



TLM 2017 ANNUAL REPORT

Contents

<i>Message from the Chief Executive Officer.....</i>	<i>ii</i>
SECTION 1: About Tumaini La Maisha.....	2
SECTION 2: Our Year.....	3
2017 Highlights.....	4
SECTION 3: Fundraising & Income.....	7
2017 Financials	8
Income Sources for the year 2017	9
Our staff are so important.....	9
Efficiency Indicators.....	9
TLM Support Service Indicator.....	10
Statement of Financial Position 2017	10
SECTION 4: Operation Highlights.....	11
CLINICAL SERVICES.....	11
Supporting paediatric cancer services at MNH.....	11
Creating the National Network of Collaborative Paediatric Oncology Centres.....	11
NON-CLINICAL SUPPORT.....	12
Ujasiri Hostel (A home away from home).....	12
Play therapy and Child-life programme.....	12
Education of Professionals and provision of specialist services.....	13
Outreach: follow-up and awareness.....	14
Strengthening and Growing the TLM NGO.....	14
SECTION 5: 2017 in numbers.....	15
New Cases.....	16
Types of childhood cancer treated.....	17

Nutrition Programme.....	18
Annual Occupancy at Ujasiri Hostel.....	18
Outreach Programme.....	19
Play therapy & Child life.....	19
Transport Programme.....	19
SECTION 6: Partners & Friends	21
SECTION 7: TLM Board Members.....	22
DIAGRAMS	
Diagram 1: Income in Million over the years.....	8
Diagram 2: Income Sources.....	9
Diagram 3: Programme Expenses.....	9
Diagram 4: Efficiency Indicator.....	9
Diagram 5: Categories of staff.....	10
Diagram 6: TLM Volunteers.....	10
Diagram 7 & 8: Statement of Financial position.....	10
Diagram 9: New cases over the years.....	16
Diagram 10: New cases by sex 2017.....	16
Diagram 11: New patients by region.....	17
Diagram 12: Outcomes of Cancer Treatment.....	17
Diagram 13: The 6 common childhood Cancer types treated.....	18
Diagram 14: Outreach numbers cording to centres.....	19
Diagram 15: Transport Support Areas.....	19



SECTION 1: ABOUT TLM

Section 1: About Tumaini La Maisha Tanzania

Tumaini la Maisha Tanzania in English it means 'Hope for Life' is an NGO dedicated to caring for children with cancer and their families and provides both clinical and non-clinical supportive services.

Our Vision is for all children with cancer in Tanzania have easy access to locally based high quality curative and palliative treatment leading to survival outcomes similar to resource rich settings.

The Sub-Saharan region of African is largely made of very young and very deprived populations. Unlike resource rich countries where cure rates of 85% are

expected for all children with cancer, the success rate in poor regions is closer to 5%! East Africa is no exception to this story but with a dynamic team of passionate

Our Mission being to work within the National health frame work in Tanzania, in providing continuing medical education for local professionals, implementing programs to deliver top quality care, both medical and psychosocial, and extending our-reach until all children with cancer in Tanzania have been reached.

Our Goal is that all children living in Tanzania who develop cancer are diagnosed in a timely fashion to enable treatment with curative intent and have appropriate access to good quality pediatric oncology services.

and skilled experts, (comprising of Government officials, NGO's, CBO, Foundations, Medical institutions, private companies and individuals)

are fighting to change this scenario in Tanzania.





SECTION 2:

Our Year

Section 2: Our Year

2017 Highlights

Over the last 10 years TLM and its founders have supported medical and non-medical services for kids undergoing treatment. Most recently TLM's sights have been directed nationally to try to bring the quality of services available in Dar es Salaam to across the



country. All of this is supported by TLM at no costs to the kids or their families. The vision and goals achieved will be explained in the following sections. This year we served 620 cases (new and existing children) who attended our services were provided medical care and treatment free of charge at MNH. This was made possible largely thanks to the remarkable commitment of the management and medical team at Muhimbili National Hospital, who provide approximately 70% of the required services to this group of patients; together this team ensures that will reach our goal.

This year we made a big milestone while at the same time learning along the way. We managed to secure a long term chemo and other drug donor IHP UK, who will be sourcing drugs from pharmaceutical manufactures all over Europe for us. After a long and complicated procedure which was made complicated as it was our first time to try to clear such a large bulk of chemotherapy drugs imported from abroad.

We did manage to clear the drugs, and the cancer patients benefitted from it, the Muhimbili National Hospital as well as Ocean Road Cancer Institute that caters to adult cancer patients, KCMC, Bugando and Sengerema and all these strengthened our outreach programme as well as. Thank you so much IHP for your donation. The first of many we hope.

This year Dr. Sean Rooney, Chief Haematology lab

Section 2: Our Year

scientist from Crumlin Children's hospital in Ireland, made his presence felt again by coming over to Muhimbili National Hospital, with much needed lab supplies and to meet the wonderful child he helped to save his life on his visit last year 2016



TLM has recently started collaborating with the brain surgery department in Muhimbili National Hospital and we are very glad we did.

Since this expansion we've met and helped remarkable children like Issa who always brings a breath of sunshine from his infectious smile and a very strict Swahili teacher to Dr. Trish.

Teenagers programme was officially launched this year. The teenage patients a challenging group to entertain, took interest in music, acting and some life skills lessons. A teenagers programme launched).

Elizabeth who is one of our Clown Doctors graduated from our Yoga Teacher Training program held at Yoga for Wellness Tanzania and now the brave children with their parents get specialist yoga sessions at the paediatric oncology department at Muhimbili National Hospital.



TLM managed to send on Oncology Nurse to annual SIOP Africa conference in



Marrakech Miss. Annette Kiteni, who also got a chance to make a presentation, on Paediatric Oncology which

was deemed one of the outstanding presentation made in the conference.

This year childhood cancer day was held in February, whereby through support from the business community, friends and partners we were able to take out the kids from the hospital to a sports ground where they played, danced and ate, while at the same time creating awareness on childhood cancer.

In addition on Retinoblastoma awareness week, we joined hands with the hospitals' eye clinic in raising awareness on retinoblastoma

We were privileged to have a group of rising upcoming ambassadors from Readers Rabbit Primary School, Mzizima primary & Secondary school International School of Tanganyika (IST), Haven of Peace. But these fantastic young people have already shown so much kindness as they have one numerous fund raising activities to raise much needed lifesaving funds for children with cancer.



Others have donated their time to come teach and play with their fellow kids at the hospital

We are very grateful to our dear friends this shows that a lot of childhood cancer awareness is reaching schools through students and visitors

who stop by the Ujasiri hostel to spend time with the kids.

This year we witnessed great fund raising initiatives and one notably crazy, outstanding fund raising events such as the Kilimanjaro Marathon Run to raise much needed funds for

Tumaini la Maisha/Their Lives Matter.



A horseback ride in western Namibia with the Namibia horse Safari team under Andrew - a ride from the great dune sea (central Namib) to the Sperrgebiet- about 320 km in 7 days-to raise funds for Their Lives Matter **Euro 1,042.50**





SECTION 3: Fundraising & Income

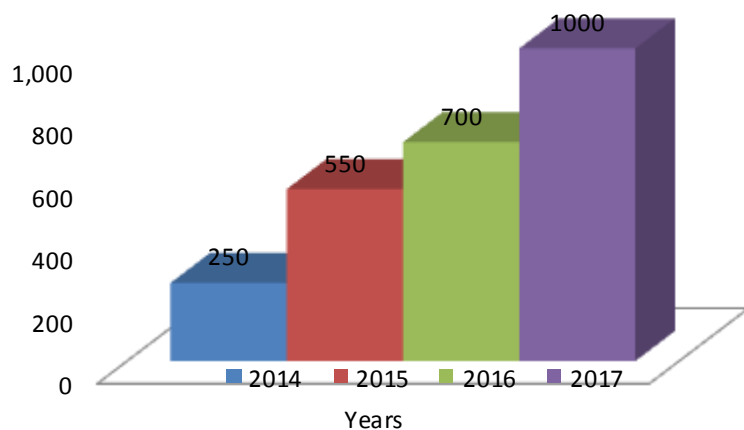
Section 3: Fundraising and Income

2017 Financials

This financial year has been a successful one with the organization now growing its financial base and experience. AN this year yet again our friends and advisors Mekconsult Auditing firm, where on-board again to audit our books and gears in the correct financial practices and operations. So we can continue to provide the best services to the children with cancer in Tanzania. In this section we will highlight on what is happening or going on, in terms of financial sustainability of the organization, its efficiency and effectiveness. Taking into account the following: do we have the money needed to continue serving the kids tomorrow as well as today, do we serve as many kids possible with the existing resources at the lowest possible cost and are we managing our money responsibly.

This year we were privileged to have an increase in the number of funds received from donors and partners. A total amount of grants and donations received was Tshs. 1,033,948,305

Diagram 1: Income in Million over the years



Income Sources for the year 2017

The funds came from a variety of sources and this will be grouped into 4 main categories, funds from other Non-profit Organizations, funds from Corporate / business grants and Donated goods & Services.

The project expenses will be divided into medical expenses and non- medical expenses. The funds located to project expenses and staff expenses comprised only of **10 %** of the total costs.

Diagram 2: Income Sources

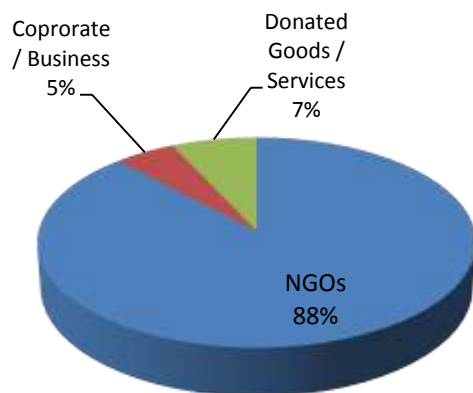
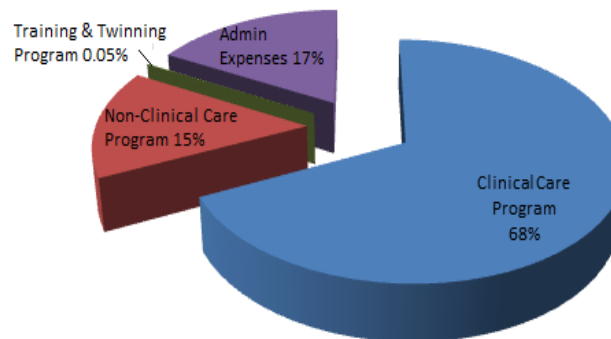


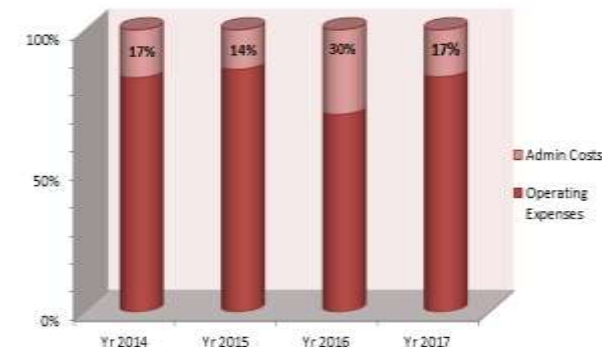
Diagram 3: Programme Expenses



Efficiency Indicators

This section will highlight the portion of the total Income allocated to Children with cancer and their families. For the year 2017 TLM efficiency indicator was at 83%. This serves to indicate that TLM managed to use less than 17% of total revenue for 2017 on administration costs, while the rest of the costs went to the children directly. Over the years as shown in Diagram 4, this has been changing in 2015 it was at 83% an increase of 3% from the previous year 2014 and for the following years 2016 at 70% and year 2017 at the 83% benchmark.

Diagram 4: Efficiency Indicator



Our staffs are so important

This year we had additional staff that came on board, increasing the number from 19 in year 2016 to 25. 4 Nurses, an accountant and a donor manager. This was brought about due to a immerse shortage of medical staff at the Hospital so we had to hire temporary nurses until the shortage is managed.

Diagram 4 & 5 figure shows the distribution of the human resources in different departments. For volunteers we had medical and non-medical volunteers who participated in the program, some on long term and short term basis.

Diagram 5: Categories of staff

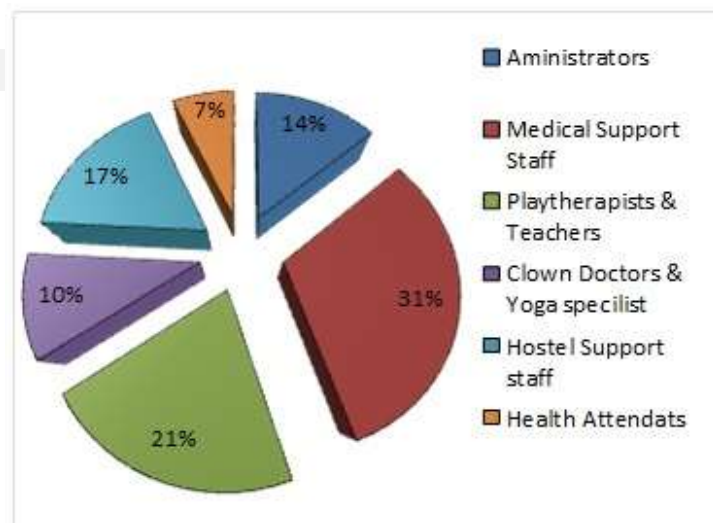


Diagram 6: TLM Volunteers

Medical Electives	Clinical Volunteer	Non-medical Volunteer	Categories
11	0	3	Students
0	7	0	Doctors
0	12	1	Professional
0	0	1	Others

TLM Support Service Indicator

The costs involved in the treatment of childhood cancer vary a lot; depending on the diagnosis; TTLM contribution to treatment costs and care per child is on average is approximately at Tshs. **655,185** per year.

By looking back in the years, 2014 new cases of 423 were supported by the project and in year 2015 this figure had risen to 512 new cases which is a percentage increase of 17%, year 2016 the figure rose to 621 an increase of 21%. This year 2017, it remained approximately the same with 620 new cases see Diagram 7.

Statement of Financial Position 2017

Diagram 7 & 8 shows TLM's financial position for the year 2017. Since there is no shareholder and there is no equity share capital in Non for profit organizations, net asset in this report indicates the total number of donation fund which we have received from donors in the year 2016 and 2017.

Diagram 7: P & L Statement

	2017 TZS	2016 TZS
INCOME		
Restricted Funds	721,493,612	519,114,280
Unrestricted Funds	264,777,590	189,816,455
Donated Goods and Services	47,677,103	33,556,691
	1,033,948,305	742,487,426
EXPENSES		
Clinical Care Program	678,835,532	422,320,662
Non Clinical Care Program	148,406,911	187,665,689
Training and Twinning Program	498,980	35,393,237
Admin Expenses	173,619,455	139,291,009
	1,001,360,878	784,670,597
(Deficit)/Surplus	32,587,427	(42,183,171)

Diagram 8: Financial Statement

	2017 TZS	2016 TZS
ASSETS		
Non-current Assets		
Property and Equipment	9,665,000	22,195,141
Intangible Asset	1	1,753,480
	9,665,001	23,948,621
Current Assets		
Inventory	21,750,700	-
Receivables	112,615,250	-
Cash and cash equivalents	187,618,544	149,761,494
	321,984,494	149,761,494
Total Assets		173,710,115
LIABILITIES		
Current Liabilities		
Payables and accruals	125,351,956	-
	125,351,956	-
NET ASSETS	206,297,538	173,710,115
EQUITY		
Accumulated Fund	206,297,541	173,710,115
Total Equity	206,297,541	173,710,115



SECTION 4:

Operation Highlights

Section 4: Operation Highlights

CLINICAL SERVICES

Supporting paediatric cancer services at MNH

This year we were happy to have a confirmation of receiving grant for the building and equipping the Paediatric Intensive Care Unit at Muhimbili National Hospital, and we are currently in the early stages of signing the MoU and engaging suppliers for the equipment's to be purchased in the coming year.



We also received our first shipment of medication from IHP, UK; this has enabled the children to continue receiving medication at no cost. We have also found

a new drug supplier from Germany with quality affordable generic medicines and order for drugs have been placed, these agreements are to continue for the next coming years.



We have made major steps in strengthening the laboratory services especially pathology, specialist haematology and microbiology services which has greatly improved the early diagnosis and supportive care for child

patients. By the establishment of the paediatric Leukemia diagnostic services, we have access to minimal residual disease testing for Leukemia children, rapid accurate testing for Burkitt's Lymphoma at the national hospital using FNA flow assessment. And we continued with the special pathology service access for all challenging paediatric cases through the twinning partner in Crumlin hospital in Dublin, Ireland.

Creating the National Network of Collaborative Paediatric Oncology Centres

The National framework of Paediatric Oncology centres was underway during the year; we continued to partner with KCMC Hospital in Mwanza, Bugando and Sengerema hospitals in Mwanza. Through this partnership, we were able to coordinate and offer advice and support to all hospitals in the network, through virtual platforms and weekly conference calls

whereby each child was discussed by a specialist panel of experts. A total number of 417 children were discussed. In addition we procured and issued chemotherapy drugs to all these centres free of charge.

A standardised national medical and nursing treatment guidelines for implementation on all paediatric oncology wards is now being introduced and used across the centres, and currently it is under review at the National Level.

We have started a scientific Nutritional assessment and support tool designed locally for all children with cancer at participating centre, its currently being tried out at the Muhimbili National Hospital as a pilot, thereafter it will be introduced to the other centres.

NON-CLINICAL SUPPORT

Psycho-social support for children on treatment and their caregivers at Muhimbili National Hospital was conducted; all children and their parents or caregivers received counselling upon arrival, during and after treatment. And

this year teenage group activities were officially started with special sections set aside for them. This year play therapy program, education and child life activities continued successfully.



Ujasiri Hostel (A home away from home)

Our home away from home hostel throughout the period was occupied at 100%, by the long staying patient with their parents/ caregivers. Whereby the kids and patients enjoyed extra activities which included weekly yoga sessions, sports outing, cinema and beach trips and skills programme for the children and parents



Play therapy and Child-life programme

Our Play therapy program has been supplemented by the addition staff of 3 lovely and funny Clown doctors and a remarkably flexible yoga instructor.

Thus Yoga this year took off with great success; the kids have been given daily

Section 4: Operation Highlights

sessions of Yoga along with their parents and all TLM staff. The kids love yoga



sessions. This came about after one clown doctor attended 100 hours training and another clown doctor who is currently enrolled for yoga classes both sponsored in full by our friends at Yoga for Wellness, in Dar es Salaam, Tanzania.

A patient pathway story books was finally published and now the kids use it during their child life programme, to orient them on what to expect during their treatment.

Transport to and from the hospital was provided to all patients which enables the kids to come to the hospital as soon as possible and start their treatments.

Education of Professionals and provision of specialist services

Both Formal and informal training were conducted in this period both locally and internationally to all staff involved in the care and treatment of children with cancer in Tanzania; 2 Advanced Paediatric life support programmes, paediatric early warning Score programme.



Our twinning programme this year between Muhimbili National Hospital and Our Lady's Children Hospital in Crumlin, Dublin continued with much success.

We are planning on putting in place a nursing certificate course to be run at the Muhimbili National Hospital, this year we were to able finalize the nursing certificate course syllabus and submitted to MNH for official approval.

The lab scientist training is still going on this year and we have planned for the next coming a visit from Lab scientist from Our Lady's children hospital in Crumlin Ireland. And we were also able to submit 2 grant proposal for pathology training and we are waiting for their response.

This year the twinning programme with OLCHC and MNH continued with its regular activities and quarterly meetings throughout the year. And weekly Tumor board meetings attended by paediatric oncologists, surgeons, radiologists and radiotherapy specialists were carried out.

Outreach: follow-up and awareness

General awareness programme was conducted through interview sessions with all families attending services at the hospital to understand and access the roadblocks that they faced up to the point of reaching at the oncology centre.

Strengthening and Growing the TLM NGO

We continued to support the professional development of all TLM staff and grow our team as required. In the year 2017, a fund raising manager was employed to lead this drive. This has led to a significant increase in successful grant applications. In addition we also hired procurement and supplies officer as well as a project accountant; with these additions the programme structure has been strengthened thus ensuring that the services we offer lead to achieving our vision is for all children with cancer in Tanzania have easy access to locally based high quality curative and palliative

treatment leading to survival outcomes similar to resource rich settings.



Fundraising for programme activities were carried out. In addition online fundraising platform is now up and running with options for Euro and GBP donations, while for TZs a mobile M-PESA account has been set up for fundraising.

Strengthen the fundraising activities based in Tanzania; we increased partners, charities and donors significantly this year. Operation Child Life – a surgical training and service NGO; IMA – a charity supporting Burkitt's Lymphoma Services; Molly's Network – an NGO governance

strengthening organisation. The Lions and Rotary Clubs of Dar es Salaam and many others and we worked closely with our sister charities in Ireland and the UK and expand our footprint to other countries.

Our three charity entity this year made great progress, TLM UK became fully registered and TLM Ireland – still processing registration.



We also recognised the importance of digital engagement and increased our dialogue and reach through social media. Our Facebook following has increased to over 1,000 followers and likes.



SECTION 5:

2017 In Numbers

Sectional 5: 2017 in Numbers

New Cases

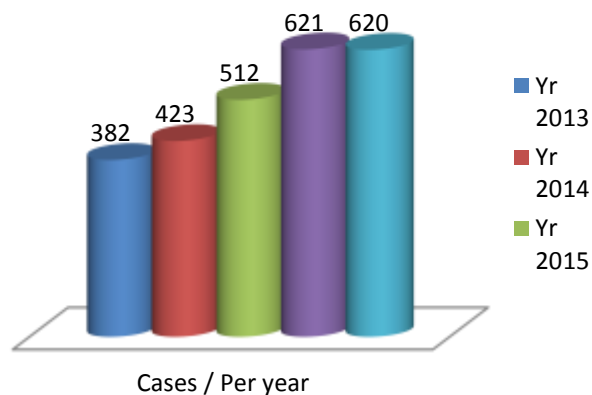
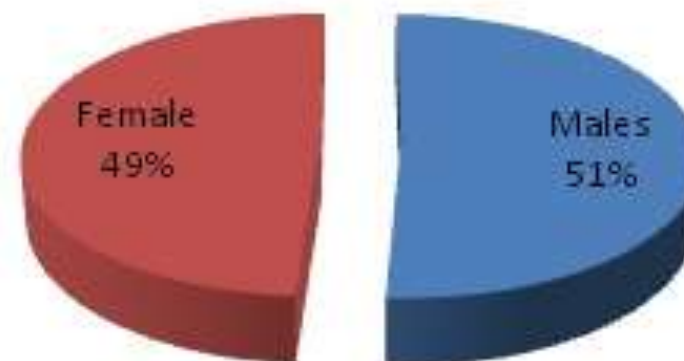


Diagram 9: New cases over the years

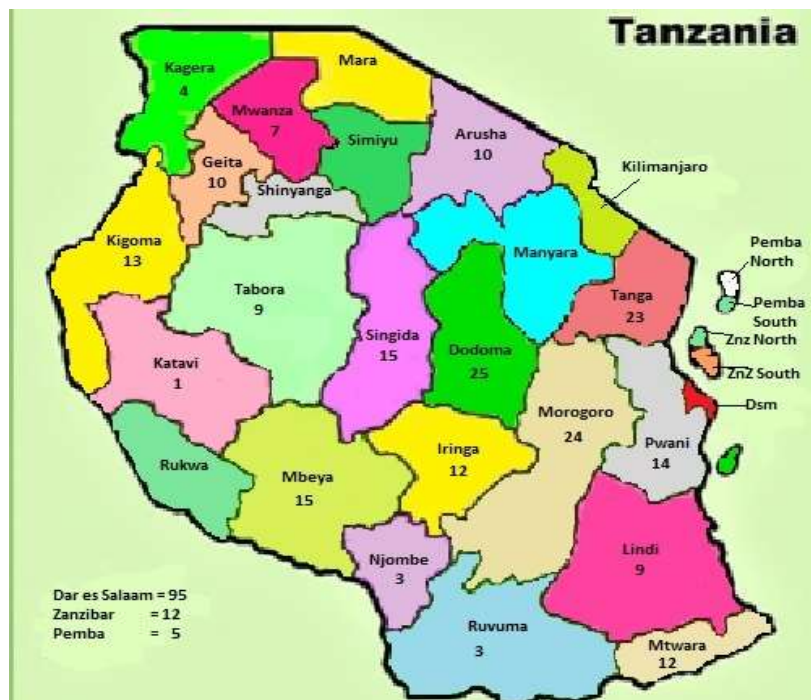
New cases have been rising, but in the year 2017, the number had dropped slightly. Now more and more cases are being managed by the outreach centres, through our outreach program, thus reducing the number who would have otherwise had to come over to Muhimbili national hospital to be treated. Muhimbili national hospital saw 417 new cases, followed by KCMC with 102 new cases, Bugando with 81 and Sengerema 70 new cases. Out of the total new cases 33 were found not to have cancer.

The number of new cases in terms of Gender, the males have surpassed female by a small percentage, the number of males being at 51%, while for girls at 49%, which is similar to the previous year's (2016), the percentage of girls was 45%, thus this year there has been an increase of 4%, while for boys a slight drop of 4%. More and more girls are now being brought for treatment which is a positive move, while for boys the trend has gone down.

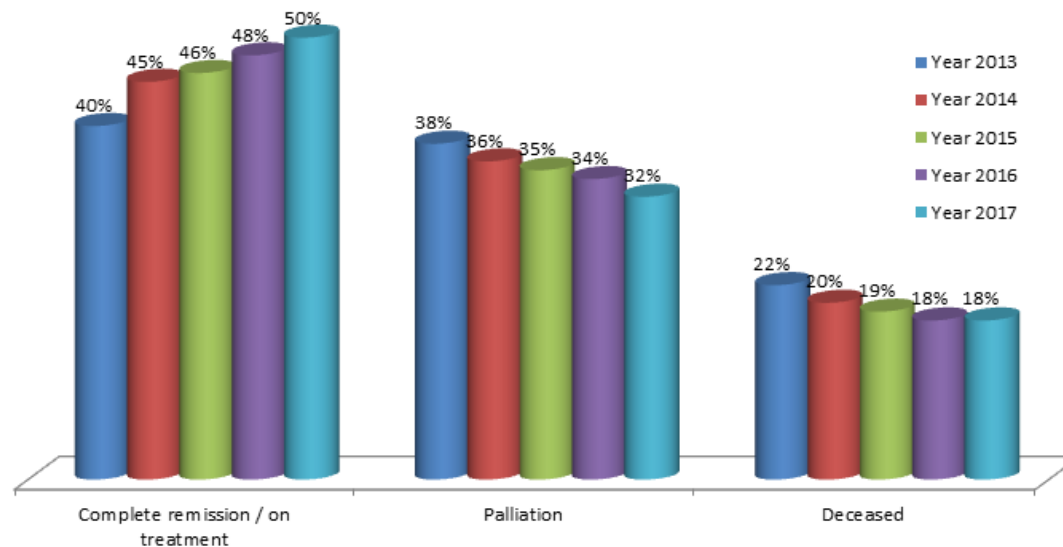
Diagram 10: New cases by sex 2017



TYPES OF CHILDHOOD CANCER TREATED

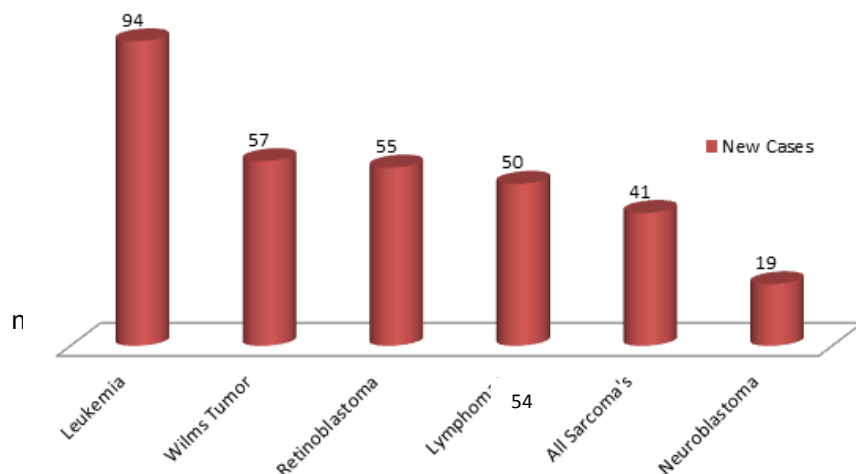
**Diagram 11: New patients by region**

The new patients according to the areas they come from in Tanzania, a large number continues to come from Dar es Salaam, the capital city and where the Muhimbili National Hospital is located, followed by Dodoma, Morogoro and Tanga respectively. Compared to last year (2016), Dodoma has increased while Morogoro and Tanga have decreased slightly. The regions with the smallest number of referrals are Katavi and Njombe and Kagera. These are the same regions as identified in the year 2016 with the smallest number of referrals.

**Diagram 12: Outcomes of Cancer Treatment**

In the year 2015 we have had a total of 512 new cases at Muhimbili National Hospital in the year 2016 there were 621 of new cases, which is an increase of 21% from the previous year while this year 2017 its 620. In addition the number of children who are on treatment and complete remission is increasing over the years. For kids who are on complete remission or still on treatment has increased by 2% from 2016 to 2017, while the number of kids going on palliation has decreased 2% and for the ones who passed away has remained the same.

Diagram 13: The 6 common childhood Cancer types treated



The most common new cases of childhood cancer we treated this year were Leukemia followed by Wilm's Tumor and Retinoblastoma. But we had a challenging year with lots of different and sometimes rare conditions presenting, such as Yolk sack tumor.

Nutrition Programme

Nutrition program has now become a vital support to the children with cancer we serve due the children's growth, development and weight gain/maintenance has significantly improved, which has led to higher tolerance of chemotherapy treatment and recovery, and the kid love the smoothies. All children where provided with nutritional intake 3 times day. A total number of more than 600 kids including those attending clinic drank the smoothies.



Annual Occupancy at Ujasiri Hostel

Ujasiri Hostel continued this year to host children and their parents or caregivers during the period of their treatment, with a 100% occupancy rate. Not child and family was turned away, and the hostel also hosted a small of kids who are not cancer patient but have other ailments.



Outreach Programme.



Currently we are approaching three centres, Mnazi Mmoja (Zanzibar), Dodoma University Hospital and Mbeya Regional Hospital to expand the network. We have our representatives health professionals in the stated centres who provides the related support in terms of identifying the sick children and assist with treatment initiation.

Play therapy & Child life

Therapy programmes have been strengthened and more kids are now involved in the play therapy programmes, and a new programme is been set up specifically for teenagers.

Counselling and palliative care Programmes are progressing well.

Diagram 15: Transport Support Areas



Transport Programme

Transport program has been expanding throughout the country; we are now able to provide transport free of charge to all the patients from all over the country to come to the hospital and back home.

We were able to provide transport to more than 100 children with their care givers over this period. The region that had majority of children receiving transport support was from Moshi, Mwanza and Sengerema.



SECTION 6:

Partners

&

Friends

Section 6: Partners & Friends In the Year 2017





SECTION 7:

TLM

Board
Members

Section 7: Board Members

TLM BOARD MEMBERS



Board Chairperson
Dr. Blandina Robert Lugendo



Board Treasurer
Mr. Gerald Romualo Mongella



Board Member
Ms. Dixita Dewji



Board member
Dr. Patricia Scanlan



Board Member
Dr Julius
Mwaiselage



Board Member
Dr. Ntuli
Malecela Mwele