



Tumaini La Maisha

CARING FOR CHILDREN WITH
CANCER IN TANZANIA

2022 ANNUAL REPORT

TUMAINI LA MAISHA TANZANIA



Our INSPIRATIONAL STORY

One inspirational story is about a 16-year-old teenager from the southern part of Tanzania. In November 2021, her left eye began to swell, so her mother took her to the nearby hospital. After eight days of antibiotic treatment, her eye showed no improvement. Her mother decided to bring her to the regional hospital, which was three hours away, for a second opinion. The doctors there took a biopsy and sent it to the NCCN hub, where a diagnosis of rhabdomyosarcoma (cancer) was confirmed. In February 2022, Abistina and her mother agreed to have the local doctors remove her diseased eye.

After the diagnosis, it was decided that the remainder of Abistina's treatment should be undertaken in Dar es Salaam at MNH, which was a 15-hour bus ride away. Mama Abistina was a sensible woman who had understood and agreed with the treatment so far. However, she had no savings to her name, and the cost of the treatment seemed utterly impossible and terrifying. Moreover, she had a little baby whom she was still breastfeeding, which made it even harder to manage. She despaired, thinking that there was no option but to watch her first-born die.

Thankfully, the local doctors had a different opinion, as they knew of the supports available and reassured Mama Abistina that everything would be okay. TLM paid for travel costs, chemotherapy, health insurance, and nutrition supplements, while MNH covered all the hospital costs. Furthermore, her baby was welcome to stay with Abistina during the treatment. It seemed too good to be true to Mama Abistina, but she began to hope again.

In February, the little family took the long journey to MNH. Abistina needed chemotherapy and radiotherapy for over six months. She was incredibly strong and brave, and much of her treatment was possible from the Ujasiri ('Brave') hostel. There, she attended the daily TLM school program, and her mother joined the skills class. Now, her mother can sew clothes, and Abistina hopes to come and train as a nurse one day at MNH. They are all at home now on follow-up.



IMPACT OF YOUR CONTRIBUTION

We continued to ensure that no Child is left behind in accessing and obtaining high quality treatment on a time in the year 2022



2 STAFF

Received 3 outstanding achievement recognition were awarded to our executive management and board member



We were featured in a lifestyle magazine cover

1

One of our wonderful survivors has graduated and joined the TLM team as a Youth coordinator.



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CHAIRPERSON'S WELCOME NOTE

Dear Friends,

I am writing to reflect on the significant strides our organization has made throughout this pivotal year, both in terms of childhood cancer treatment and our commitment to research. The focus we have placed on understanding and improving the treatment of childhood cancer has been instrumental in our progress.

Amidst our endeavors, we also took a moment to pause and reflect upon our strengths, identifying areas in which we excel. With this valuable insight, we have formulated a future plan that centers on amplifying these efforts, ensuring we make an even greater impact in the lives of the children we serve.

One of our core objectives is to empower patients and their caregivers. We recognize the profound impact that comprehensive support and guidance can have on the journey of those affected by childhood cancer. By providing them with the necessary resources and a nurturing environment, we aim to empower them to face the challenges head-on and thrive in their battle against this disease.

Looking ahead, TLM is steadfast in its commitment to become the leading childhood cancer organization in the fight against this devastating illness. Our dedication and unwavering spirit have earned us the title of #TogetherWeCan, as we tirelessly work towards finding a cure for childhood cancer.



On behalf of the board, I express my gratitude for your continued support and unwavering belief in our mission. It is through collective efforts and collaboration that we can bring about positive change in the lives of these courageous young individuals.

Together, let us forge ahead with determination, resilience, and compassion, knowing that every step we take brings us closer to a world where childhood cancer mortality is a thing of the past.

With warm regards,

Dr. Gerald Mongella

LETTER FROM THE CEO



Am honoured to state the progress made towards achieving our five-year project goal of attaining at least a 65% survival rate for all children diagnosed with cancer within five years. As per our 5-Year Strategic Plan for 2021 to 2025, this report covers the activities and advancements made during the second year of implementation.

To achieve our objective, we have focused on two key strategies: bringing treatment closer to the children's localities and enhancing the healthcare providers' capacity to diagnose and treat cancer.

Regarding the first strategy, we have made substantial strides in decentralizing cancer treatment facilities. By establishing partnerships and satellite centres in various regions, we have ensured that children have easier access to treatment, reducing the time

between diagnosis and commencement of therapy. This proactive approach aims to minimize delays and increase the chances of successful outcomes.

Furthermore, we have invested in strengthening the abilities of healthcare providers in identifying, diagnosing and treating childhood cancer. We have conducted targeted training programs, workshops, and knowledge-sharing sessions to enhance their skills and knowledge base. By empowering healthcare providers with up-to-date information and effective treatment protocols, we are equipping them to provide comprehensive and timely care to children battling cancer.

Throughout the second year of implementation, we have witnessed encouraging results. Our survival rate for children diagnosed with cancer after five years has shown a steady increase, reaching 55% as of Dec 2022. While we acknowledge that there is still work to be done, we are inspired by the positive impact our initiatives are making on the lives of these resilient young patients.

Moving forward, we remain committed to the successful execution of our 5-Year Strategic Plan. We will continue refining our strategies, engaging in further research, and collaborating with stakeholders to ensure we reach and surpass our target of a 65% survival rate within the designated timeframe.

In conclusion, I would like to express my gratitude to the entire team for their dedication, passion, and relentless efforts towards our shared vision. Together, we are making a tangible difference in the lives of children diagnosed with cancer, providing them with hope, support, and the chance for a brighter future.

Thank you for your unwavering support, and I look forward to sharing more updates on our progress in the coming months.

Dr. Trish -CEO

VISION, MISSION AND VALUES



Vision:

No child in Tanzania suffers or dies unnecessarily from cancer.

Mission:

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

Goals

All children living in Tanzania who develop cancer:

- Are diagnosed in a timely fashion to enable treatment with curative intent.
- Have appropriate access to good quality paediatric oncology services.
- Shouldn't live no more than 4 hours away from a participating National Children's Cancer Network site

Values

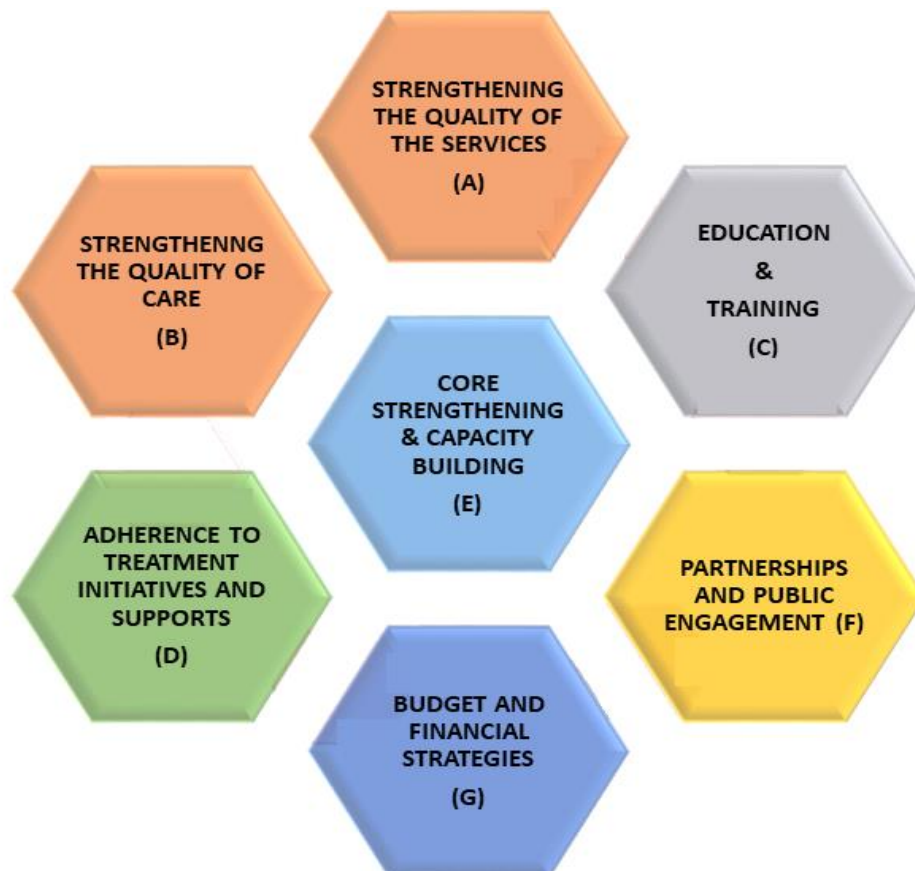
- **Commitment** – to reach and provide free treatment to every child with cancer in Tanzania.
- **Excellency** – to provide the highest quality of care and to use all available resources effectively and efficiently.
- **Partnership** – to work continuously in collaboration with the Ministry of Health, 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.

OUR EIGHT PROGRAMMATIC AREAS

Saving Lives

Our five-year project goal is to achieve at least a 65% survival rate for all children diagnosed with cancer after five years. This goal will be achieved by bringing treatment closer to the children's localities, enabling them to receive early treatment, and by strengthening the healthcare providers' ability to diagnose and treat cancer. This year marks the second year of implementing our 5-Year Strategic Plan for 2021 to 2025

WE INVESTED EXPERTISE AND FUNDING IN THE FOLLOWING AREAS



TLM ACROSS TANZANIA





**STRENGTHENING THE
QUALITY OF THE
SERVICES**

A

NATIONAL CHILDREN'S CANCER NETWORK (NCCN)



This year, we made significant progress in streamlining our partnerships with other hospital centers. We achieved this by signing an official Memorandum of Understanding (MoU) with both existing and new centers, resulting in a total of eight hospitals within the NCCN network having signed MoUs.

The signing of these MoUs has been instrumental in providing numerous benefits to the participating hospitals. By becoming part of the NCCN network, these hospitals have gained access to a range of valuable resources and support. This includes access to advanced diagnostics, specialist pediatric oncology opinions, transportation services, chemotherapy facilities, and National Health Insurance Fund (NHIF) cards.

The inclusion of these hospitals in our network has expanded our reach and strengthened our ability to provide comprehensive care to a greater number of children diagnosed with cancer. By pooling our resources and expertise, we can offer enhanced services and treatment options to ensure the best possible outcomes for young patients.

OUTREACH TRAINING

The training conducted at the hub, MNH, encompassed various areas. This included

oncology pharmacy and nutrition training at KCMC, as well as lab/flow cytometry training at MNH and KCMC. Furthermore, the medical teams from the three new partner sites underwent a two-week practical training program at MNH. Additionally, we provided support to a lab scientist working at MNH at a master's level, with their training scheduled to commence in the upcoming year.



Furthermore, medical staff at 10 district and regional hospitals in Dar es Salaam received a one-day workshop focusing on early warning signs (EWS) of common childhood cancers. This workshop resulted in the referral of over 70% patients, surpassing our planned target for the year. All existing NCCN partner hospitals held weekly remote support meetings throughout the year.

In terms of patient statistics, the period saw 956 new children receiving treatment, out of which 456 were referred through the NCCN network. Additionally, over 2,000 children continued their ongoing treatment. However, accurately tracking these patients has proven challenging without the CleverCancerCare App, which is still under development. The exact number or percentage of children in palliative care during this period is 10%, which may vary compared to previous years. Our objective remains to

decrease this number, as well as reduce the number of deaths.

TLM CleverCancerCare APPS

This application serves a dual purpose, encompassing the automate protocol-based chemotherapy prescriptions/treatments known as CleverChemo, as well as an Electronic Medical Records System called CleverCharts EMRS. These applications have been meticulously developed over the years with the intention of implementing them at our partner center hospitals as part of a social enterprise initiative.

The potential impact of these apps is profound, as they have the ability to revolutionize the

delivery of cancer services for both children and adults, particularly in the most vulnerable regions of the world. Presently, we are engaged in discussions with the Ministry of Health and other governing bodies to establish the necessary procedures and obtain permits for the utilization of these applications.

Through collaboration and regulatory approvals, we aim to integrate CleverChemo and CleverCharts EMRS into the healthcare systems, ensuring that their benefits can be harnessed to improve patient care, enhance efficiency, and advance the field of cancer treatment.





**STRENGTHENING THE
QUALITY OF CARE**

B

Access to quality chemotherapy and supportive care medications



During the reporting period, we achieved significant milestones in securing reliable suppliers for chemotherapy drugs. A total of seven suppliers were successfully contracted to provide these vital medications, complemented by the generous donations received from our supporters at Direct Relief. This strengthened our ability to ensure a consistent and reliable supply of chemotherapy drugs.

To enhance the management of medication stocks, we conducted comprehensive training on the TLM Medication Stock Management Standard Operating Procedures (SOP) at one site. The training involved key medical personnel, including a pharmacist, doctor, and two supporting staff members. The focus of the training encompassed crucial aspects such as storage practices, regular stock checks, and central drug procurement processes.

Efforts were made to reinforce the security and integrity of our medicine supply lines by implementing the use of cold chain boxes. These specialized containers were employed to maintain the temperature-controlled transportation of sensitive medications. Furthermore, we successfully dispatched chemotherapy drugs with a total value of 31,015,800 TZS to our partner hospitals within the NCCN network. The Hub MNH, alongside KCMC and BMC, continued to serve as centers

equipped with chemohood machines, facilitating the accurate and safe constitution of drugs.

To ensure the proper handling of temperature-sensitive medicines during transportation, we provided cold chain boxes and temperature loggers to 11 partner sites in the NCCN network. Additionally, staff members at these sites received training on the effective utilization of old boxes to maintain the integrity of cold chain medicines.

Diagnostic services supported by TLM



Our primary focus is to enhance access to diagnostic services and conduct Minimal Residual Disease (MRD) analysis through flow cytometry. To achieve this, we took several steps to improve the quality of care for pediatric oncology patients. At KCMC, we repurposed a Fac Canto machine originally used for AIDS testing. We serviced and upgraded it to enable its use in running flows specifically for pediatric oncology cases. This allowed us to expand our diagnostic capabilities and provide more accurate MRD analysis.

We facilitated the transportation of 510 MRD flow samples. Due to limitations in local

processing capabilities, it was necessary to transport these samples to appropriate facilities where advanced MRD analysis could be conducted. Through effective coordination and logistics, we ensured the timely and reliable transportation of these samples, allowing for accurate MRD analysis for pediatric oncology cases. We aimed to improve their performance and reliability for accurate MRD analysis.

Nutrition Support



Our objective is to reduce the malnutrition rate at presentation to 30% by improving access to nutrition intervention. During the period we

focused on providing support and resources to enhance nutrition interventions at the hub MNH, and we recently initiated similar interventions at KCMC Hospital.

We made significant progress in reducing the malnutrition rate at MNH. Our efforts surpassed the initial target of 30%, as we successfully lowered the malnutrition rate to 20%. This achievement is a testament to the effectiveness of our nutrition interventions and the dedication of our team. At KCMC, the nutrition intervention program has just been initiated, and it is still in the early stages of implementation. We are confident that with the same level of commitment and resources, we will achieve positive results in reducing the malnutrition rate at KCMC as well. As for the other centers within the NCCN network, we have yet to begin the nutrition interventions during the reporting period. However, we remain committed to expanding our nutrition support to these centers in the near future. By extending our interventions to more sites, we aim to have a broader impact on reducing malnutrition rates among pediatric oncology patients.



**EDUCATION
&
TRAINING**

C

OUTREACH TRAINING AND LAB TRAINING



The outreach trainings were conducted in the Dar es Salaam region, targeting medical teams and social workers from 10 referral hospitals in the area. The main objective of these trainings was to raise awareness and educate participants about the early warning signs of childhood cancer. The participating hospitals included Mwanyamala Hospital, Amana Hospital, Kigamboni Hospital, Mabwepande Hospital, Mbagala Rangi 3 Hospital, Mnazi Mmoja Hospital, Temeke Hospital, and Vijibweni Hospital. Through these outreach trainings, our aim was to provide healthcare professionals and

social workers with the necessary knowledge and skills to identify early signs of childhood cancer. This, in turn, enables early detection and timely referral of children to the nearest NCCN site, which in this case is Muhimbili National Hospital.

Additionally, we conducted lab training sessions towards the end of the year. These training sessions were held at Muhimbili National Hospital and KCMC hospital in Moshi, targeting lab technicians and scientists. The focus of the training was to enhance their expertise and proficiency in laboratory procedures specific to pediatric oncology. By providing comprehensive lab training, we aimed to ensure accurate and reliable diagnostic services for pediatric cancer cases.

Both the outreach training and lab training initiatives played a crucial role in equipping healthcare professionals, social workers, lab technicians, and scientists with the necessary knowledge and skills to improve early detection, referral processes, and laboratory diagnostics in the field of pediatric oncology.



**ADHERENCE TO
TREATMENT
INITIATIVES AND
SUPPORTS**

D

In the year 2022, we made significant strides in providing support to patients through various initiatives. Firstly, we offered NHIF insurance support to 443 patients who were covered by the Toto Afya card. This assistance ensured that these patients had access to necessary medical coverage and financial support during the period of their treatment

In addition, we recognized the importance of ensuring that patients could reach their treatment sites without barriers. To address this, we supported 420 patients within the NCCN network by providing transport to and from their respective treatment sites. This enabled them to receive timely and uninterrupted care.



Regarding psychosocial and educational support, MNH remained the sole NCCN partner site with access to the TLM manuals we provide. Our strategic plan aimed to make these manuals accessible to all level 3 sites by the second year of the plan. Although this goal was only partially achieved, we have taken steps to make the manuals available on our website. This allows all centers to access and utilize the valuable psychosocial and educational resources we offer.



Furthermore, we strived to ensure that level 3 and 4 sites had access to outpatient hostels. By 2022, there were 4 partner hospital sites with their own outpatient accommodations. This accommodation support facilitates convenient and comfortable stays for patients during their outpatient treatments, reducing the burden on them and their families. Moving forward, we will continue working towards expanding access to the TLM psychosocial and educational support manuals to all NCCN partner sites. Additionally, we aim to establish outpatient hostels at more sites, enabling a greater number of patients to benefit from this valuable service.



Overall, our efforts to provide NHIF insurance support, transportation assistance, and access to psychosocial resources and outpatient hostels have been instrumental in enhancing the overall care experience for pediatric oncology patients within the NCCN network.



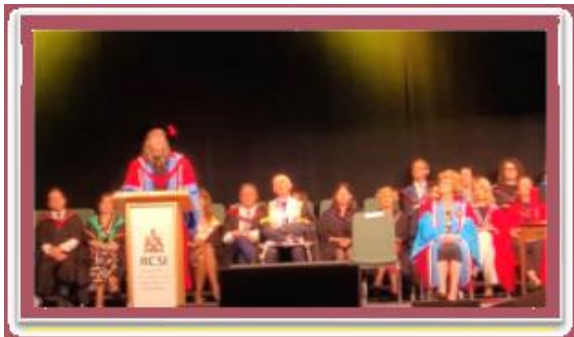
CORE STRENGTHENING & CAPACITY BUILDING

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taff training remained a priority this year, with our team attending the Fund Raising School at the Indiana University Lilly Family School of Philanthropy. Through our partnerships with St. Jude Children's Research Hospital and the American Lebanese Syrian Associated Charities (ALSAC), we were able to offer five certificate courses in fundraising principles, effective marketing for fundraising, and financial analysis for nonprofit leaders. Additionally, the ALSAC Global Scholar Program provided opportunities for our staff, volunteers, and board members to further enhance their knowledge and skills.

We were honored to be selected for the FAST Accelerator Series program after a rigorous application process. This program featured innovative African startups focused on scaling the African health system and improving the survival rate of children with cancer.



Both our CEO, Dr. Trish Scanlan, and our Board Chair received honorary doctorates. Dr. Trish Scanlan received this recognition from the Royal College of Surgeons, while our Board Chair received the honorary doctorate from another university. Furthermore, Dr. Trish Scanlan was acknowledged and awarded by MUHAS (Muhimbili University of Health and Allied Sciences) during the 8th MUHAS Symposium for her exceptional efforts in childhood cancer treatment.



We celebrate this year the graduation of Kelvin Kashiija, a leukemia survivor, who completed his Bachelor's degree in Education. We are delighted to employ Kelvin as the Youth Coordinator at TLM, and we congratulate him on his achievement.



We were fortunate to have Kate, a dedicated volunteer from Ireland, join us during this period. She worked closely with the TLM management team as part of her volunteering program, contributing to our mission and initiatives.



Lastly, we would like to recognize the outstanding contributions of Dr. Chambega Mhina and Winfrida Mwigune, who were awarded the Staff of the quarter accolade. Congratulations to both of them for their hard work, dedication, and unwavering commitment to putting children first in everything they do.

This year, we have welcomed numerous new partners who have joined forces with us to provide care to children with cancer. Additionally, our public engagement activities have significantly increased compared to last year.

We were delighted to receive a much-anticipated visit from our long-term friends and supporters, Wings of Support. Not only did they pay us a visit, but they also generously donated medical supplies and gifts for the children. Their consistent support, which occurs almost every month, is truly appreciated and makes a significant difference in the lives of the children under our care.



We also had the pleasure of welcoming the Farheens Foundation as new friends. They generously offered to cover the cost of health insurance for 33 children through the Toto Afya program. Their support ensures that these children have access to essential healthcare services, providing them with the necessary medical coverage and financial assistance during their treatment journey.

Another remarkable partnership was with WentWorth Africa Foundation, who fundraised for us as part of the childhood cancer project in Tanzania. Their efforts helped provide much-needed support for childhood cancer patients in Tanzania.



EZ Living Interiors came up with a wonderful idea for their stores across Ireland to sell products made by parents and caregivers located at the skills TLM Ujasiri shop. They also offered personalized Christmas messages from Santa online, which was a huge success.



We continued to be supported by Kilimarathon, a charity organization. The funds raised by the runners participating in the marathon went to one of our NCCN partner sites, KCMC, to support the care and treatment of children with cancer at the center. We are grateful to all the runners, including the incredible Dr. Kheri Tungaraza, Annika Milisic, Kate Barlow, Alex Kaijage, Benard, Alistidia Albogast, Eliwangu Mlaki, and Trish Scanlan, who participated in the marathon and half marathon, raising much-needed funds for our precious patients.



We also received visits from ORCA, represented by Rebecca Framp and Andrew Kashangaki, CSR Manager at Pan Africa Energy, who have been supporting childhood cancer services. Additionally, we were honored to welcome representatives from the Irish embassy in Tanzania during the year.



Our first-ever TLM Supporters Night, FRIENDS OF TLM gathering at the Seacliff Hotel, was a HUGE success! It provided a platform for creative ideas and inputs on how we can improve our fundraising initiatives and increase TLM's visibility.



We were featured in the March issue of Dar life Magazine, with wonderful stories dedicated to all the brave little warriors fighting childhood cancer.



This year, our campaigns included the 3rd Bid For Life fundraising campaign, featuring over 190 beautiful creative pieces from all over the world. Bidding for these pieces supports children's cancer services in Tanzania and the little warriors we treat every day. It was a tremendous success.



Additionally, we had an artist-in-residence program sponsored by Killruddery, featuring our very own Mr. Vensa Temu, a local Tanzanian artist. He had the opportunity to create new work with Dublin-based artists and had his solo exhibition at the drawing school in Dublin. We are grateful to Lady Ardee and Killruddery for providing this grand opportunity to a Tanzanian artist.

We had our first ever TLM Radiothon #NibebeCampaign (Carry me campaign) with the aim of raising funds and awareness, since it was

our first campaign we were not able to raise much funds, but sure enough the awareness was raised thanks to UFM station 107.3FM who gave us free air time to carry out the campaign.

IWD virtual event. It was truly an amazing and insightful session. For anyone who missed it, you can watch the event through this link.

Tanga Festival - great turnout of over 250 kids!!
Let's continue to join hands to fight cancer because kids can't fight cancer alone.

BUDGET AND FINANCIAL STRATEGIES

G



BUDGET AND FINANCIAL STRATEGIES

Income over the years

INCOME TSHS. (IN MILLIONS)

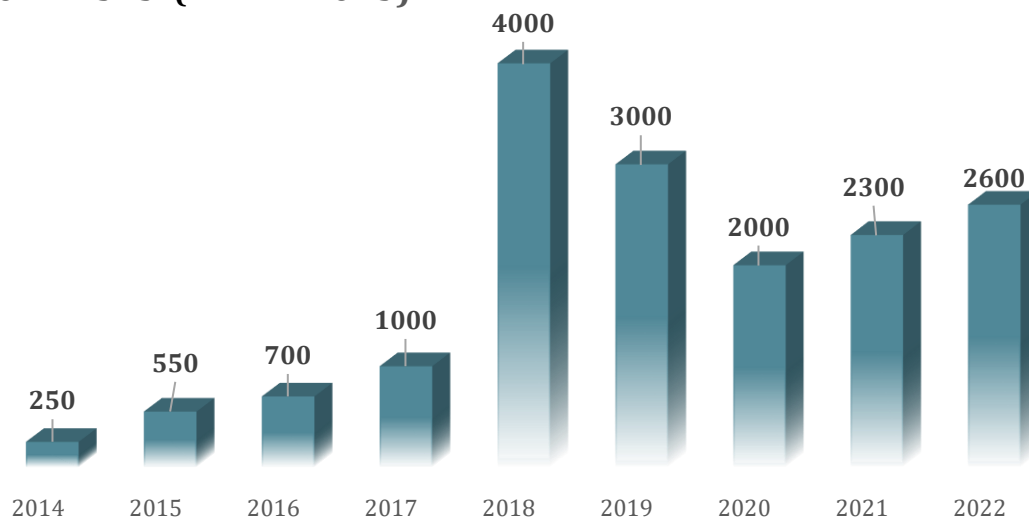


Diagram 1: Donor Contribution Growth over the years in Millions

This year we were privileged to receive from donors and partners a total amount of grants and donations of Tshs. **2,649,599,786/-**. This figure has remained similar to the one in year 2021 with only a slight increase (see diagram 1). 2018, still remains the year with the most income received over years as during that period we had major capital inputs for the construction projects that included construction and equipping of PICU and NICU at Muhimbili National Hospital and we have not had similar projects again. HLB MEKONSULT continued their support this year. 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. While for Expenses diagram 2 Clinical Program expenses took majority of the costs.

DONATION COMPOSITION 2022 VS 2021

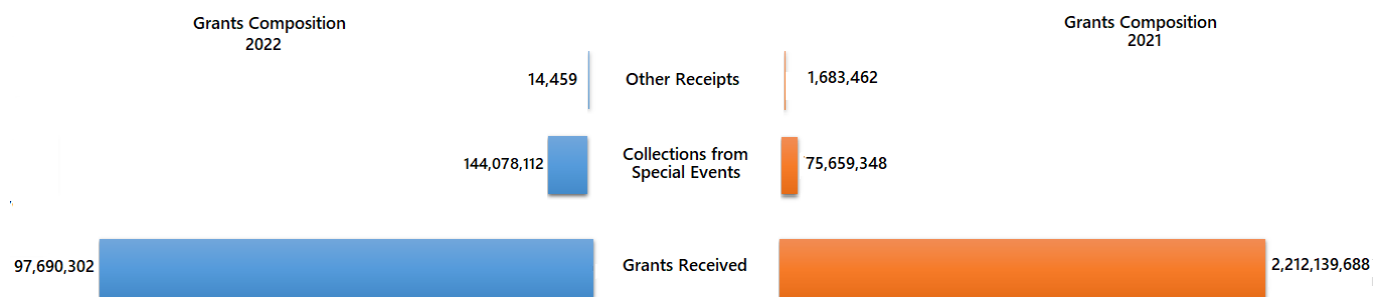


Diagram 2: Donation breakdown composition 2022 vs 2021

REVENUE EXPENDITURE 2022 VS 2021

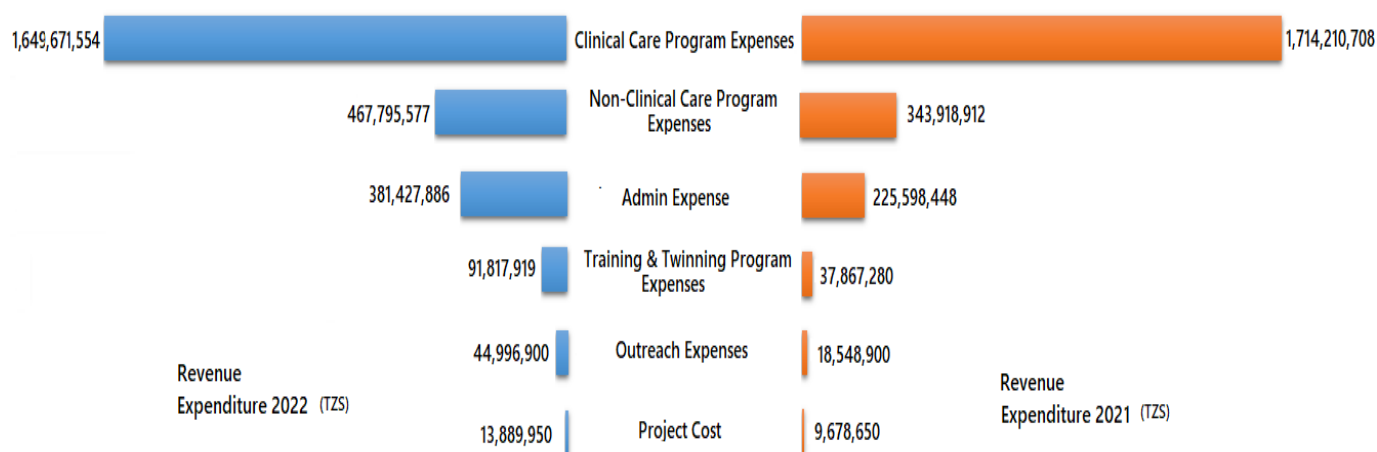


Diagram 3: Revenue expenditure Year 2022 Vs 2021

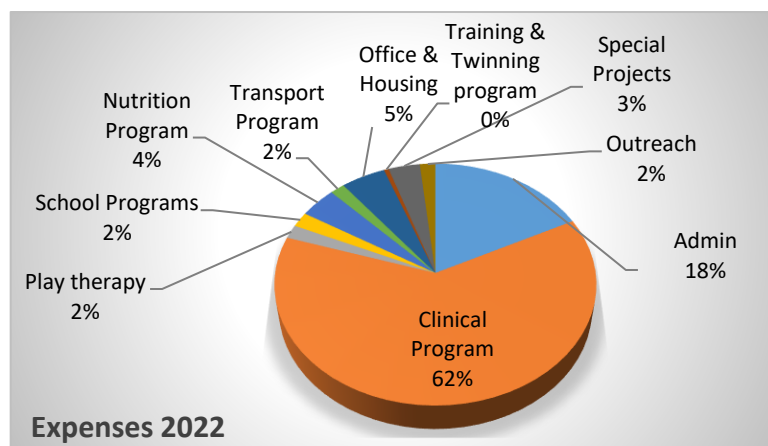
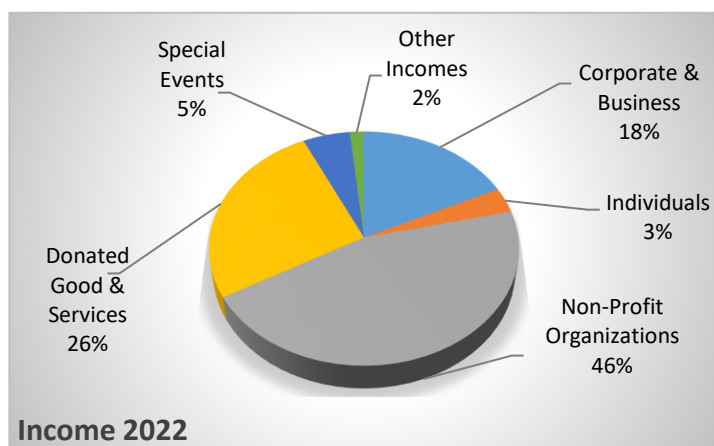


Diagram 4: Income & Expenditure breakdown for year 2022

STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2022

	2022 TZS	2021 TZS
ASSETS		
NON-CURRENT ASSETS		
PROPERTY AND EQUIPMENT	71,341,780	220,077,046
INTANGIBLE ASSETS	1,133,651	2,439,011
	72,475,431	222,516,057
CURRENT ASSETS		
INVENTORY	529,986,341	682,577,880
RECEIVABLES	362,733,912	124,141,405
CASH AND CASH EQUIVALENTS	361,942,702	109,618,291
	1,254,662,955	916,337,576
TOTAL ASSETS	1,327,138,386	1,138,853,633
LIABILITIES AND RESERVE		
LIABILITIES		
PAYABLES AND ACCRUALS	15,100,000	184,351,392
DEFERRED GRANT	1,312,038,386	942,502,241
DEFERRED ASSET	-	12,000,000
TOTAL LIABILITIES	1,327,138,386	1,138,853,633
NET ASSETS		
FUND BALANCE	-	-
TOTAL LIABILITIES AND RESERVES	1,327,138,386	1,138,853,633



2022
IN
NUMBERS

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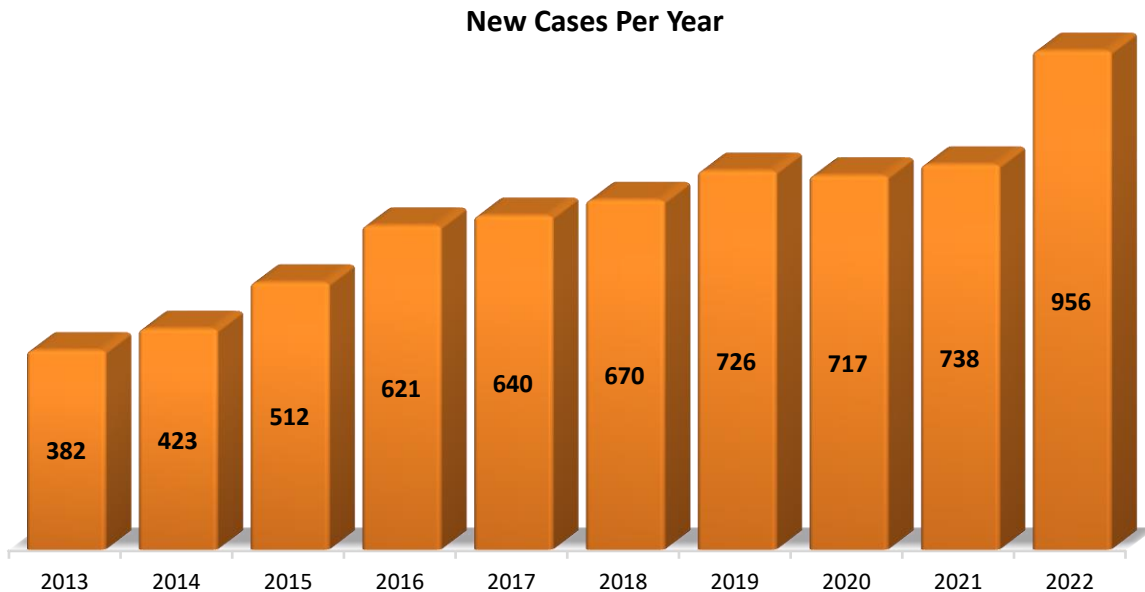


Diagram 1: New Childhood Cancer cases at the centers over the Years 2013-2022

New childhood cases have been gradually increasing over the years, largely due to the new centers that have partnered with TLM. In 2020, there were 717 new cases seen. This year, in 2022, we have seen an additional 956 new children coming in for treatment, which also means that previous children are continuing with their treatment. The collective efforts and dedication of our partners have expanded our reach, enabling us to identify and support more children in need.

Over the past three years, we have observed a positive outcome in our fight against childhood cancer. In 2013, around the time we started, there were 382 new cases. As of now, there has been an increase of 550 new cases. These numbers exclude the children continuing with treatment from previous years, indicating that there are still many cases we have not reached yet. Currently, we have been able to tap into only 20% of suspected cases out there.

Through continued collaboration with our partners, we strive to raise awareness about childhood cancer and emphasize the importance of early detection and treatment to reach the remaining 80% of new cases.

Diagram 2: New Cases seen at partner centers in the Year 2022

Based on Diagram 2, Muhimbili National Hospital remains the leading tertiary hospital, consistently receiving a higher number of new patients. This hospital offers specialized care and treatment services, surpassing other hospitals, with BMC and KCMC following behind. Our commitment to aiding and empowering other referral hospitals has continued, focusing on enhancing their abilities to treat children with cancer. This approach aims to alleviate the strain on MNH and lessen the financial hardship faced by families, who would otherwise need to travel long distances from their homes to seek treatment.

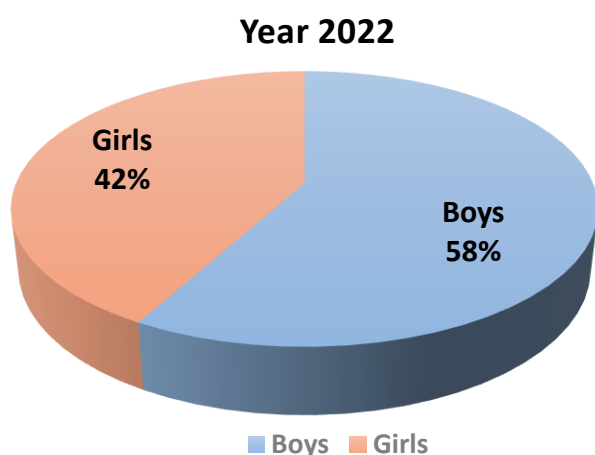
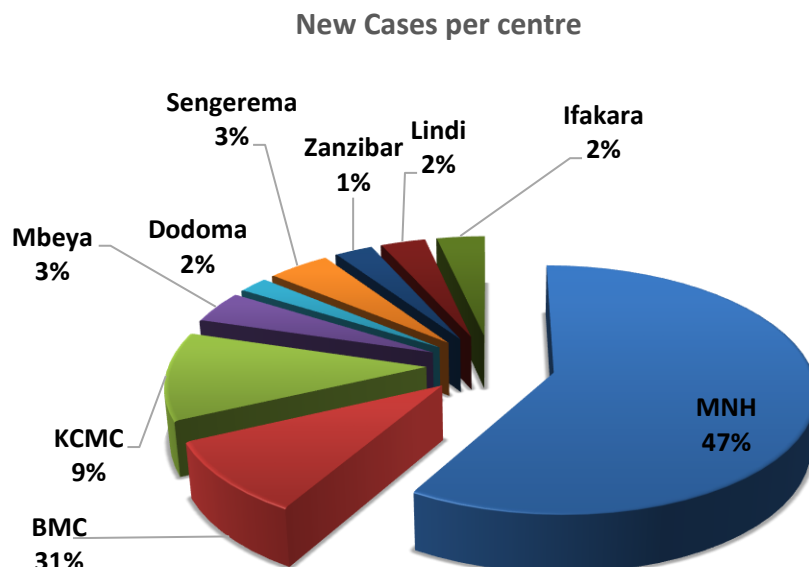


Diagram 3: New Childhood Cancer Cases seen by Sex Year 2022

The data suggests a slight prevalence of new cases of childhood cancer treatment among boys in comparison to girls. Over the last five years, the trend reveals a consistent pattern where boys consistently represent a slightly higher percentage of new cases in childhood cancer treatment than girls.

2022 1 YR CHIDHOOD CANCER TREATMENT OUTCOME

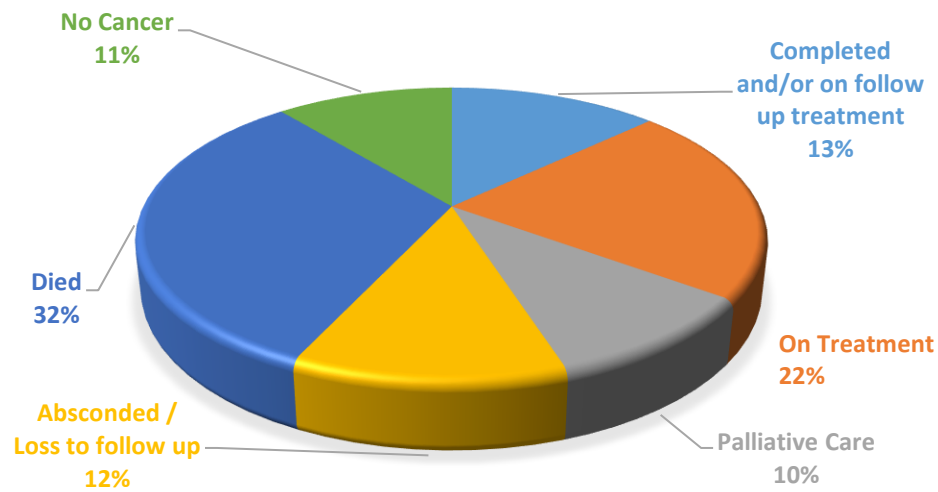


Diagram 4: Childhood Cancer Treatment outcome for the Year 2022

From the above data while some children had favorable outcomes (no cancer, completed treatment, or are on follow-up), a significant portion are actively undergoing treatment.

The challenges still lie in managing cases that have absconded or are lost to follow-up, and the most distressing aspect is the proportion of children who have unfortunately succumbed to the illness. This data underscores the importance of our interventions to continue providing comprehensive and continuous medical care and support for individuals dealing with cancer.

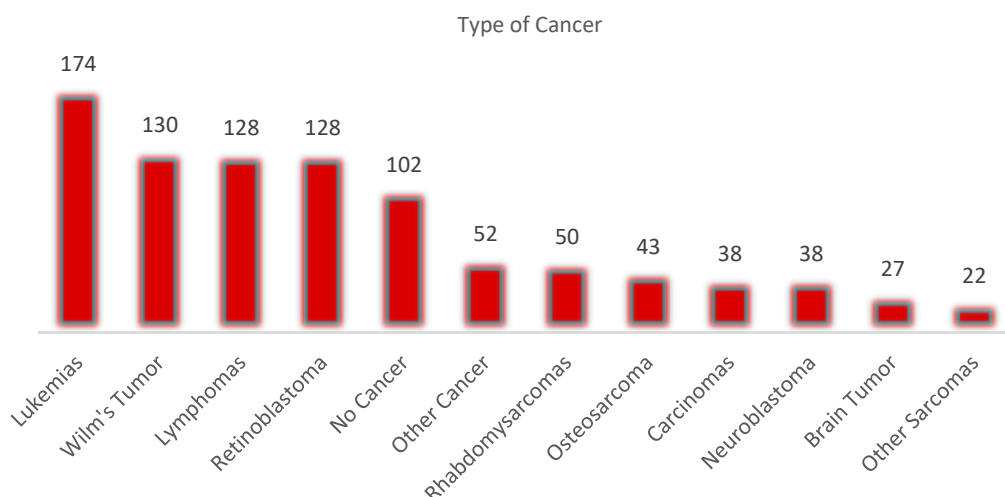


Diagram 5: Childhood Cancer Type for the Year 2022

Leukemia, Wilms' Tumour, Lymphomas and Retinoblastoma have consistently remained the most prevalent forms of childhood cancer over the years, followed by sarcomas. These types of childhood cancer consistently rank among the top 5 observed at the hospital.

Leukemia, the majority cancer type treated, is a form of cancer that affects the blood and bone marrow. The two most common types are B-Cell Acute Lymphoblastic Leukemia (ALL) and Acute Myeloid Leukemia (AML). Early diagnosis and treatment improve the chances of successful outcomes in managing leukemia in children, and we continue to strive to reach children in the local communities. While Lymphomas are cancers that originate in the lymphatic system, a key part of the immune system. The two main categories of lymphomas are Hodgkin's lymphoma (HL) and non-Hodgkin lymphoma (NHL). In essence, Hodgkin's lymphoma is identified by specific abnormal cells, while non-Hodgkin lymphoma includes a broader range of types. Both are treated at the centres we partner with, and outcomes depend on factors like the specific type, how early it's found, and the child's health. Wilms Tumor, on the other hand also known as nephroblastoma, originates in one kidney, or on rare occasions, in both kidneys. It predominantly affects children aged about 3 to 4 years and is relatively uncommon in older children and adults. Retinoblastoma is a type of cancer that primarily affects the retina of the eye. Both Wilms Tumor and Retinoblastoma are childhood cancers, and early detection and appropriate treatment significantly improve outcomes.

From 2017 to 2022, the top 5 cancers mentioned above continue to be the most prevalent that we treat in our NCCN network.



ANNEXES

ANNEX I

PERFORMANCE INDICATOR SUMMARY

	INDICATORS	Sub- indicators	ACHIEVEMENT		5 YR TARGET	% ACHIEVEMENT TO DATE	NARRATIVE
			Baseline	FY 2022			
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	4	5 students	100%	Conducted in partnership with Global Hope
		# 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	956	>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	500	0% from NCCN sites	52%	
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

	INDICATORS	Sub- indicators	ACHIEVEMENT		5 YR TARGET	% ACHIEVEMENT TO DATE	NARRATIVE
			Baseline	FY 2022			
		# 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%	
		# 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	173	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	0%	1 FACS CANTO at MNH for diagnosis; All MRD assessment at CHI Dublin
		# of samples processed by TLM	631	605	15% increase in samples (matching increase in children seen and Sites added)	0%	
		# of total samples transported locally	171	95		0%	
		# of total samples transported internationally	460	510		70%	
		# of samples with TLM Immunohistochemistry (IHC) support (NCCN)	171	21	Across all NCCN sites 100% antibody support for central pathology specimen review at MNH		TLM not supporting, another donor supporting
		# of diagnostic flow samples supported	140	155			
		# of flow HPLC (High Performance Liquid Chromatography) Lab supported	0	136			
		# of MRD flow tests	130	63	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 weeks	<1 month	100%	
		Referral delay (average time from first hospital to appropriate 2 weeks' treatment site)	2 months	2 days	<2 weeks	100%	
		Diagnostic Delay:	4 weeks	2 weeks	<2 weeks	50%	

	INDICATORS	Sub- indicators	ACHIEVEMENT		5 YR TARGET	% ACHIEVEMENT TO DATE	NARRATIVE
			Baseline	FY 2022			
		(Average time from arrival at treatment site to diagnosis – 2 weeks					
		Treatment delay – 2/7 (Average time from diagnosis to first treatment)	2 days	1 day	0 days	0%	
		Time from date of initial admission to partner site to enrolment in the NCCN programme (1-3 days, 1-2 weeks etc)	4 months	4 days	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%	
		Level 1-4 Sites: - # Children supported with transport to / from their treatment site	184	71	50% increased support per year		These are children who are in the NCCN network
1.1.11	TLM Nutrition Support	Reduce malnutrition rate at the Sites at presentation by improving access	40%	20%	30%	100%	
		# of kids who are treated for SAM/MAM/ Undernutrition	29	142	All cases	100%	
		# of kids who had SAM and recovered within 1-3months	19	45	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	445	% of new children presented at NCCN in need who are supported with NHIF	65%	
1.1.12	TLM psychosocial Protocol support	# of patients at NCCN supported with Transport to treatment sites		420	All level-3 Sites in partnership		
		# Sites with onsite access to TLM Psychosocial & educational support manuals	1	4	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	2	1 project /year	100%	
1.1.13	TLM special Projects	Parents Skills shop Project	0	2	4 tenders	50%	
		# of tenders received by craft skills Parent Shop					
		Kids Social outing Project	0	2	52 outings / year	4%	

ANNEX II

2023 CHILDHOOD CANCER CASES TREATED

New Cases seen 2022 (Type of Cancer)	NCCN CENTRES									TOTAL
	BMC	DODOMA	IFAKARA	KCMC	LINDI	MBEYA	MNAZI	MNH	SENGEREMA	
Brain Tumor	9	1	0	1	0	1	0	15	0	27
Burkitt Lymphoma (BL)	15		3	3	0	0	0	13	2	36
Hodgkin Lymphoma (HL)	19	1	1	8	0	0	2	19	1	51
Non-Hodgkin lymphoma (NHL)	6	0	0	0	0	0	0	3	0	9
Lymphoma	18	0	1	1	0	0	0	12	0	32
Alveolar rhabdomyosarcoma	3	0	0	0	0	0	0	3	0	6
Embryonal Rhamdomyosarcoma (ERMS)	7	0	0	2	0	0	0	6	1	16
Erwings Sarcoma	3	0	2	1	0	0	0	5	0	11
Kaposi Sarcoma	3	0	0	1	0	1	0	1	0	6
Osteosarcoma	9	0	0	7	0	2	0	24	1	43
Rhabdomyosarcoma (RMS)	13	2	1	1	0	0	0	14	0	31
Other Sarcomas	4	0	0	0	0	0	0	7	0	11
Hepatoblastoma	4	0	0	0	1	0	0	8	0	13
Neuroblastoma (NBL)	12	0	0	0	0	0	1	24	1	38
Retinoblastoma (RB)	43	2	1	22	0	2	1	57	5	133
Wilm's Tumor	38	2	3	7	1	7	3	70	1	130
Adeno carcinoma	3	0	0	1	0	0	0	0	0	4
Germ Cell Carcinoma	5	0	0	1	0	0	1	4	0	11
Nasopharyngeal Carcinoma	5	0	0	2	0	0	0	4	0	11
Other Carcinomas	4	0	0	1	0	0	0	0	0	5
Sacroccygeal terratoma	0	0	0	0	0	0	0	0	0	0
Squamous cell carcinoma- Xeroderma	0	0	1	0	0	0	0	8	0	9
Acute Myeloid Leukemia (AML)	8	0	0	4	0	1	0	19	1	33
Acute Lymphocytic Leukemia (ALL)	9	0	0	0	0	0	0	0	0	9

New Cases seen 2022 (Type of Cancer)	NCCN CENTRES									TOTAL
	BMC	DODOMA	IFAKARA	KCMC	LINDI	MBEYA	MNAZI	MNH	SENGEREMA	
B-CELL ALL	15	2		10	2	5	2	52	1	89
T-CELL ALL	16	0	0	4	0	0	0	7	0	27
Chronic myelogenous leukemia (CML)	2	0	3	2	0	2	0	1	0	10
Leukemia	1	0	1	0	0	1	0	12	0	15
Others	2	0	0	2	0	0	2	13	1	20
No cancer	34	0	5	3	16	2	2	36	9	107
Unconfirmed / No diagnosis	4	1	1	1	0	0	0	1	3	11
TOTAL	314	11	23	85	20	24	14	438	27	956

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