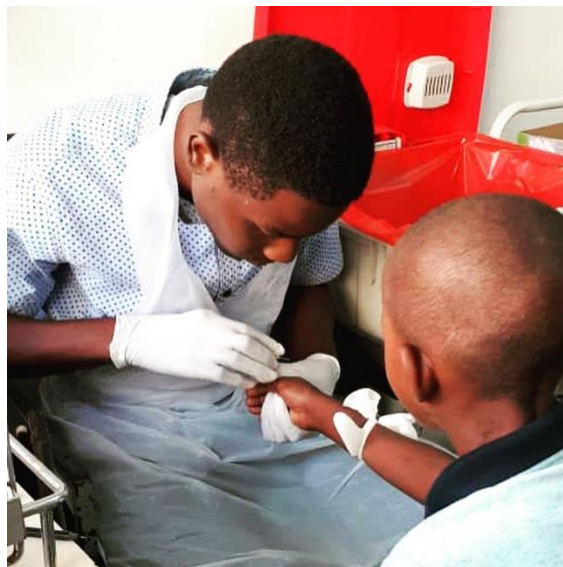
In partnership with Muhimbili National Hospital and the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) we continued to provide access to free quality paediatric oncology clinical services for all Tanzanian children through the National Children's Cancer Network (NCCN)



Chemotherapy Drugs Support

In 2020 as always, we prioritized increased access to quality chemotherapy and supportive care medications. We worked to strengthen and maintain the procurement, quality of drugs issued, timely deliverance and administration of the drugs. Despite the challenges associated with

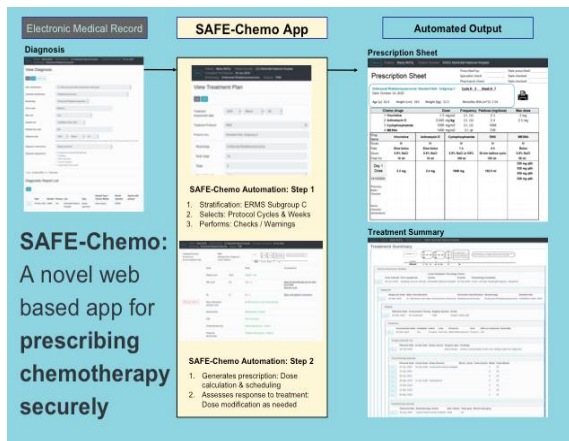
the pandemic and drug procurement such as import delays and price hiking, all children on treatment for cancer in all of our 11 partner sites continued receiving chemotherapy treatment free of charge in the year 2020 without delay or compromise. A total of TSh 656,419,409.08 was spend on chemotherapy drugs and other related medicines.



These medications were sourced through a variety of means – from International donations, international purchasing partnerships and local vendor suppliers. We continued to partner with our transportation partners, DHL and others who have provided free services in delivering the medicine to the partner cites all over the country. This has made it possible for all children on treatment to continue receiving medication closer to home in our partner centres and not having to travel all the way to Muhimbili National Hospital for treatment.

At Muhimbili National Hospital (MNH) we strengthened the capacity of our core team by employing additional three doctors and six nurses to support the treatment of the children and the team at the paediatric oncology wards.

TLM CLEVER CANCER CARE APPS



Past: Manual Prescription (Pre 2019)

- Error-prone & time-consuming: 200 errors in 124 sheets
- Increased treatment complications & decreased efficacy

Currently in use: Excel-based Automated Prescription (2019)

- Greatly increased safety/consistency: 95% of errors resolved
- Impossible to fully secure: remaining errors due to user modification
- Up-scaling is slow and complicated: Only 10 sheets created

Currently in development: The SAFE-Chemo App, an innovative web-based platform (2020+)

- Safety/Efficacy: Standardized algorithms and back end calculation engine eliminate risk of unwanted user modification
- Consistency: Automatic distribution of all protocol updates/bug fixes to all children on that protocol
- Reporting: Easy generation of reports/audits to review treatment statistics
- Scalability: Sharing of program logic across protocols, streamlines protocol translation to automatic prescription platform
- Data Security: No patient data stored online, data remains on secure hospital servers
- Compatibility: Future integration with electronic medical records (e.g. JANEY EMR)

From Excel to Web-based Automated Prescribing: increasing Chemotherapy Safety and Consistency in Tanzania

Manuel Ester¹, Jeremy Hassan¹, David Sweeney¹, Patricia Scanlan^{1,2}

¹ Tumori La Maisha, Dar Es Salaam, Tanzania

² Department of Pediatric Oncology, Muhimbili National Hospital, Dar Es Salaam, Tanzania

For SAFE-Chemo demo, full abstract & more

Take a photo of QR code

OR Visit this link

<https://www.wearitlm.org/safechemohacpp>

Are TLM

CleverCharts and CleverChemo are the two innovations that make up the Clever Cancer Care package. These are under development and once completed will revolutionise cancer care in Tanzania and beyond.

CleverCharts is a medical information sharing system designed with Lower and Middle Income Countries (LMIC) in mind. It captures data required by the government in the Ministry of Health Cancer Registries (CANREG5) initiative. It also allows for automated generation of comprehensive essential reports.

CleverChemo is an automated protocol-based chemotherapy prescription tool. It automates protocol driven decisions including: individual dose calculations, & complex 'response-to-treatment' decisions. Once complete, this programme will impact more than 4,000 children in Tanzania each year and many thousands more across East Africa & beyond. To our knowledge, there is no application like this anywhere in the world, as all available chemotherapy-prescribing applications assume senior specialists are present at treatment centres and are very expensive. Our application will be made available to our partner centres, those who need it at minimal costs as it is built with resource-limited centres in mind.



B. NATIONAL NETWORK OF COLLABORATIVE CENTERS

TLM's Strategic Expansion Plan 2021-



**WE ARE TLM
5 YEAR STRATEGIC PLAN**

IN SUPPORT OF PAEDIATRIC ONCOLOGY IN TANZANIA
2021-2025



2025 will grow our collaborative partners to at least 31 centres nationwide in the next five years. This would mean that 95% of the population of children with cancer in Tanzania would be within a 4-hour distance of free and appropriate treatment, which we believe every child deserves.

In 2020, we successfully continued with the implementation of the nationwide

collaboration and expansion of the NCCN. We focused on strengthening the quality of care and organizational capacity at our central hub at MNH and the other partner sites in Kilimanjaro (KCMC), Sengerema, Bugando (BMC), Mbeya Referral Hospital in Mbeya Region, Benjamin Mkapa Hospital in Dodoma, Mnazi Mmoja in Zanzibar and Sokoine Hospital in Lindi region. We have successfully continued with the implementation of the nationwide collaboration and expansion of the Paediatric Oncology network.



C. EDUCATION AND TRAINING



Our 2020 Basic Life Support (BLS) course successfully took place and was led by the Nurse in Charge and other nurses who completed our Advanced Paediatric Life Support (APLS) in 2019. The BLS was a success and included all doctors, nurses and ward staff.



Through patient centered care, nurses provide holistic care within the required nurse patient ration. Through allocating nurses in different cubes we have improved our nursing care as compared to previous years. The nurses' workload has been reduced, as they are no longer allocated based on task but based on cubes/ number of patient. We have standardized

the ratio of 1:6-10 nurse to patients and have shown great improvement of nursing practice.



Partner Centers Training and Awareness

We successfully completed two weeks of training for two doctors, two nurses and one pharmacist from Sokoine Hospital at our Upendo and Tumaini Paediatric Oncology wards in MNH. In addition, two nurses MNH went to train as clinical instructors to KCMC to train 20 nurses on basic paediatric oncology

course, early warning signs for childhood cancer and childhood cancer treatment.



The medical team also visited Medical Staff in Lindi for a two-week training period. 2 MNH Doctors and 1 Nurse led the team. Valued partner Pan African Energy, who supports the expansion project to Lindi region, enabled the outreach. Training was provided in Lindi for 56 medical staff, In Ruagwa for 32 medical staff, 33 medical staff from Nachigwea district, 31 from Liwale district and in Kilwa there were 24 medical staff trained.

The Lindi Region staff was trained on early symptoms and signs that a child with malignancy would present with the help of the posters. Each symptom was explained in detailed and link to specific cancer associated with it. A brief presentation about leukemia, was explained the possible symptoms and signs they would present with and how to identify these children. Then other pediatric cancers were also taught i.e. lymphomas, retinoblastoma, brain

tumors, sarcomas, nephroblastoma and their presentations and how to clinically diagnose them. The participants were taught on the proper channels to use once they have identified these patients.

Palliative Care Training at Muhimbili National Hospital



Like many low and middle-income countries palliative care services for children in Tanzania are limited with pain relief medications frequently unavailable. In 2020, we supported four staff to attend Palliative Care short course training for health and Social Welfare Professionals at Muhimbili University of Health and Allied Sciences (MUHAS). This course is run in partnership with the Palliative Care Trainers and the Trainers and Research Network of Tanzania. One Paediatric Specialist, one Paediatric Registrar, one Assistant Nursing Officer and our Parent & Family Liaison Officer attended the course. The course focused both on theory and practice of palliative care, pain management and psychosocial implications for care.

D. NON- CLINICAL SUPPORT(S)

To improve adherence to cancer treatment and reduce incidences of loss to follow up, we continued the provision of intensive psychosocial support to children on treatment and caregivers at the centers, particularly at Muhimbili National Hospital.

This has enabled improved patient and family experience and thereby improve adherence to care. These support include palliative care support for child and family in dealing with terminal illness, school and play therapy sessions for children on treatment at the hospital, transport support to and from the hospital for patient and caregiver and IGA or skills programme at the hospital for caregivers and children alike.

School & Play and Skills program



As of 2020, our School and Play Therapy programmes and outpatient family housing programme are implemented at the MNH Hub only. The Skills and School Programmes continued this year with all caregivers and parents who were at the hospital during treatment of their child offered various IGA skills training. The profits from the sale of their crafts are on display at Markets around Dar es Salaam, and the lions share of the profits go to the caregiver who made them, the rest into more craft supplies and teaching hours.

Transport & NHIF assistance program

Transport assistance was provided to more than 80% of all children who were treated at MNH this included new patients and those continuing with treatment to enable them to come to the hospital, that they come on time for treatment and reduces children defaulting or lost to follow up. We were privileged enough to receive a donation of a car Toyota Prado to assist in the transportation program.



In the year 2020 all children who received treatment for childhood cancer were supported with NHIF (Toto cards) and birth certificates where needed.

Nutrition program



Our nutrition programme was further improved as we hired a nutritional specialist after receiving a grant from the International Initiative for Pediatrics and Nutrition (IIPAN) at the Columbia University Irving Medical Centre (CUIMC). This grant and associated support has greatly improved adherence to treatment by the children as well as improving

their tolerance to chemotherapy and general improvement of their health and well-being.

E. CHILDHOOD CANCER AWARENESS & SOCIAL FUNDRAISING



The World commemorates International Childhood Cancer Day on 15th February every year. In 2020 we partnered with the MOH, Dar es salaam region –Regional Medical Officer, donors and advocates for children, childhood cancer survivors, Children from the paediatric children’s cancer wards at MNH and their parents. Together we celebrated the bravery and strength of children battling cancer by walking from the Ocean Road Cancer Institute to Dar es Salaam Gymkhana Club ground for sports, educative shows and meals.

With 30 days in September International Childhood Cancer Awareness Month, we utilized the 30 days in the month to raise awareness and encourage dialogue about childhood cancer in Tanzania. Every day of the

month we shared a childhood cancer information /fact in our different networks on Facebook, Instagram, twitter and LinkedIn.

To close off the celebrations for International Childhood Cancer Awareness Month we hosted a socially distant ZumbaFest with friends, supporters, Zumba-fans and the TLM family at the Little Theatre in Dar es Salaam. We succeeded in raising awareness on childhood cancer through presentation and information leaflets handout as well as health related activities were conducted such as Zumba dance, health checkup and nutritional education.

Partnerships and public engagement:

This year we participated in the SIOP Virtual Conference. For information on what we

presented please visit the link for information on the TLM Apps for Africa Program here <https://www.wearetlm.org/safechemohacpp>.

NCD Commemoration Week NCD LAUNCH in Tanzania



The 2020 Global week for action on NCD's focused on efforts around prevention and control. The commemoration took place between 7th November and 14th November, starting with a Sports Bonanza on the opening day at Mnazi mmoja sports grounds. The 2nd National NCD Scientific Conference was held at the Julius Nyerere International Convention Centre, we were able to present our work particularly the expansion plan as well as various researches currently taking place at the Paediatric oncology wards.

Through our outreach programme, we have engaged with local and regional hospitals, health workers and NGOs to increase understanding and awareness of childhood cancers in Tanzania. We have produced videos and various awareness materials that were shared in various platforms such in media outlets (radios and T.V.) and across social medias. We have also

vastly expanded and increased our social media presence and promote awareness of childhood cancers and EWS to a growing online audience across Tanzania and beyond.

To strengthen our financial structure and sustainability we implemented a number of projects, these included, Make an Impact videos, "Piggy Banks Campaign" and "Bid for life Auction" as shown in the following paragraphs. More information also available on www.wearetlm.org. Increased staff numbers of our We Are TLM team in Tanzania including Medical, Financial, Donor, Media and oversight teams;

Make an Impact stories:



Our funding needs and regular fundraisers were upended by the uncertainties and challenges of the year. We are so grateful to have been successful in our online fundraising campaigns so that we could the procurement and distribution of chemotherapies and drugs was as uninterrupted as possible and that our extra hard working staff were paid on time and looked after. For the little funding requests that pop up every now and then, we took to the camera to hear from a child in particular, request a certain amount of help in a given area - the options are endless! Click [here](#) to check out some of the Make an Impact stories that still need funding!

Piggy Banks Campaign

We printed 5,000 Piggy banks this year, each representing a child who will develop cancer in

Tanzania. The campaign this year is a peer-to-peer initiative whereby each school child that raises funds with a kibubu/piggy bank, does so directly for a child in treatment on our wards! We are grateful to all the schools that continue to support this wonderful campaign and we look forward to more and more collaboration.



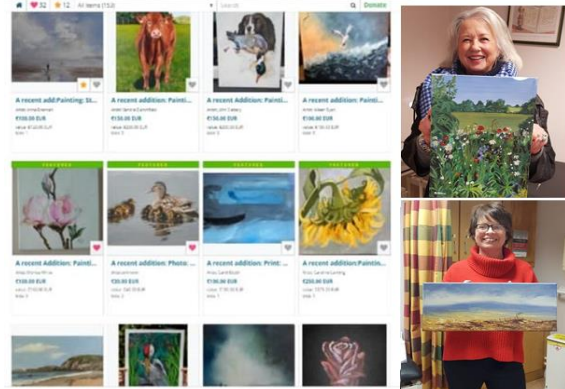
Bid For Life Launch & Auction.

With the cancellation of our biggest in person Fundraising events and opportunities because of COVID, our fundraising was dependent on a successful transition online. With the help of a generous and talented group of board members, volunteers, supporters and employees, we came together to figure out a creative way to raise funds and spirits despite the challenging times in which we found ourselves. Thus, Bid For Life was born.

We launched the auction with an online event hosted by our supporter in Ireland and Event Patron Lady Fionnuala Ardee. The launch was a unique opportunity for us to hear from artists Jan Van Eyck and Susan Webb, who went above and beyond her role as Event Patron by donating some of her pieces, offering a discount code for her online classes AND leading launch attendees in a paint and sip class which was thoroughly enjoyed by all.

Bid For Life raised over €25,000 of unrestricted funds, every penny of which goes to children's cancer services in Tanzania. All funds raised are thanks to the overwhelming generosity of the

contributing artists, committee members, volunteers, bidders and delivery elves who made sure that winning bidders and their art were united before Christmas! We can't thank you all our friends and supporters who made this possible.



IBTS journey to Africa

In 2020, we partnered with the Irish Blood Transfusion Society and organized a virtual safari from Dublin Ireland to Tanzania. Their tour was a huge success despite restrictions, harsh weather and changes in working life. We were blown away by their creativity and dedication - even taking exercise bikes to work!! They raised an overwhelming €15,966 including contributions from Vodafone Ireland and the IBTS management! We look forward to more and more creative partnership initiatives with the IBTS, YOU are TLM!! Special thanks to Moira Keogh for her organization and support.

Sammy spider



Ms. Deirdre Corrigan wrote Sammy Spider Stays Safe booklet to explain Covid-19 and lockdown to her grandchildren and we are grateful that she did! Deirdre so generously donated the proceeds of these wonderful books to TLM and even allowed us to translate the book into Swahili for our friends and family in Tanzania. The book is available for purchase on www.wearetlm.org.

F. COVID 19 MITIGATION MEASURES






Following the outbreak of COVID 19, we ceased most of our outreach expansion activities while maintaining all existing clinical services in all partner institutions. In addition, the COVID 19 outbreak necessitated various precautionary measures to protect the children, their guardians and staff at the Children's Cancer Ward MNH. These measures included;

- ✔ Purchase of Personal Protective Equipment (PPE) to protect everyone at the ward.
- ✔ Bulk purchasing chemotherapy drugs, antibiotics and other support drugs to cover for at least four to six months to safeguard against running out of drugs due to borders closing.
- ✔ Purchase of supportive machines such as the autoclave machines for sterilization of various consumable and washing machines.
- ✔ Providing transport for staff to minimize viral exposure on overcrowded public transport systems.
- ✔ Providing food (lunch and dinner) to all staff during day and night shifts.
- ✔ Having a full time on call doctor based at the ward every day.
- ✔ Employing additional staff to support the existing team; including cleaners, lab staff, and doctors to support the two wards separately.
- ✔ Construction of separate washing areas for the two wards so that the patients do not share these facilities between the wards.
- ✔ Prepare two separate changing rooms and on call doctors' room to avoid cross-infection.

Thanks to the additional funding from our donors we ensured sufficient supply of medical consumables for supporting the childhood cancer treatment process during the crisis period. The funds also supported the

procurement of additional chemotherapy drugs. Some of the stated measures will still need to be implemented in the future.

G. OUR BOARD, STAFF AND VOLUNTEERS 2020

	MR. GERALD MONGELA	PROF. BLANDINA LUGENDO	PROF. JULIUS MWAISELAGE
	MR. PHILIP SALIBOKO	MS. NISHA SHAH	
TLM Management	<i>Alex Kaijage</i>	<i>Dr. Jane Kaijage</i>	<i>Lilian Ndyetabula</i>
	<i>Dr. Patricia Scanlan</i>		
	Alice Mutagonda	Alistidia Albogast	Anna Massawe
	Anneth Kinaro	Anthony Zacharia	Blandina Mlaguzi
	Dr. Chambega Mhina	Charles Ghuliku	Daniel Hiluka
	Doris Kibula	Dorothy Mtenga	Dr. Godlove
	Elisah Majela Tanda	Elizabeth Chabiko	Ezekiel Tunduje
	Flora Mussa	Flora Thomas	Fredrick M. Gaudence
	Hawa Mpina	Hilda Joakim	Joyce Kopwe
	Joyce Bulube	Leonard William	Magreth Msafiri
	Margreth John	Martha Kiula	Monalisa Dennis
	Dr. Primus Ewald	Prisca Bello	Reuben Kasiga
	Revinant Muro	Ruchius Pilbert	Dr. Tariq Ahmed
	Veronica Magesa		
	Yunice Elias Mtui	Victor Lazaro Ezra	Winfride Mwiguna
	STAFF		
	Alida Molai	Asteria Henjewe	Benego Stephano
	Bernard Choya	Christa Mapunda	Dafroza Chaula
	David Makunja	Edna Lema	Eva Mutayoba
	Epharim Kiswaga	Festo M. Mkondosa	Festus Mahennah
	Florida Subira	Gervas Kamali	Glenes Senyagwa
	Godfrey Mkenge	Godian Magegendelo	Dr. Hadija mwamtemi
	Irene Mdee	Jackson Bwimba	Jerica Mushumbuzi
	Lilian Elisamehe	Lilian Mseke	Lydia Mushi
	Dr. Lulu Chirande	Matrida Mwiol	Mputu Ngobola
	Obadia Ngoka	Penina Laizer	Ravinder Goodluck
	Dr. Regina	Dr. Rehema Laiti	Roselyne Okello
	Dr. Salama		
	William S. Chimwege	Semeni Ramadhani	Stephano Athanas
Volunteers	Catherine G Kaisi	Catherine Ndyamukama	Essau Isack
	Elizabeth Lema	Fidea R. Nyenga	Joseph Sospeter
	Janeth C Lamosai	Lightness Bassu	Lucy Macha
	Lulu Malondi	Magreth Msoffe	Matthew Sengerema
	Patricia Muba	Susan C Massawe	Wankuru M Marwa
	Alexander Power		
	Pauline Humbert	Amanda Marinoff	Aisling Kraus



FUNDING & INCOME

A. TLM INCOME & EXPENSES

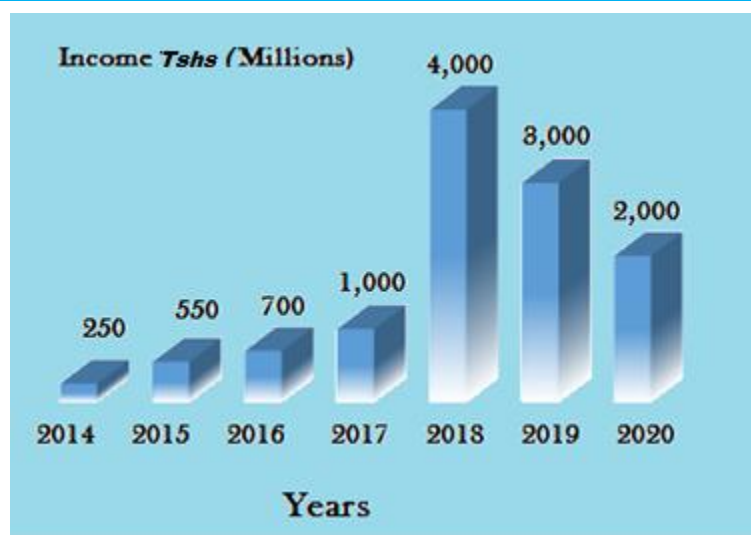


Diagram 2: Donor Contribution growth over the years in millions Tshs.

This year we were privileged to receive from donors and partners a total amount of grants and donations of Tshs. 2,143,447,250/-. As indicated in the accompanying diagram 2, this figure has reduced compared to 2018, where we had major capital inputs for the construction projects for years 2018 and 2020, the construction of PICU and NICU at Muhimbili National Hospital, furthermore, in the year 2020 we facing major challenges such as Covid 2019. Despite this, we continue to see increased support from new donors as well and we are very grateful for this. In 2020, our

longtime supporter and friend HLB MEKONSULT, Certified Public Accountants offered their services to audit our books free of charge. We are eternally grateful to Mr. Msuri for is constant support in this endeavor.

Income Sources & Expenses for the year

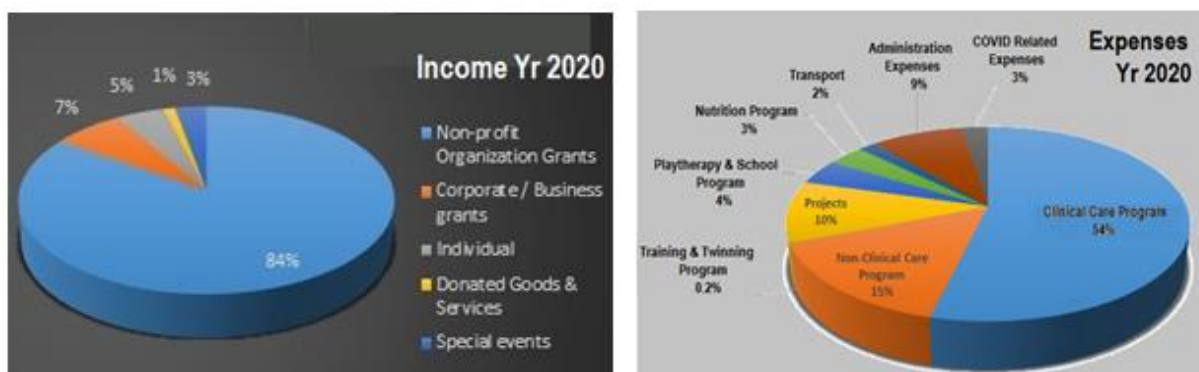


Diagram 2: Income Sources and Expenses breakdown

TLM Income came from a variety of sources as shown in the above diagrams. Where categorized into 8 major categories as listed in the diagram. With over 90% of the funds coming from grants.

Efficiency Indicators

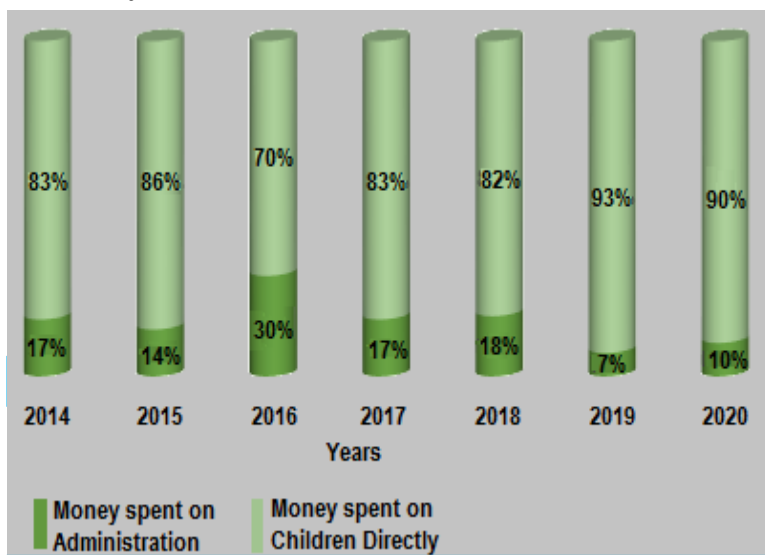


Diagram 3: Grant distribution directly to beneficiaries against administration

This indicator highlights the portion of the total income received that was spent directly on the children with Cancer in comparison with the portion that went to administration.

For the year 2020, the efficiency indicator was at 90%, still above the 70% international benchmark value.

The year 2018, the efficiency indicator decreased by one point compared to 2017 due to the fact that we had high capital expenses due to construction of two ICU for children, we still endeavored to ensure we are still above the 70% international

benchmark. The other years, for example the year 2019 efficiency indicator was at 93%, indicating that only 7% was used on administration. Over the years' efficiency has been constantly between the 70% to 90% mark. This is a significant improvement on our previous efficiency indicators since 2014, which ranged from 70% (in 2016) to 86% (in 2015).



B. FINANCIAL STATEMENTS

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER 2020

	2020 TZS	2019 TZS
INCOME		
Restricted Funds	1,459,220,923	2,849,378,157
Unrestricted Funds	648,667,396	100,821,636
Donated Goods and Services	21,965,915	42,712,400
Other Income	13,593,016	10,266,241
	2,143,447,250	3,003,178,434
EXPENDITURE		
Clinical Care Program	1,276,025,305	810,902,502
Non-Clinical Care Program	355,605,790	286,915,334
Training and Twinning Program	3,300,000	107,621,103
Projects	243,187,398	1,576,521,282
Administration Expenses	206,164,743	221,218,213
COVID Related Expenses	59,164,014	-
	2,143,447,250	3,003,178,434
Surplus/Deficit		-

STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2020

	2020 TZS	2019 TZS
Assets		
Non-current Assets		
Property and Equipment	299,548,313	276,342,914
Intangible Assets	1,522,371	-
	301,070,684	
Current Assets		
Inventory	481,493,160	174,368,780
Receivables	115,906,900	535,255,151
Cash and cash equivalents	165,036,166	253,670,932
	762,436,226	963,294,863
Total Assets	1,063,506,910	1,239,637,777
Liabilities and Reserve		
Liabilities		
Payables and accruals	351,039,239	158,044,395
Deferred Grant	671,532,787	1,081,593,382
Deferred Asset	40,934,884	-
Total Liabilities	1,063,506,910	1,239,637,777
NET ASSETS	-	-
Financed by:		
Fund Balance at the year end	-	-
Fund Balance	-	-



2020 IN NUMBERS

A. NEW PAEDITRIC CANCER CASES SEEN

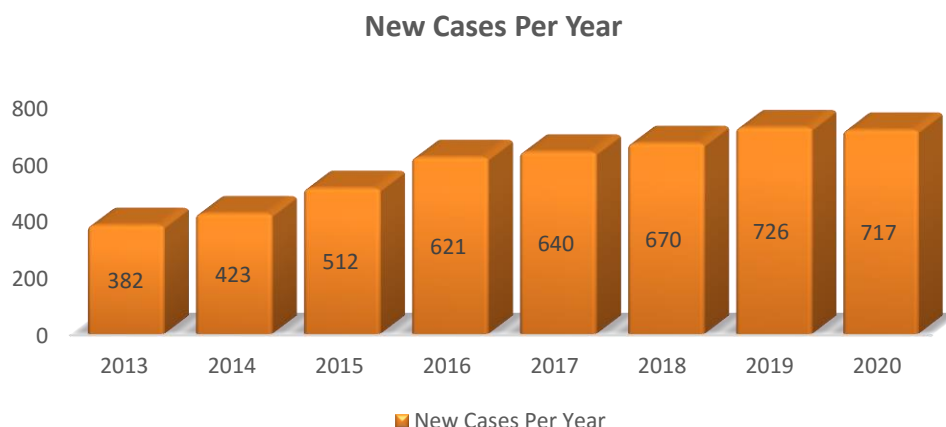


Diagram 1: New Childhood Cancer cases at the centers over the Years

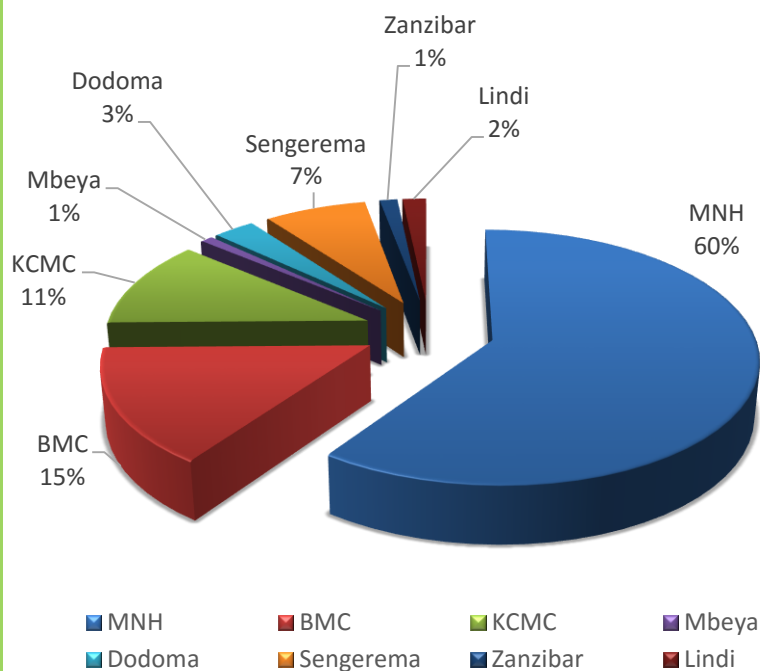


Diagram 2: New Cases seen at partner centers

Cancer cases seen at different centers as seen from Diagrams 1, 2 & 3, Muhimbili National Hospital still sees the majority of children with childhood cancer, followed by Bugando Medical center and then KCMC, Lindi and Zanzibar has seen the list number of children.

This year we still continued seeing more boys being admitted for treatment compared to girls (see diagram 6). With majority of patients coming from Lake zone, followed by Northern zone. The least number coming from Coastal zone (see diagram 5)

OUTREACH CENTERS NEW CASES (2018 – 2020)

REGION	NAME OF CENTER	2018	2019	2020
Dar es Salaam	Muhimbili National Hospital	449	479	429
Mwanza	Bugando Medical Center	94	116	107
Arusha & Moshi	Kilimanjaro Christian Medical Centre & Arusha Medical center	67	80	81
Mwanza	Sengerema Hospital	34	29	52
Mbeya	Mbeya Regional Hospital & Baylor Group	20	7	6
Dodoma	Dodoma University Hospital	7	1	21
Zanzibar	Mnazi Mmoja Hospital	7	1	9
Lindi	Lindi Regional Hospital	0	0	12
TOTAL		678	713	717

Diagram 3: Outreach Centers by New patient numbers (2018-2020)

Location	Zone	NEW CASES SEEN (2016-2020)					Total in Zones
		2016	2017	2018	2019	2020	
Dodoma	Central	24	25	50	27	39	186
Singida		14	15	12	19	16	
Pemba	Coastal	3	5	10	6	1	83
Zanzibar		10	12	15	22	18	
Dar es Salaam	Eastern	74	95	104	112	82	707
Morogoro		39	24	31	33	37	
Pwani		25	14	15	22	30	
Geita	Lake	7	10	18	37	4	360
Kagera		4	4	11	18	27	
Mara		6	0	13	25	9	
Mwanza		20	7	78	93	166	
Arusha	Northern	27	10	20	31	35	410
kilimanjaro		10	0	45	56	69	
Manyara		9	0	4	11	9	
Simiyu		1	0	3	13	1	
Tanga		37	23	36	38	30	
Lindi	Southern	6	9	19	7	31	102
Mtwara		14	12	15	13	1	
Ruvuma		11	3	13	15	6	
Rukwa	Southern highlands	7	0	4	8	4	206
Iringa		12	12	12	12	12	
Mbeya		8	15	30	24	30	
Njombe		10	3	7	6	6	
Katavi	Western	6	1	2	3	3	105
Kigoma		7	13	21	24	13	
Shinyanga		5	0	9	14	6	
Tabora		14	9	10	17	13	

Diagram 4: Outreach Centers by New patient numbers (2018-2020)

3. 2020 IN NUMBERS



Diagram 5: New Childhood cancer cases seen over the years from different regions Centers by New patient numbers

NEW CHILDHOOD CANCER CASES SEEN BY SEX 2020

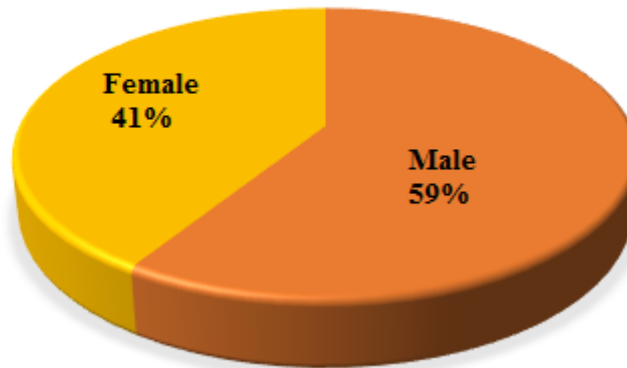


Diagram 6: Patients seen coming from different Region over the Years 2017-2020

B NEW CHILDHOOD CANCER TYPES TREATED

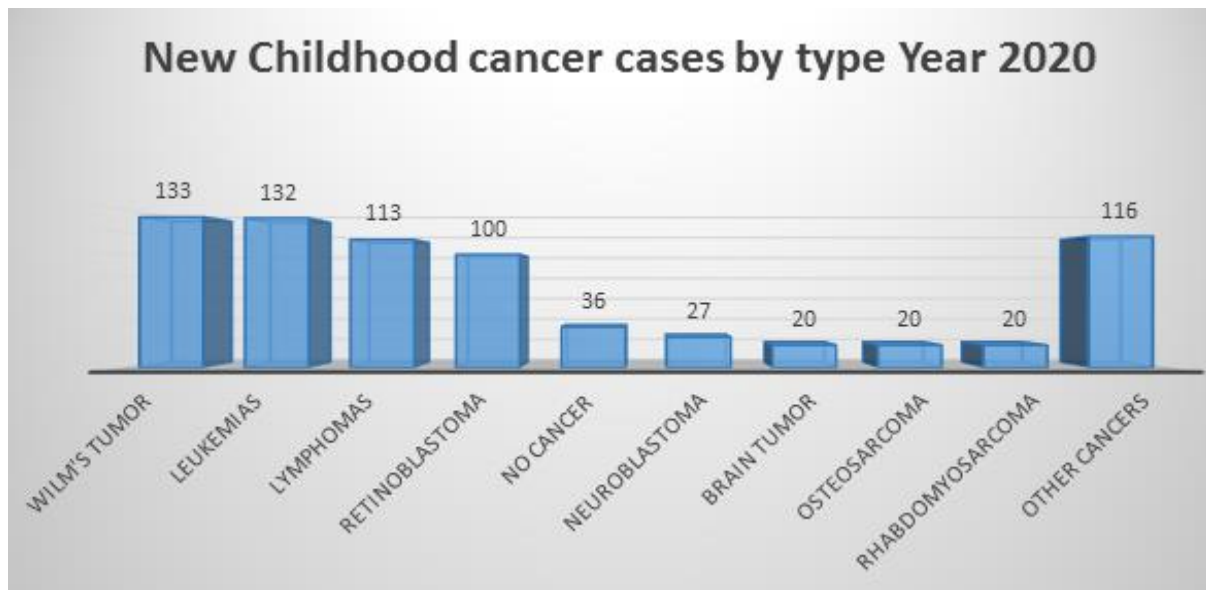


Diagram 7: New Childhood Cancer cases by Diagnosis Year 2020

Wilms tumor and leukemia still remain the most common form of childhood cancer followed by Lymphomas and Retinoblastoma. These type of childhood cancer remain in the top 5 childhood cancer seen at the hospital over the years. For example, Leukemias, which are cancers of the bone marrow and blood, are the most common childhood cancers we have seen. They account for about 77% of all new cancers seen in 2020 in children. The most common types in children are acute lymphocytic leukemia (ALL) and acute myeloid leukemia (AML). These leukemias can cause bone and joint pain, fatigue, weakness, pale skin, bleeding or bruising, fever, weight

loss, and other symptoms. Wilms tumor (also called nephroblastoma) starts in one, or rarely, both kidneys. It is most often found in children about 3 to 4 years old, and is uncommon in older children and adults. It accounts for about 78% of new childhood cancers seen during the period.

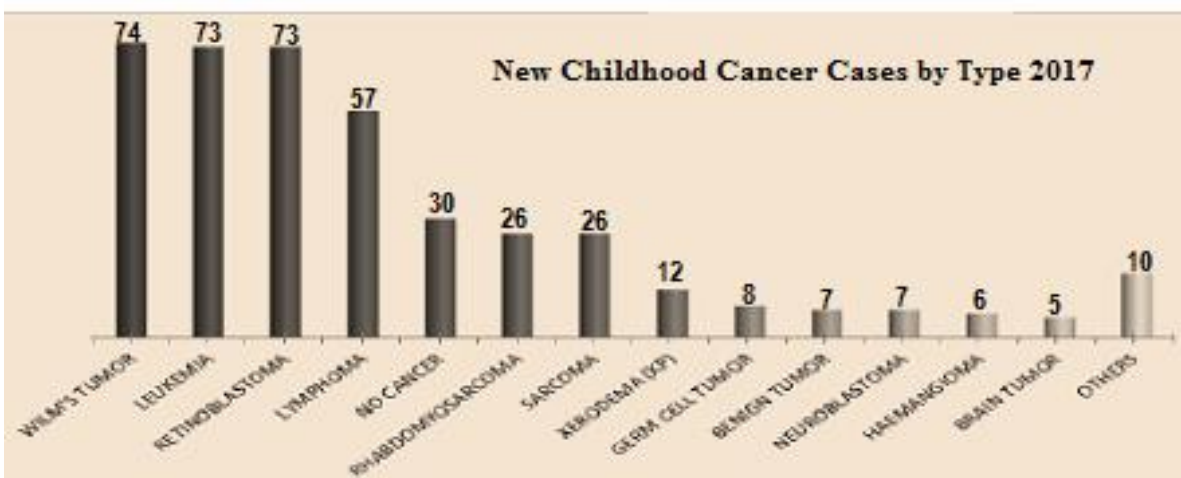
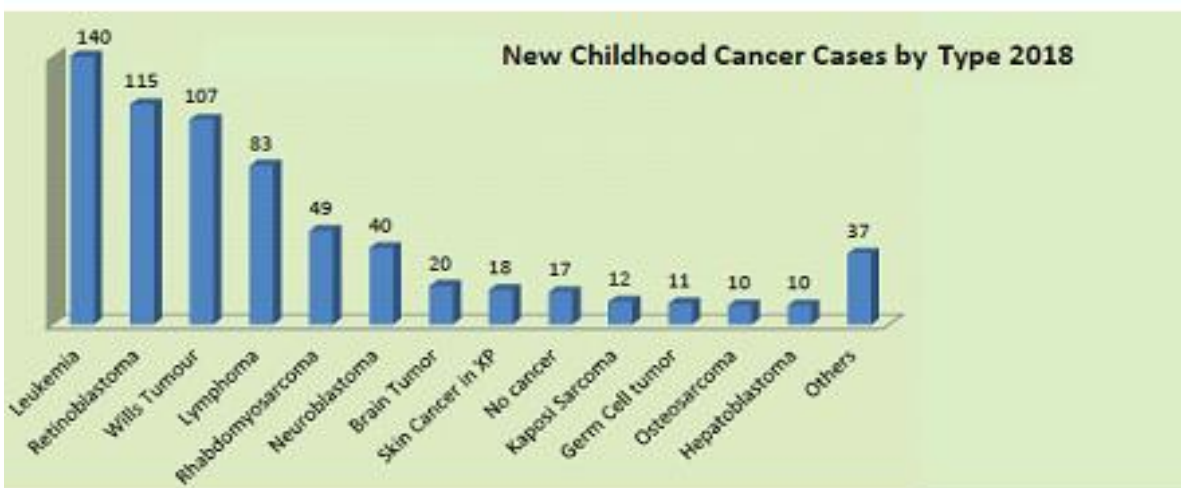
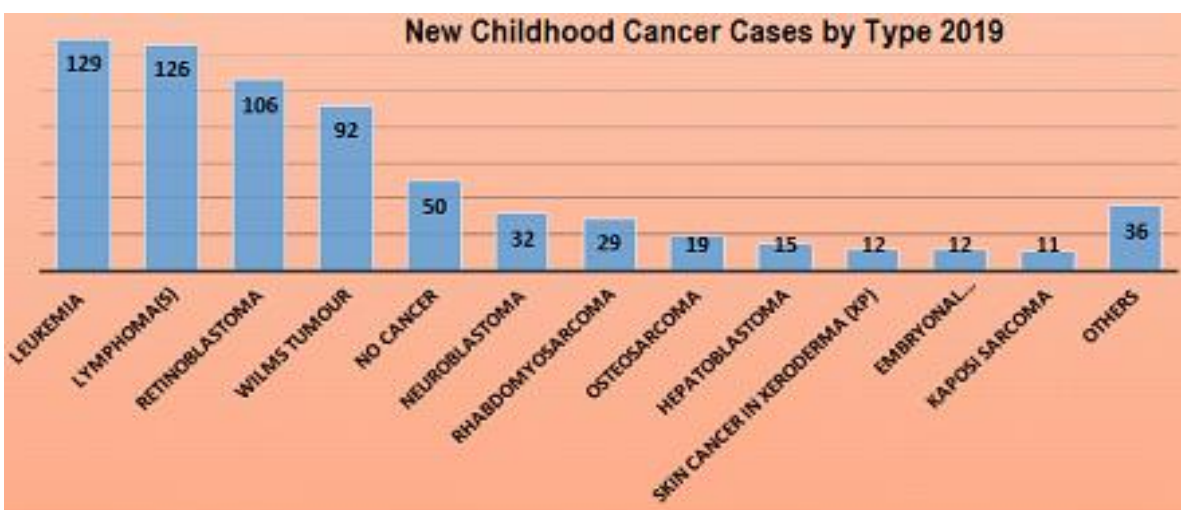


Diagram 8: New Childhood Cancer cases by Diagnosis Year 2017- 2019

C. NEW CHILDHOOD CANCER TYPES TREATED

New Cases seen by Cancer Type 2020	MNH	DODOMA	BMC	SENGEREMA	MBEYA	MNAZI	KCMC	LINDI	TOTAL
Brain Tumor	12		4				4		20
Burkitt Lymphoma (BL)	27	1	15	7			3		53
Hodgkin Lymphoma (HL)	15		6	1			3	1	26
Lymphoma	6			2			2		10
Non-Hodgkin lymphoma (NHL)	15		2	5			2		24
Total Lymphomas									113
Alveolar rhabdomyosarcoma	0								0
Embryonal Rhabdomyosarcoma (ERMS)	7		1				1		9
Ewings Sarcoma	1		2				1		4
Kaposi Sarcoma	2			1			1		4
Osteosarcoma	14	2	3				1		20
Rhabdomyosarcoma (RMS) NOS	11		5	2			2		20
Other Sarcomas	9		5	1	1		1		17
Hepatoblastoma	11		4			2			17
Neuroblastoma (NBL)	19	1	2	2		1	2		27
Retinoblastoma (RB)	58	5	10	5			21	1	100
NEPHROBLASTOMA (Wilms Tumor)	80	3	23	6	1	6	14		133
Adeno carcinoma	2		1						3
Germ Cell Carcinoma	6		1						7
Nasopharyngeal carcinoma (NPC)	7	1	2	1					11
Other Carcinomas	2		2	1			1		6
Sacroccygeal teratoma	0		0						0
Squamous cell carcinoma- Xeroderma	9		0						9
Acute Myeloid Leukemia (AML)	12	2	4		1		1	3	23
Acute Lymphoblastic Leukemia (ALL)	8	2	2	5	1		4	1	23
Acute Lymphoblastic Leukemia (ALL) B- Cell	34	1	1		1		4		41
Acute Lymphoblastic Leukemia (ALL) T- Cell	21	3	0				4		28
Chronic myelogenous leukemia (CML)	4		0						4
Leukemias	9		1	1			2		13
Others	11		3	3			1		18
No cancer	16		2	8	1		4	5	36
No diagnosis	1		6	1			2	1	11
TOTAL	429	21	107	52	6	9	81	12	717

Diagram 9: New Cancer Cases treated by diagnosis type from the different centers

F NEW CHILDHOOD CANCER CASES BY TREATMENT OUTCOME

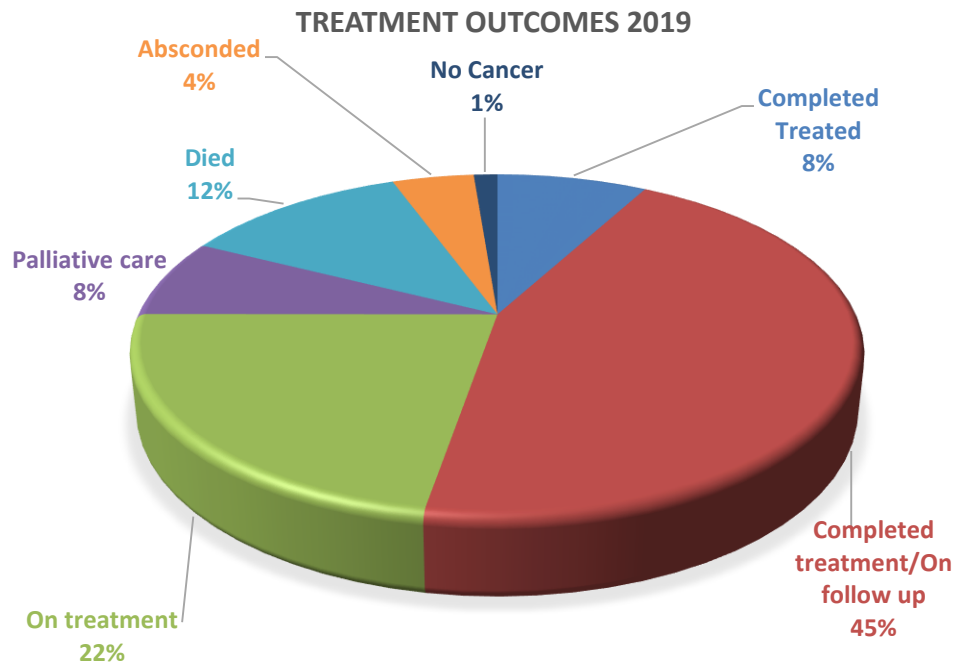


Diagram 10: New Cancer Cases by treatment outcome

Improving outcomes for children with cancer requires early and accurate diagnosis followed by effective treatment. Early Diagnosis: When identified early, cancer is more likely to respond to effective treatment and result in a greater probability of survival, less suffering, and often less expensive and less intensive treatment.

TLM ENGINE

This year we were privileged enough to have additional two wonderful new Board Members Mr. Phillip Gerald Saliboko and Ms. Nisha Alpesh Sanghvi.

Ms. Nisha has over 15 years of advertising experience, most of it in East Africa. A graduate of Savannah College of Art and Design, Nisha began her career with the firm Jones, Seel, Huyett and later worked in San Francisco before returning to Tanzania where she gained experience in Scanad Tanzania and Zen communications before joining Khanga Rue Media. Nisha has executed campaigns for virtually every major NGO and corporation in Tanzania.

Mr. Saliboko a pastor and a founder of online House of wisdom bookshop his is dynamic business man with lots of experience in management of large projects and business. Having worked in the past in the Government in a senior position at Registration, Insolvency and Trusteeship Agency (RITA) as Chief Executive Officer.

