



# 2021 ANNUAL REPORT

**TUMAINII LA MAISHA TANZANIA**

[WWW.WEARETLM.ORG](http://WWW.WEARETLM.ORG)





**"Childhood cancer affects children of any age, any background, any belief. While it is a shocking diagnosis for any family to endure, the number of children these days who cannot be cured with current treatment regimens is growing thankfully ever smaller. However, just because it is possible to cure most children with cancer does not mean this happens. If the child cannot access adequate specialist care they will simply not survive. Tumaini La Maisha/Their Lives Matter (TLM) is fighting to change this wholly unacceptable paradigm. We are driven every day by the passionate belief that two children with the same disease, but in different locations, must have access to the same treatment and the same happy outcomes. Their Lives Matter!"**

**Dr Trish Scanlan, Paediatric Oncologist, MNH/Director,  
We Are TLM, Tanzania**



# REACHING NEW HEIGHTS, THE YEAR 2021

**58** G.E.M Donors Registered

(Give Every Month)

**738** New patients seen and treated

**11** NCCN network hospital  
treatment sites  
(National Children's Cancer Network)

**1** New Research on  
childhood cancer treatment





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 *Where Tumaini  
La Maisha Tanzania  
Works in  
Partnership with  
Hospital Centres*



## SAVING LIVES

Our overarching objective is to improve quality, free Paediatric Oncology care across Tanzania and providing access to all children in need. We plan to reach them sooner and closer to their own homes, and to continue to improve the quality and quantity of services available by removing geographical and financial barriers.

This year was our first year of rolling out our 5 YEAR strategic plan 2021 and 2025, with the main objective being to improve quality free Pediatric Oncology care across Tanzania and this involves providing access to all children in need sooner and closer to their homes. The following sections will show how we were able to reach our goals and surpassed in some areas.

Anniversary where we have planned to celebrate it until end October 2022.



**TLM has 3 Main GOALS**

1. To expand our Services to reach Every Child
2. To strengthen quality of the services until the survival rate of Children match those in resource rich Countries
3. To build a charity organization of sufficient strength to support all these activities

The graphic features a list of three goals on the left and a photograph of three children (two girls and one boy) standing outdoors on the right. The title 'TLM has 3 Main GOALS' is prominently displayed at the top in a large, brown, serif font. The entire graphic is framed by a thin brown border with decorative orange flower icons at the top-left and bottom-right corners.

## ROLLING OUT OUR STRATEGIC PLAN (2021-2025)

The year 2021 we reached more children and higher goals than the previous years as we continue to celebrate our 10-year





Providing Quality Care to Every  
Child with Cancer



## 2021 HIGHLIGHTS

*Visit from Minister of Health Dr. Dorothy Gwajima*

We started off the year with a visit from new Minister of Health Dr. Dorothy Gwajima to the Upendo/Tumaini Children's Cancer Wards as part of a larger public visit to Muhimbili National Hospital. The Minister commended our wards and the services provided and the 2 children intensive care units that we built and equipped, stating that such state-of-the-art services are still largely unavailable in many African Countries.

She also informed us that in the coming years the government plans setting up a bone marrow transplantation services in March 2021 to support the health services offered at the Hospital. We look forward to fostering our relationship and continuing to partner closely in the pursuit of greater cancer control measures and health for the children and youth of Tanzania.

*'In short, I would like to acknowledge their significant contribution to improving health services in the country and more,' Dr. Dorothy Gwajima.*



With our strategic plan of 2021-2025 to expand and grow our collaborative partners to at least 31 centres nationwide in the next five years, which will mean reaching 95% of children with cancer closer to their localities. We continued to partner with and strengthen existing partnerships as well as creating new partner centres to join the National Children's Cancer Network (NCCN).



**STRENGTHENING**

**THE**

**QUALITY**

**OF**

**SERVICES**



## **NATIONAL CHILDREN'S CANCER NETWORK**

All current treatment centres use the same protocols, pool chemotherapy and participate in site specific weekly tumor board meetings.

In order to access every child with cancer we are building the NCCN network comprising of government hospitals and Faith based hospitals that are ready and equipped to provide free cancer treatment to children. There are divided into 1 to 4 levels of treatment capability with level four being the highest level. This year 2 additional hospital centres joined the network, increasing the number from 11 to 13 partner hospital centres.

## **Outreach Training**

Two collaborative centres have been added to the NCCN, the new centres are: St. Francis Referral Hospital – Ifakara and Dodoma Regional Referral Hospital.

We successfully completed two-weeks training for two Doctors, two Nurses and one lab scientist from St. Francis Hospital - Ifakara at Paediatric Oncology ward in Muhimbili

National Hospital. In addition, two pharmacists from this new centre went for training to one of our partnering centre – Bugando Medical Center-BMC.

Built the capacity of the pathology team at Muhimbili National Hospital-MNH through supporting one (1) pathologist to pursue an International Fellowship in Molecular pathology for the duration of 12 months.

## **STRENGTHENING THE QUALITY OF CARE Chemotherapy Drugs Support Access to quality chemotherapy and supportive care medications**

We continued providing medication to all patients free of charge during the period, we continued sourcing medications used through a variety of means for example from International donations, international purchasing partnerships and local vendors supplies as well. The total value of drugs purchased during the year was above 1.3 billion Tanzania shillings and the rest were donated drugs. We greatly appreciate the immense contribution from Direct Relief who in this reporting period they have sourced donated drugs and consumables for TLM and Muhimbili National Hospital of value of

\$10,652,422.98.

For our National Pediatric Oncology Network when it comes to distribution of chemotherapy and other essential drugs to the centers and to ensure a secure supply chain, as we are now utilizing cold chain supply boxes and temperature loggers when distributing drugs to other partner Hospital centres across the country.



## CLINICAL PROGRAMME

### NUTRITION PROGRAM:



*TLM runs the only cancer unit I have ever seen supporting malnourished children with ONLY locally sourced FRESH whole foods!' Dr. Elena Ladas*

Visit from Dr. Elena Ladas from IIPAN – The International Initiative for Pediatrics and Nutrition.

Our nutritional program this year reached higher heights with more children benefiting from the additional nutrient intake. Different nutrition assessment, therapies and interventions were given to children in the wards from first admission and daily follow-ups were conducted in the ward. About 456 received a nutritional assessment and intervention this year. Among them 60% were discharged with good nutrition outcome

We were also privileged to get a visit from Dr. Elena Ladas due to our collaboration with the International Initiative for Pediatrics and Nutrition (IIPAN) a global health programme at Columbia University Irving Medical Centre (CUIMC) that is home to a pioneering nutritional research and clinical care initiative in paediatric cancer units in low-and-middle-income countries (LMIC).

We were delighted to welcome Dr. Elena Ladas from IIPAN recently who came to check in! Since her visit, we have implemented another 2 nutritional supplements a coconut based version of WHO's F100 and a 'body building' protein ball, both being made in the TLM kitchen at Ujasiri house along with the much loved smoothie and nutritious porridge on a daily basis for children.





## SALAMA STUDY

During a University College Dublin Web Summit and the announcement of SALAMA (Studying Acute Leukaemia Mutations in Africa), an exciting study. TLM is privileged to form part of in collaboration with Systems Biology Ireland, University College Dublin, the Little Princess Trust UK, Children's Cancer and Leukaemia Group and our colleagues and partner's friends at Muhimbili National Hospital.

*'Noone has ever looked at the genetics of kids with leukaemia in East Africa' said Dr. Trish CEO of Tumaini La Maisha Tanzania*

Support also comes from Genuity Science,

Prof. Anna Schuh at University Oxford who is also involved in social enterprise SEREN. Key figures Prof. Jonathan Bond and Dr. Peter McCarthy will continue our long established partnership with UCD and Irish Health Institutions through the exciting study which has the potential to 'change a good chunk of the children's lives' a quote from Dr Trish. In an article about SALAMA Study and its partners.

The study will hopefully inform better treatment of Leukaemia patients and their specific case challenges through tackling the limited availability of genetic information and therefore the 'gap' between childhood cancer treatment in resource rich and resource poor settings.

## NIHR-Oxford-MNH-MUHAS-SEREN group - saving lives through Clinical Research

SEREN is a social enterprise based at the Muhimbili University for Health and Allied Sciences (MUHAS) in Dar-es-Salaam, Tanzania that aims to build local capacity for precise, low-cost, low-maintenance, patient-near DNA diagnostics solutions to prevent

the needless deaths of thousands of children and young adults with blood diseases in Sub-

Saharan Africa. This year it was on its 2<sup>nd</sup> year with outstanding tangible achievement through the provision of very expensive Rituximab a monoclonal antibody drug through the liquid knife study has enables a number of cases of children with cancer to respond well to the treatment.





## **EDUCATION & TRAINING**

### ***Palliative Care Training***

The palliative care training that included 5 TLM team and other medical team from across the Country that started in September, came to an end in October with their awarding of new certificates!! Thanks is due to Muhimbili University of Health and Allied Sciences for the invitation to participate and for providing such an important training for healthcare professionals.

### ***Pediatric Oncology Nursing Course***

Ten weeks of the course have just been completed (20th September 2021 - 26th November 2021). There was a lot of positivity around the course, and everything went really well. Apart from the knowledge gained among the trainees but also team bonding and the working chemistry improved further throughout the course.

The job ahead for trainees is to transform the knowledge gained from the course towards making and showing the difference in the ward by inspiring excellency in clinical nursing practice both confidently and professionally whilst saving the lives of kids, which in turn was the main focus of the course.

### ***TLM CleverCancerCare APPS***





One of our key innovation projects is our work creating automated chemotherapy prescribing tools. This work has the potential to transform the delivery of protocol based chemotherapy treatments from inherently dangerous and error prone to a safe secure and accurate activity. They will be fit for purpose in resource limited settings across SSA, and potentially, the developing world.

The E-ACPP (Excel based automated chemotherapy prescribing programme). This has been successfully used on the Upendo & Tumaini Children's Cancer Wards at MNH for over a year. It was rapidly adopted and reduced prescription errors by more than 90%.

The excel based programme we have developed requires the prescribing doctor to input minimal and simple patient and treatment-response related data. The programme then automatically makes the required calculations and adjustments clearly outlined in each treatment protocol. These automations include simple dose calculations, plus complex dose reductions

for malnutrition and a variety of side effects

and vital treatment modifications driven by the results of protocol timed response-to-treatment assessments.

E-ACPP prototype to a web-based App - The **CleverChemo** App (Secure, automated for effective chemotherapy prescribing Application). We are in the process of building this next generation automated prescribing tool. It will be significantly more secure and easier to distribute safely and to automate any updates than our E-ACPP tool.

Our programme will be run as a social enterprise and available to all centres who need it. It is built with resource limited centres in mind. This programme truly has the potential to change the way children's (and adults) cancer services are delivered across the most vulnerable parts of the world

### ***The TLM CleverCharts for Paediatric Oncology***

In order to have a reliable, accurate and nationwide data source both to understand the impact of our efforts and identify areas of urgent Paediatric Oncology need, an EMRS specifically for paediatric oncology, has been

designed. It is currently undergoing rigorous beta testing before planned roll out to all partner centres as they join. Within its comprehensive data fields, it has been designed to automatically capture the limited data required by the government in the Cancer Registries Initiative (CANREG5) initiative. This avoids the double entry of information problem.

We believe that this database will be instrumental in the development of Paediatric Oncology Services in Tanzania as it will provide essential and accurate



information to drive need based change.



## ADHERENCE TO TREATMENT INITIATIVES AND SUPPORT

To reduce number of children, abscond from treatment in the year 2021, TLM continued providing psychosocial support to the children and families.

### Life Skills Training for Parents/Guardians

Our skills class program for the guardian and for the children if interested is one of the most precious resources available for the guardians while taking care of their children. In this class the parents learn different kinds of skills particularly income generating skills which keeps their mind occupied away from the parent's worry of their child on treatment as well as gaining skills for generation of income that they can apply once they go back to their homes. A total of 198 parents attended the skills class during the reporting period.



**Running of School and Play Therapy PrOgram.**

400 hundred children benefited on this program.

School and playtherapy programs to patients at Muhimbili National Hospital. No less than





Our established school and play therapy program at MNH are vital to the children's well-being and everyone's happiness. Play therapy helps meet the emotional needs of a child who is in the hospital. Being in the hospital can be stressful for children and their caregiver or parent. Children may feel scared, confused, and not in control. Thus Play also helps children with cancer to express their thoughts and feelings about their diagnosis and treatments.

The therapeutic play programme includes activities in the junior classes at the daily school and the establishment of a 'one-to-one bed programme' where a specially trained government teachers care for children who are bed-bound.



### Ujasiri Housing Program

Outpatient and family housing programme continued during this period at Muhimbili National Hospital and 2 other collaborative centre hospitals, this enabled for families to stay at the hostel while attending follow up clinics.



### **Transport Service Program**

Transport services were provided during the period for all patients attending treatment at all collaborative centre hospitals to come to the hospital and to go back home.

### **Health Insurance coverage for Patients**

We supported families' access to health care and funded government health insurance for 247 children on treatment for childhood cancer and provided and Counseling and palliative care services to patients and their family during the period.







# CORE STRENGTHENING AND CAPACITY BUILDING

### **Staff training at the Fund Raising School at the Indiana University Lilly Family School of Philanthropy**

Thanks to our friends and Partners at St. Jude Children's Research Hospital and the American Lebanese Syrian Associated Charities (ALSAC), five certificate courses across the principles of fundraising have been made available to staff, volunteers and board members. We have all really enjoyed the courses, getting to know our fellow childhood cancer advocates and organisations in these intensive and fulfilling courses. TLM team members have taken part in courses that included Annual Sustainability, Purposeful Boards, Powerful Fundraising, Fundraising for Small Nonprofits and Advanced Digital Fundraising! Feedback has been overwhelmingly moving parts of childhood cancer treatment with Tumaini La Maisha.

### **TLM Staff Achievements**

This year we started initiative of recognizing staff who have gone the extra mile in caring for the children we serve, for medical team we had Dr. Salama Muhimbili Hospital Oncology Doctors and Dr. Primus our

Medical Program Manager, while for the non-medical staff we had Martha Kiula our Liason Officer, Ms. Blandina our Social Program Officer and Ms. Magdalena John our project officer, they have all done outstanding work during the year and we greatly appreciate all their hard work.



### **Our Board Member and Founder Dr. Blandina called to serve!!**

Dr. Blandina Lugendo, Tumaini La Maisha Founding Board Chairperson and current Board Secretary and was a mother to the beautiful child who passed away from childhood cancer, has been appointed Chairperson of the Fisheries Education and

Training Agency - FETA by President of Tanzania Mhe. Samia Suluhu Hassan!

### **Our TLM Nurse Mr. Ruchius Honored by Muhimbili Hospital Executive Director!**

We are so proud of our wonderful nurse Ruchius who this year was honored by the Executive Director of the hospital with a certificate of appreciation for his continuous work in Health Education and awareness. Finally, to all our volunteers during the year both medical and Non-Medical, we appreciate all your time, energy enthusiasms in the hard work you all put towards making a difference to the lives of the kids we serve here in Tanzania.







**PARTNERSHIPS AND PUBLIC ENGAGEMENT**

## World Cancer Day & International Childhood Cancer Day

4th February was World Cancer day and we were privileged to be recognized and thanked by our partners in the Tanzania Ministry of Health in their media splash for the day. On our social channels we shared reflections on cancer care and the importance of world cancer day with thanks to our friends in the Union for International Cancer Control. We also took part in the Love Hope Strength Foundation's 'Big Night In' by sharing a conversation between two of our survivors Eliakim and Gustav who have both gone on to pursue a career in the medical field with Gustav working with us as a phlebotomist after himself receiving treatment for leukaemia.

15<sup>th</sup> February is the International Childhood Cancer is one of the most significant days in our diary each year, and no amount of restriction could have stopped us creating a memorable and joy filled day for the children undergoing cancer treatment at the Upendo and Tumaini wards and those staying at Ujasiri House.

## International Women's Day

We highlighted this special day by highlighting our dedicated and special staff Hilda our Ujasiri House supervisor and smoothie maker, and Dr. Hadija Mwamtemi.



Hilda manages the nutritional smoothie supply, preparation and distribution, all in-kind donations to TLM, welcome packs for every child arriving to the wards, all the store rooms at Ujasiri, follows up with patients who travel home from the hostel, knows all the names of the ever changing Ujasiri family and does it all with a smile and can-do attitude. The smoothie programme was

inspired by her as she previously would bring home made juices and smoothies to the children as a volunteer many moons ago.

On the other hand, Dr. Hadija Mwamtemi has helped to better the lives of



thousands of children throughout her long career as a pediatrician and a paediatric oncologist. She played a vital role in establishing the Children's Cancer Unit in the



hospital. Without Dr. Mwamtemi's campaigning and dedication, the children from across Tanzania who are now cared for on the wards wouldn't have been able to access the treatment and care that they now have.

### **PICU Day**

TLM together with Muhimbili National Hospital, Friends of Cancer Patients UAE, her Highness the Queen of Sharjah, we opened the of the PICU & NICU wards at MNH in November 2019. The plan and build of these pivotal resources at MNH was funded by a generous donation from Friends of Cancer Patients and implemented by TLM & MNH together. On Friday May 28th this year, we came together again to celebrate PICU day and took a look at some of the impact these powerful resources have had in that short time. Namely, since the opening of these resources, the mortality rates for children admitted has gone from >65% to 36.4%, MNH-PICU protocols have been developed and implemented and the PICU team has taken part in the RSV Gold ICU Network Study. We are honoured to be part of this change and look forward to further growth and development - congratulations to all involved! Check out our PICU Video here.

### **14th February: Valentine's day Cards from HOPAC Heroes**

Two fantastic students from the Haven of Peace Academy in Dar es Salaam (HOPAC), Aanika and Rina, reached out to us to present their ideas on how they can support the children and adolescents receiving cancer treatment in the Upendo & Tumaini Wards. They had previously participated through HOPAC in our TLM Piggy Bank campaigns and were inspired to do more.

To start, these remarkable young women took it upon themselves to write an individualized Valentine's Day card for each



and every child in the Ujasiri, Upendo and

Tumaini bubbles. That's more than 120+ cards! On receiving their cards, many of the

children were taken aback to receive something uniquely for them, addressed to them. A truly special moment they will not

soon forget. We've already seen some cards being tucked away in pillow cases for safekeeping!! We are already discussing adding a penpal element to the schools next Piggy Bank. Thank you Rina and Aanika for your compassion and dedication.

### **Launch of Partnership with Fortune and Friends**



We started with a Drum & Dance Class for children on zoom thanks to theatre and arts NGO Fortune and Friends. We were gifted with performances and the children were taught dances and drums to go along with it.

This was the launch of a partnership with Fortune and Friends for weekly drumming and dance classes every Tuesday morning. the children are completely taken with our wonderful teachers Kayumba and Mary and

we are all so grateful to Brian and Jamie for reaching out to us for this partnership! Here's to continued drumming, dancing and success!

### **TLM 2021 Piggy Bank Campaigns**

The 15th of February was also the day we launched our first TLM Piggy Bank Campaign



of 2021! Piggy Banks come as a cardboard flatpack box which students assemble

themselves and work to fill the box with small donations while championing the childhood cancer awareness and early warning sign messages on the boxes exterior! Each box represents a child in Tanzania that will develop cancer this year and we have found the campaigns to be hugely successful particularly with school children and those connected to our work. Although many schools during the period were exclusively online and students have limited physical access to their communities, many schools were still eager to partake in this campaign and raise awareness safely! We are so grateful to Al Irshaad, Reader Rabbits, Braeburn International School and Al Muntazir Seminary amongst many other schools that took part.



### **Our Hopac Heroes**



Our Volunteers students from HOPAC Aanika and Rina, worked tirelessly as student ambassadors to promote the piggy Bank Campaign in their School HOPAC They raised over 6.3 MILLION Tanzania Shillings (\$2,700+ USD) and joined us as volunteer interns for two weeks.

### **Bid For Life Call For Art**

Bid For Life second time round, we launched our Call for Art on June 4th and have been blown away by the beautiful selection of



paintings, photos, prints and more that were submitted by wonderful artists all over the world. We were able to raise over Euro 20,991.00.



### TLM 10 Years Anniversary at Muhimbili National Hospital

The 8th February 2021 marked the 10-year anniversary of the day we moved the children's cancer centre to Muhimbili National Hospital.

In 2005, approximately 100 new children were seen. Now in this year we have seen new cases of children over 700 In fact,

### Chap Chap After cake, comes Chap Chap

(Swahili term for arts n' crafts!). TLM waste NOTHING, and so we thought we would give used Piggy Banks from our Christmas campaign a new life - and career in music! Thank you to the Clown Doctors, teachers and Skills teacher Prisca for collaborating on these repurposed instruments which the children assembled with beads/pebbles' bottle caps inside to make noise and fabric scraps on the outside from our parents skills class to customise their 'shakey shakey'! The result? Click here to see <https://web.facebook.com/655410527921969/videos/3522337194562607>

### Kilimarathorn Fundraising



TLM the official charity of Kilimanjaro Marathon Thousands upon thousands of people flock to the Kilimanjaro region for the Kilimanjaro marathon and fun runs every year. Although restrictions prevented our staff from taking part, we were honored to be the event's Official Charity Partner this year! Runners had the option to select to 'Run for a Cause' and collect sponsorship donations for TLM! We are delighted that the event was safe and a success and look forward to taking part next year in an even bigger way!



### Fitness Challenges:

The amazing Martin and Brenda recently walked the walk for TLM - read more about their efforts Martin's Million Steps and

Brenda's Walk for Fr Terry on our blog: [www.wearetlm.org/news](http://www.wearetlm.org/news).



### St Patricks' Day

This St Patrick's Day we made our own parade at Ujasiri House!! Take a look at the

children in their home made costumes and varied interpretations of St Patricks



### Ramadhan Give for Life Campaign

In collaboration with our friends at Inalipa, we launched a Ramadhan campaign - Give For Life and asked the community to give with meaning and purpose for children with cancer during the giving season. We highlighted four ways to 'Give For Life', one being to take part in a fundraising and Awareness campaign, by buying a bundle of good on our personalized Inalipa store page, to donate gifts in kind to Ujasiri House or to donate funds via [wearetlmdonation.org](http://wearetlmdonation.org). The campaign was a huge success and the

children were particularly excited when Inalipa arrived to drop off all the gifts! Thank you to all involved!



### Síne Vasquez partnership

We are so grateful to specialist cancer physiotherapist and Jewellery Maker Síne Vasquez for choosing to give back while launching her online fine jewellery website and store. Síne has committed to donating 10% of the sales of her beautiful bespoke



pieces to Tumaini La Maisha. Her pieces are made using recycled gold, carefully sourced gemstones and favour sustainable production. She skillfully and thoughtfully uses traditional goldsmithing techniques to reflect the time and skill embedded in

considered craftsmanship that she believes to be our one true modern luxury.



### October 4th Blood Drive

Our amazing friends at the Lions Club came together to help the children on our wards once again by gathering others to donate much needed blood at the Tiba Health Centre. Did you know that one blood donation can be made into a number of blood products and help 3+ children and takes just 10 minutes on average?





# **BUDGET AND FINANCIAL STRATEGIES**



TLM INCOME & EXPENSES

INCOME TSHS. ( IN MILLIONS)

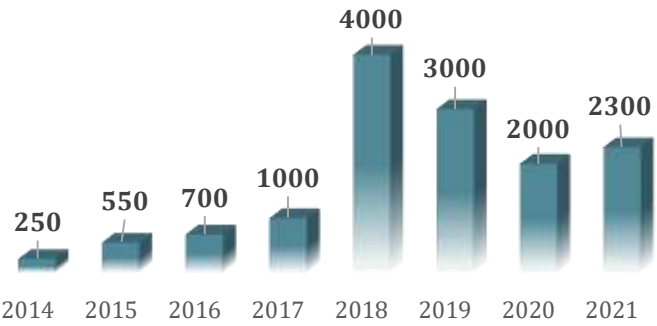
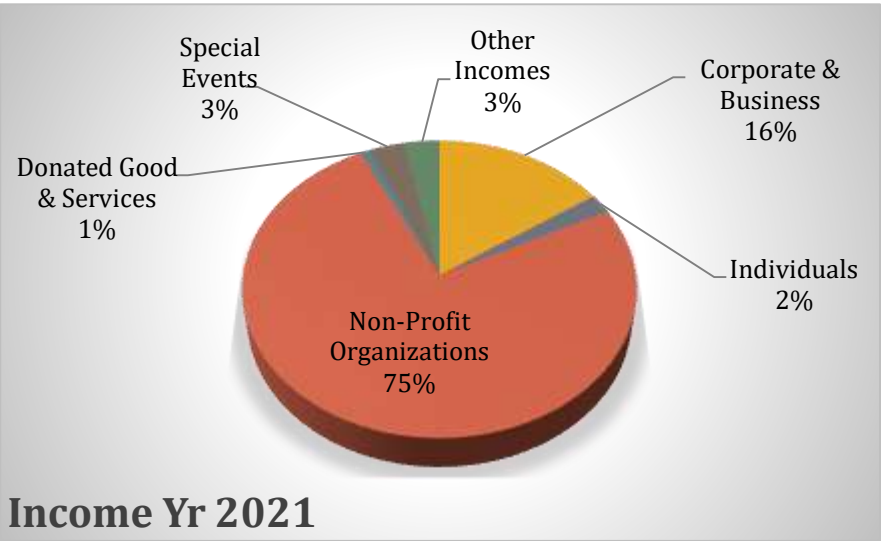


Diagram 1: Donor Contribution Growth over the years in Millions

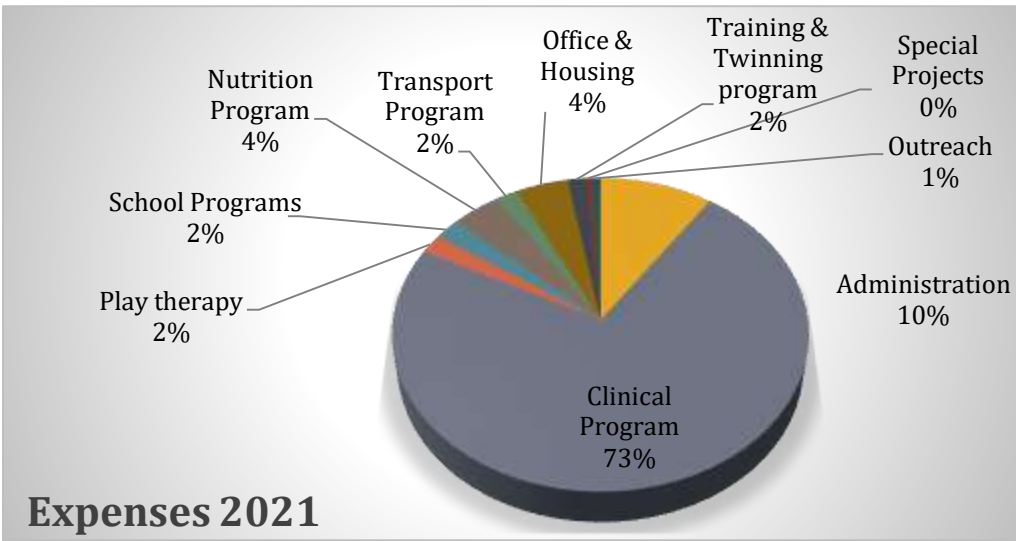
This year we were privileged to receive from donors and partners a total amount of grants and donations of Tshs. 2,289,482,498/-. This figure has remained similar to the one in year 2020 with only a slight increase (see diagram). 2018, still has the most income received as during the period we had major capital inputs for the construction projects that included construction and equipping of PICU and NICU at Muhimbili National Hospital. Our longtime supporter and friend HLB MEKONSULT, Certified Public Accountants over th years have always offered their services to audit our books free of charge. And this year they did it again. We are eternally grateful to Mr. Msuri for is constant support in this endeavor.

TLM Income came from a variety of sources as shown in diagram 2, majority of income received from Non-Profit Organization. Whuile for Expenses diagram 2 Clinical Program expenses took majority of the costs.



Income Yr 2021

Diagram 1: Donor Contribution Growth over the years in Millions



Expenses 2021

Diagram 1: Donor Contribution Growth over the years in Millions

## FINANCIAL PERFORMANCE AND POSITION FOR THE YEAR ENDED 31<sup>ST</sup> DECEMBER 2021.

### Financial Performance

	Notes	2021 TZ S	2020 TZ S
<b>Assets</b>			
<b>Non-current Assets</b>			
Property and Equipment	15	220,077,046	299,548,313
Intangible Assets	16	2,439,011	1,522,371
		<u>222,516,057</u>	<u>301,070,684</u>
<b>Current Assets</b>			
Inventory	17	682,577,880	481,493,160
Receivables	18	124,141,405	115,906,900
Cash and cash equivalents	19	109,618,291	165,036,166
		<u>916,337,576</u>	<u>762,436,226</u>
<b>Total Assets</b>		<u>1,138,853,633</u>	<u>1,063,506,910</u>
<b>Liabilities and Reserve</b>			
<b>Liabilities</b>			
Payables and accruals	20	184,351,392	351,039,239
Deferred Grant	21	942,502,241	671,532,787
Deferred Asset	22	12,000,000	40,934,884
<b>Total Liabilities</b>		<u>1,138,853,633</u>	<u>1,063,506,910</u>
<b>NET ASSETS</b>			
Fund Balance		-	-
<b>Total Liabilities and Reserves</b>		<u>1,138,853,633</u>	<u>1,063,506,910</u>

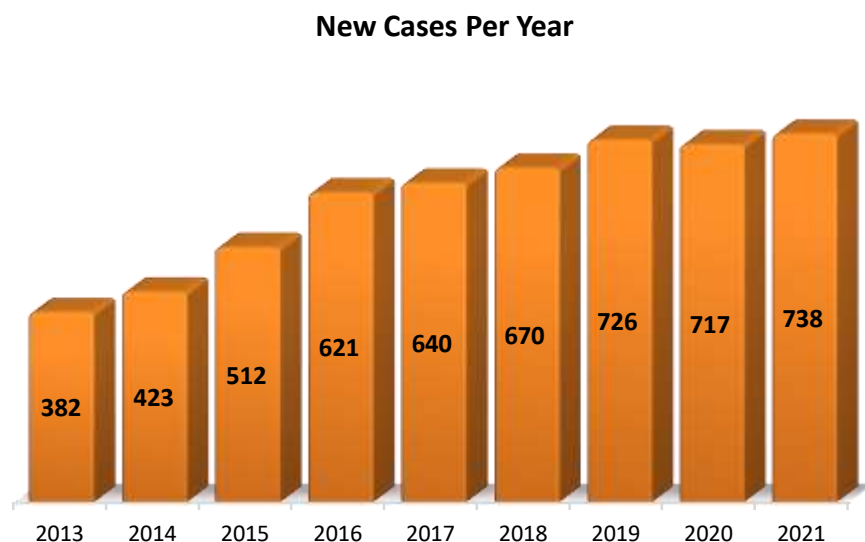
### Financial Position

	2021 TZ S	2020 TZ S
<b>Assets</b>		
<b>Non-current Assets</b>		
Property and Equipment	220,077,046	299,548,313
Intangible Assets	2,439,011	1,522,371
	<u>222,516,057</u>	<u>301,070,684</u>
<b>Current Assets</b>		
Inventory	682,577,880	481,493,160
Receivables	124,141,405	115,906,900
Cash and cash equivalents	109,618,291	165,036,166
	<u>916,337,576</u>	<u>762,436,226</u>
<b>Total Assets</b>	<u>1,138,853,633</u>	<u>1,063,506,910</u>
<b>Liabilities and Reserve</b>		
<b>Liabilities</b>		
Payables and accruals	184,351,392	351,039,239
Deferred Grant	942,502,241	671,532,787
Deferred Asset	12,000,000	40,934,884
<b>Total Liabilities</b>	<u>1,138,853,633</u>	<u>1,063,506,910</u>
<b>NET ASSETS</b>		
Fund Balance	-	-
<b>Total Liabilities and Reserves</b>	<u>1,138,853,633</u>	<u>1,063,506,910</u>





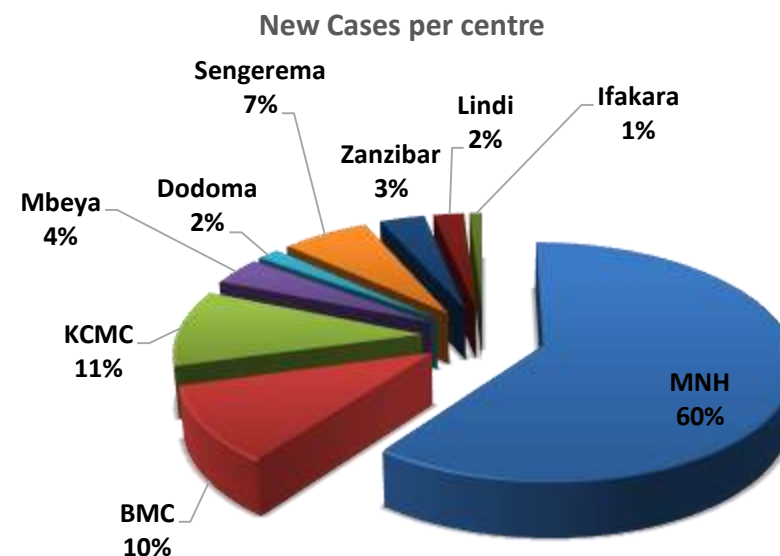
**2021**  
**IN**  
**NUMBERS**



**Diagram 1: New Childhood Cancer cases at the centers over the Years 2013-2021**

New childhood cases have been gradually increasing over the years and these has been largely due to the new centers that have partners with TLM over the years. This has enabled more children to be reached closer at their locality.

The year 2021, we saw additional 737 new children coming in for treatment, this also meant previous children were also continuing with treatment.

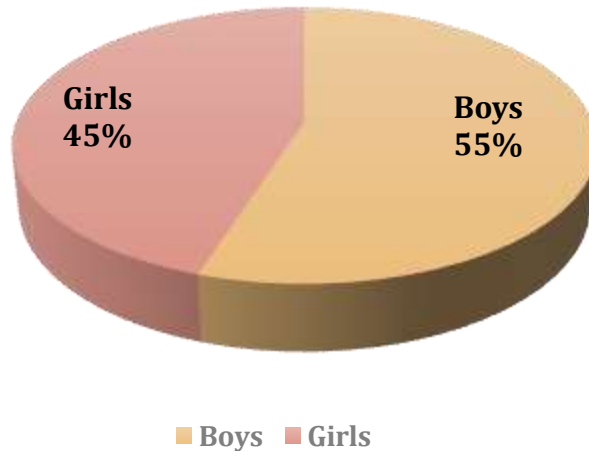


**Diagram 2: New Cases seen at partner centers in the Year 2021**

From the diagram 2, Muhimbili National Hospital continues to receive more new patients being the biggest tertiary hospital providing specialized care and treatment services compared to the other hospitals followed by KCMC and Bugando Medical Hospital.



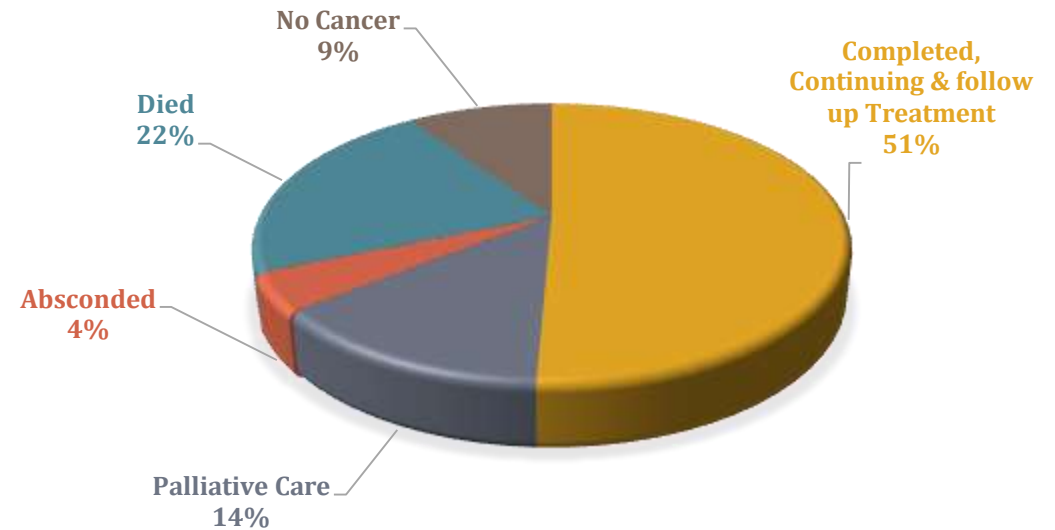
### Year 2021



**Diagram 3: New Childhood Cancer Cases seen by Sex Year 2021**

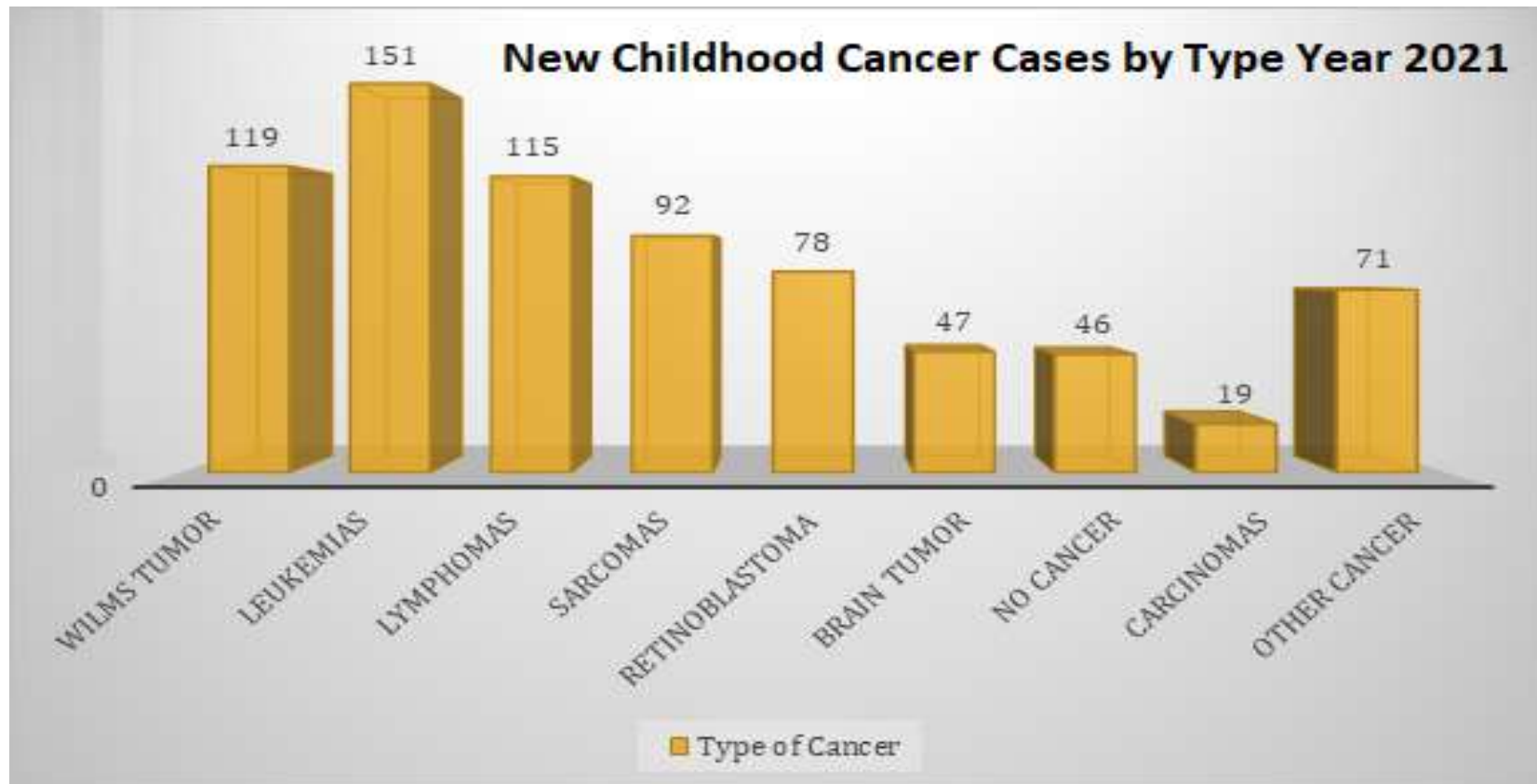
New cases in terms of Male and Female children admitted for childhood cancer treatment. Boys have a slightly greater percentage compared to girls.

### 2021, 1 YRS CHILDHOOD CANCER TREATMENT OUTCOME



**Diagram 4: Childhood Cancer Treatment outcome for the Year 2021**

New cases in terms of Male and Female children admitted for childhood cancer treatment. Boys have a slightly greater percentage compared to girls. And this has been the trend over the past 5 years

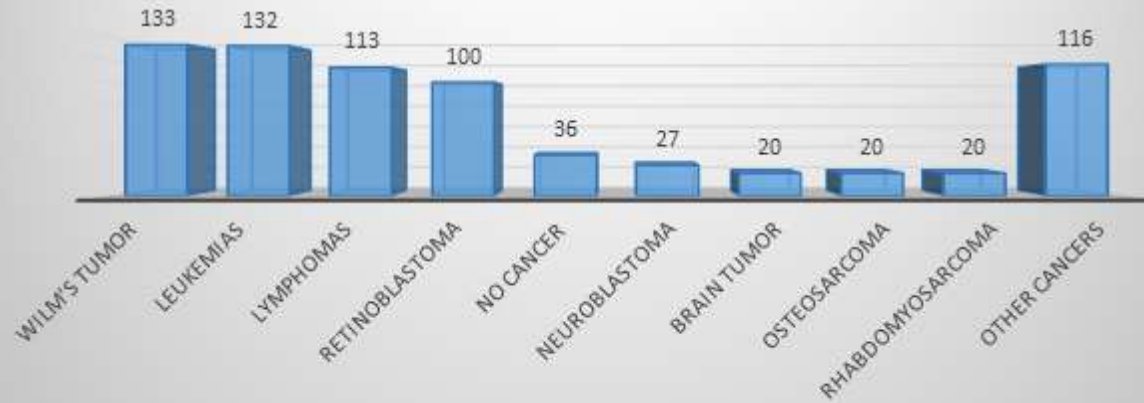


**Diagram 5: Childhood Cancer Type for the Year 2021**

Leukemias and Wilms tumor still remain the most common form of childhood cancer over the years followed by Lymphomas, sarcomas and Retinoblastoma. These type of childhood cancer remain in the top 5 childhood cancer seen at the hospital over the years. The most common Leukemias are B-Cell 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.

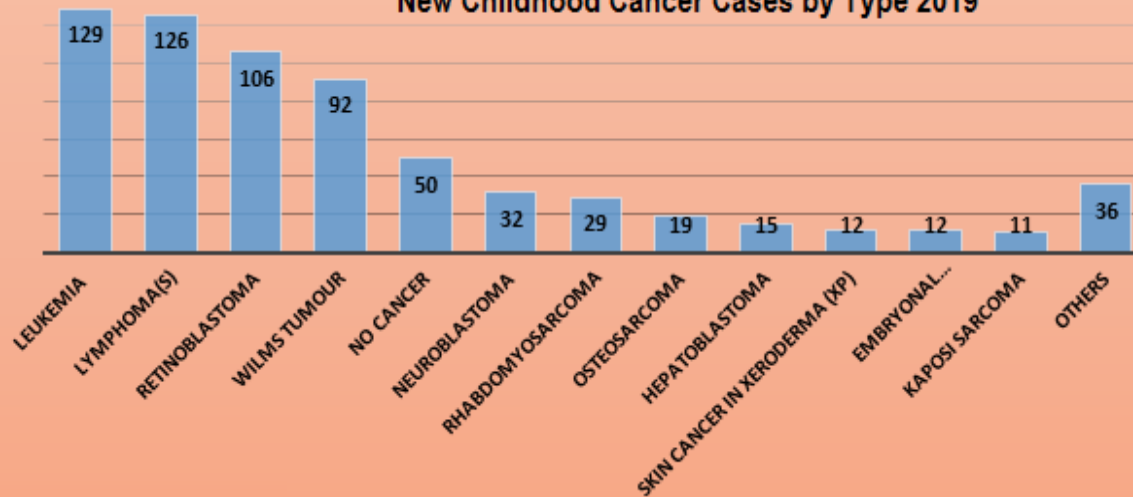


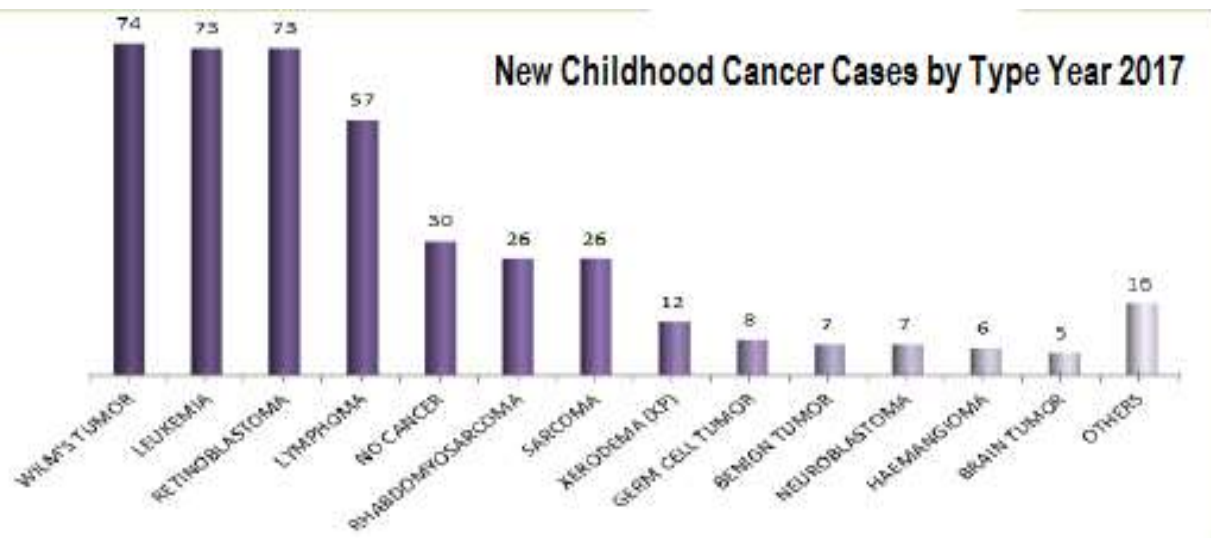
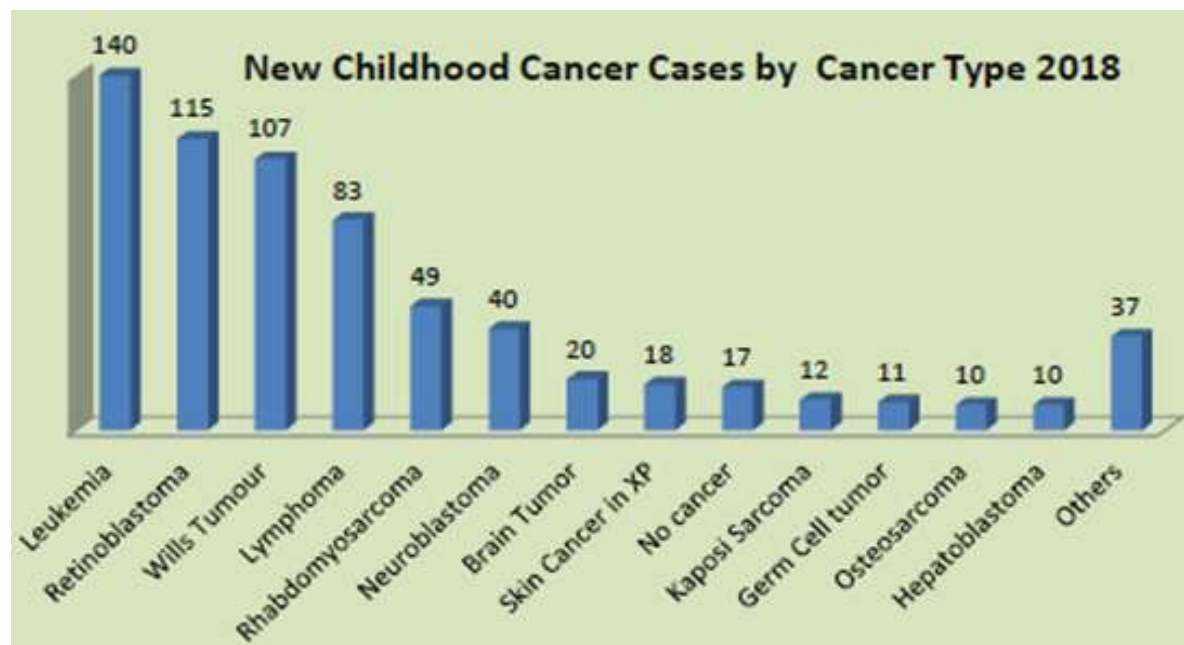
### New Childhood cancer cases by type Year 2020



From 2017 to 2021, the top 5 cancer types seen that are most prevalence in children are Wilm's Tumor, Leukemias, Lymphomas and Retinoblastoma.

### New Childhood Cancer Cases by Type 2019







## PERFORMANCE INDICATOR SUMMARY

	INDICATORS	Sub- indicators	ACHIEVEMENT		5 YR TARGET	% ACHIEVEMENT TO DATE	NARRATIVE
			Baseline	FY 2021			
1	Survival rate for childhood cancer increased.				65%		
1.1	Quality of care improved across the NCCN		8	11	20 New NCCN partner sites	55%	
1.1.1	Sites signed the partnership MOU		1	8	20 New NCCN partner sites	40%	
1.1.2	Increased medical staff with pediatric oncology expertise	# of short Outreach Training courses	5	0	20 trainings	0%	
		# Masters level Haem/onco related Students supported by TLM	4	0	5 students	0%	
		# Nurses completed Intensive TLM Paeds Onc Nursing Certificate Courses	12	7	30 nurses	23%	
		# Basic Life Support courses	14	0	5 courses	0%	
		# Flow Cytometry Courses	8	0	5 courses	0%	
1.1.3	Medical staff can properly identify Early Warning Signs, EWS, of common childhood cancers and refer patients accordingly	# EWS & referrals training for Level 1 sites	3	1	10 trainings	10%	
		# of NCCN sites participating in weekly remote support meetings	5	7	10 sites	70%	
		# Non NCCN contacted & information shared pre-patient transfer to NCCN sites	11	3	120 contacts	3%	
		# new children treated	717	737	>1,200 children	61%	
		# of children continuing with treatment from previous years	TBA	459			
		% Patient referred through NCCN	141	456	100% of children from NCCN sites	62%	
		% Patient referred independent of NCCN	600	281	0% from NCCN sites	38%	
1.1.4	CleverCancerCare apps at all Sites	Supportive technology infrastructure agreed and in place at MNH	0	n/a	1	0%	Completed within 2 years
		#CleverChart Application (App) (build completed)	0	n/a	1 App	0%	1 app within 2 years in place
		# CleverChemo App (Build to be completed in year 1)	0	n/a	1 App	0%	
		# of Level 2 & 3 NCCN sites trained & using CLEVER CHEMO App	0	1	2 sites	50%	
		# of Level 2 & 3 sites trained & using CleverCharts app	0	1	3 sites	33%	
1.1.5	Secure medical supply lines in operation	# MOU Contracts entered with suppliers	5	7	>5 supplier contracts per year	100%	To safeguard prices and supplies, facilitating central drug procurement
		# Sites (all levels) pharmacist, doctor and two supporting staff trained on TLM medication stock management	2	4	All active NCCN sites	37%	All NCCN sites receiving chemotherapy within 2 years
		# NCCN Site trained on safe chemotherapy handling with available supportive technology – i.e Cold chain, reconstitution, safe disposal	4	8	All active NCCN sites	72%	All NCCN sites receiving chemotherapy within 2 years
		Value of chemotherapy, medications & other consumables delivered to NCCN sites.	TBA	0.7 bill			
1.1.6	Partner sites equipped with chemotherapy equipment and consumables supported by TLM.	# chemo hood machine per (wish) Centre (Level 2 & 3)	1	1	1 site	100%	
		# of NCCN sites with PPE in place.	1	3	10 sites	30%	

	INDICATORS	Sub- indicators	ACHIEVEMENT		5 YR TARGET	% ACHIEVEMENT TO DATE	NARRATIVE
			Baseline	FY 2021			
		# NCCN sites with Cold chain boxes & temperature loggers available for all medical shipments	0	7	All NCCN sites	63%	
1.1.7	Adequacy of Chemotherapy drug supply	# of chemotherapy stock-outs	No data	2	0		
		# of children affected	No data	144	0		These where Leukemia patients affected
		# drugs involved & Length of delay	No data	2	0		IT Hydrocotizone – more than 2 months IT Cytarabine- 2 weeks
1.1.8	Drugs stock management platform	Quickbooks drug stock management system in place	0	1	1	100%	
1.1.9	Diagnostic services supported by TLM	Access to diagnostic and Minimal Residual Disease (MRD) analysis by flow cytometry	2	2	1 diagnostic flow machine 1 Local MRD flow capacity		1 FACS CANTO at MNH for diagnosis; All MRD assessment at CHI Dublin
		# of samples processed by TLM	631	270	15% increase in samples (matching increase in children seen and Sites added)		
		# of total samples transported locally	171	160	Across all NCCN sites 100% antibody support for central pathology specimen review at MNH		
		# of total samples transported internationally	460	390			
		# of samples with TLM Immunohistochemistry (IHC) support (NCCN)	171	0			TLM not supporting, another donor
		# of diagnostic flow samples supported	140	195			
		# of flow HPLC (High Performance Liquid Chromatography Lab supported	0	12			
		# of MRD flow tests	130	65	100% antibody support flow diagnostics and MRD for TLM supported machines (Will document numbers involved)		
1.1.10	Presentation Delays:	Family delay (average first symptom to first hospital)	3-6 month	3-6 month	<1 month	0%	
		Referral delay (average time from first hospital to appropriate 2 weeks' treatment site)	2 months	2-3 month	<2 weeks	0%	
		Diagnostic Delay: (Average time from arrival at treatment site to diagnosis – 2 weeks	4 weeks	2 weeks	<2 weeks	70%	
		Treatment delay – 2/7 (Average time from diagnosis to first treatment)	2 days	1 day	0 days	50%	
		Time from date of initial admission to partner site to enrolment in the NCCN programme (1-3 days, 1-2 weeks etc)	4 months	2 weeks	All Sites in partnership <1 week per child (5 years) for max 2 in 5 years	50%	
		# Avg of hospitals visited prior to NCCN site per patient	4	2	1 hospital	50%	



	INDICATORS	Sub- indicators	ACHIEVEMENT		5 YR TARGET	% ACHIEVEMENT TO DATE	NARRATIVE
			Baseline	FY 2021			
		Level 1-4 Sites: - # Children supported with transport to / from their treatment site	184	273	50% increased support per year		
1.1.1 1	TLM Nutrition Support	Reduce malnutrition rate at the Sites at presentation by improving access	40%	66%	30%	0%	
		# of kids who are treated for SAM/MAM/ Undernutrition	29	184	All cases	100%	
		# of kids who had SAM and recovered within 1-3months	19	121	All cases		
		# of kids who had MAM and recovered within 4 weeks	10	84	All cases		
		% of new children presented at NCCN in need who are supported with NHIF	246	247	% of new children presented at NCCN in need who are supported with NHIF	65%	
1.1.1 2	TLM psychosocial Protocol support	# of patients at NCCN supported with Transport to treatment sites	1	78	All level-3 Sites in partnership		
		# Sites with onsite access to TLM Psychosocial & educational support manuals	1	1	All Level 3 Sites within 2 years		
		# Sites with access to outpatient hostel	3	4	All level 3 & 4 sites		
		# of Sites with Playtherapy/ childlife manuals	1	1	All level 3 sites		
		# of Sites conducting Parents education program using the TLM Parents handbook	1	1	All level 3		
		# of special projects implemented	1	0	5 projects		
1.1.1 3	TLM special Projects	Parents Skills shop Project	TBA	TBA			
		# of tenders received by craft skills Parent Shop					
		Kids Social outing Project	0	0		n/a	Covid Restrictions

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### ADVOCATE

Join TLM on advocating for free childhood cancer treatment

Share important advocacy from TLM online, sms & emails.

### VOLUNTEER

TLM relies on volunteers to support the work we do. For information, visit [www.wearetlm.org/Volunteer](http://www.wearetlm.org/Volunteer).

### FUNDRAISE

Start your own fundraising campaign to support TLM and the children we serve

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## ANNEX I

### NEW CHILDHOOD CASES SEEN FROM PARTNERS CENTERS OVER THE YERs

OUTREACH CENTERS BY NEW CASES (2018 – 2021)					
REGION	NAME OF CENTER	2018	2019	2020	2021
Dar es Salaam	Muhimbili National Hospital	449	479	429	445
Mwanza	Bugando Medical Center	94	116	107	77
Arusha & Moshi	Kilimanjaro Christian Medical Centre & Arusha Medical center	67	80	81	78
Mwanza	Sengerema Hospital	34	29	52	49
Mbeya	Mbeya Regional Hospital & Baylor Group	20	7	6	28
Dodoma	Dodoma University Hospital	7	1	21	12
Zanzibar	Mnazi Mmoja Hospital	7	1	9	25
Lindi	Sokoine Hospital	0	0	12	17
Ifakara	St. Gasper Hospital	0	0	0	7
	<b>TOTAL</b>	<b>678</b>	<b>713</b>	<b>717</b>	<b>738</b>



## ANNEX II

### NEW CHILDHOOD CANCER CASES TYPES TREATED IN THE YEAR 2021

New Cases seen 2021 (Type of Cancer)	MNH	DODOMA	BMC	SENGEREMA	MBEYA	MNAZI	KCMC	LINDI	ST.GASPER	TOTAL
NEPHROBLASTOMA & Wilm's Tumor	70	5	19	6	9	4	6	0	0	119
Retinoblastoma (RB)	54	0	9	7	1	0	4	1	2	78
Neuroblastoma (NBL)	19	0	4	3	0	3	3	0	0	32
Hepatoblastoma	4	0	1	0	0	0	1	0	0	6
Hodgkin Lymphoma (HL)	42	1	10	2	1	2	6	0	1	65
Burkitts Lymphoma (BL)	25	2	2	6	0	1	5	0	0	41
Lymphoma	3	0	1	1	1	0	1	0	0	7
Non-Hodgkin lymphoma (NHL)	1	0	1	0	0	0	0	0	0	2
B-CELL ALL	33	2	1	0	3	4	8	0	0	51
Leukemia	32	0	0	0	1	1	1	0	0	35
Acute Myeloid Leukemia (AML)	20	0	1	1	1	2	8	0	0	33
T-CELL ALL	11	0	2	0	2	0	7	0	0	22
Brain Tumor	35	0	4	1	0	4	3	0	0	47
No cancer	9	2	2	16	0	2	4	11	0	46
Other Sarcomas	30	0	4	2	1	0	6	0	0	43
Osteosarcoma	15	0	2	0	0	0	2	0	0	19
Kaposi Sarcoma	0	0	2	1	6	0	1	0	0	10
Erwings Sarcoma	4	0	0	1	0	0	0	0	0	5
Squamous cell carcinoma- Xeroderma	9	0	0	0	0	0	0	2	0	11
Nasopharyngeal carcinoma (NPC)	2	0	0	0	0	0	0	0	0	2
Adeno carcinoma	1	0	0	0	0	0	0	0	0	1
Germ Cell Carcinoma	1	0	0	0	0	0	0	0	0	1
Other Carcinomas	1	0	3	0	0	0	0	0	0	4
Rhabdomyosarcoma (RMS)		0	6	0	1	0	3	0	0	10
Alveolar rhabdomyosarcoma	8	0	0	0	1	0	0	0	0	9

New Cases seen 2021 (Type of Cancer)	MNH	DODOMA	BMC	SENGEREMA	MBEYA	MNAZI	KCMC	LINDI	ST.GASPER	TOTAL
Embryonal Rhamdomyosarcoma (ERMS)	6	0	0	0	0	0	0	0	0	6
Acute Lymphocytic Leukemia (ALL)	2	0	1	0	0	0	3	0	0	6
Chronic myelogenous leukemia (CML)	2	0	0	0	0	1	1	0	0	4
Sacroccocygeal terratoma	3	0	0	0	0	0	0	0	0	3
Others Cancers	3	0	2	2	0	1	5	3	4	20
No diagnosis	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>445</b>	<b>12</b>	<b>77</b>	<b>49</b>	<b>28</b>	<b>25</b>	<b>78</b>	<b>17</b>	<b>7</b>	<b>738</b>

## ANNEX III

NEW CHILDHOOD CANCER CASES SEEN OVER THE YEARS FROM DIFFERENT REGIONS IN TANZANIA

