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List of Board members and Officers as of May 31, 2022
Dear Friends,

During these years of the pandemic, the world has faced unprecedented challenges. Governments were forced to shift focus and reorganize resources around the COVID emergency, and the world learned, more than ever before, that vibrant and resilient health systems are essential resources for all communities around the globe – whether you live in a rural community in Tanzania or an American city, the need for reliable, effective healthcare access is fundamental.

Over our 18-year history, Touch has developed expertise in building and supporting sustainable health systems in sub-Saharan Africa. We have done this hand-in-hand with local health institutions, governments, clinicians, institutional partners, and generous supporters like you. Touch’s founding mission was to support and improve healthcare delivery to ensure that patients in low-resource communities in Tanzania got the healthcare they need, where and when they need it most. Today, we are proud to have accomplished so much in pursuit of this goal – over $90 million spent training clinicians, improving critical health facility operations, connecting patients to the care system, and leveraging technology to leapfrog persistent barriers to care – all of this providing tangible improvements in access to care for millions of people in sub-Saharan Africa.

During the past year, we expanded our innovative m-mama emergency transportation system to Lesotho, providing access to labor and delivery care to 60,000 mothers and newborns each year. We leveraged AI technology and worked with the Tanzanian government to streamline and strengthen their national COVID response. We completed the fourth year of a comprehensive partnership with Bugando Medical Center to transform its biomedical engineering department, improving their key performance indicators across 13 departments and creating a “best practice blueprint” for systems-change that can be taken to scale; and we saw our innovative digital tool, POA, implemented across every primary care facility in Tanzania.

These are the kind of interventions that build strong and resilient health systems which help people and families thrive. We are only just beginning, and we have even bigger plans for the future. Thank you for being part of the Touch community and for your generous commitment to help Touch build the health systems of the future across sub-Saharan Africa.

Sincerely,

Massimiliano Pezzoli
Executive Director
mpezzoli@touchfoundation.org

Touch Foundation
WE BELIEVE THAT TODAY’S GLOBAL HEALTH CHALLENGES ARE COMPLEX AND REQUIRE INTEGRATED, HOLISTIC SOLUTIONS TO ENSURE HEALTHCARE ACCESS FOR ALL – TODAY AND IN THE FUTURE

ABOUT THE TOUCH FOUNDATION

Sub-Saharan Africa has 16 percent of the world’s population, but it carries 26 percent of the global disease burden. The failures of health systems to deliver the care that people and families need has had devastating human and economic consequences. Touch is dedicated to health-systems transformation. We design and implement data-driven programs to address some of the biggest barriers to equitable and reliable healthcare delivery. We use technology-enabled solutions and leverage long-standing local partnerships to:

▶ Ensure countries have an available, skilled, productive and optimally distributed health workforce
▶ Provide access to care for rural mothers and newborns
▶ Create efficient hospitals with effective equipment
▶ Develop private health sector solutions and technology for public good

OUR TOUCH FOCUS PILLARS

FACILITY OPERATIONS
Efficient hospitals with effective equipment

PATIENT ACCESS
Access to care for rural mothers and newborns

HEALTH WORKFORCE
Available, skilled, productive and optimally distributed health workforce

PRIVATE HEALTH INNOVATION
Private health sector solutions and technology for public good
The impact of COVID-19 was felt globally and disproportionately in sub-Saharan Africa. In the two years since the pandemic began, even though the infection and death rates due to COVID were fortunately lower than originally predicted in Africa, African health systems experienced widespread disruption.

Fragile health infrastructure and a lack of critical human resources for health have put pressure on already weak systems. The issue of vaccine inequity on the continent has been an abject failure; of the 9 billion vaccine doses produced globally, Africa received only 6% of the supply. As of April 2022, less than 10% of Africans are fully vaccinated.

As COVID became a major national health priority, Touch was asked by the Director of Health in the Tanzanian President’s Office (PORALG) to help support the Government’s response to COVID-19 across the country. As in many developing nations, Tanzania required urgent assistance to improve the uptake rates of vaccines and to deliver on activities outlined in the national COVID response plan. Unlike in developed economies, most African health facilities keep paper-based records; these rudimentary systems were quickly over-whelmed.

In 2021, Touch mobilized resources to respond to this urgent request from our Tanzanian government partners. Touch staff provided emergency assistance to PORALG by supporting the national coordinating office with data analyses on stock levels and vaccination rates and delivering analytic insights to inform processes related to the national COVID response roll-out. We hired a dedicated Project Manager to be embedded within the President’s Office COVID task force.

**Developed data analytics to improve distribution of vaccines between regions**

**Supported emergency vaccination campaigns in multiple regions of Tanzania**

**Established an AI-based system to digitize vaccine registrations**
Operational Efficiency Saves Lives.

COVID-19 shed even more light on the vital role of biomedical technicians in repairing and managing medical devices. During the pandemic, ventilators and other intensive care equipment played a crucial role in saving lives. Since 2018, Touch has worked in partnership with the Bugando Medical Center in northern Tanzania to strengthen its biomedical engineering department, which supports a patient base of over 350,000 annually. In 2021, the Bugando engineering department was able to ensure 9 out of 10 critical devices were in working order in key hospital departments during the pandemic.

Moreover, having implemented a best-in-class routine of checking oxygen production and quality metrics three times a day, the engineering department was able to ensure ongoing oxygen supply to critical patients in the hospital. The preparedness of the department also influenced the decision of the Government of Tanzania to pledge construction of a further oxygen production facility at the hospital to help serve growing demand.
Cross-pollination into clinical areas.

Hospital engineers are often unsung heroes, working in the background to ensure hospital services can be delivered continually. At Bugando, however, the engineering team’s ability to effectively manage the complex interplay between technical skills, systems, processes and the patient service mindset needed to support operations of a 1,100-bed hospital has not gone unnoticed. Recognized as one of the best organized departments in the country during a Ministry of Health Audit visit, the Biomedical Engineering Centre of Excellence now also acts as a champion and trainer for other hospital teams in their implementation of 5S, Performance Measurement, and Visual Management. In fact, staff from the engineering department have now supported more than 12 departments at Bugando in establishing visual management boards to view and monitor equipment performance. This culture of knowledge sharing will be critical as the hospital continually improves services for its 17 million catchment population.

Transition to sustainable local ownership.

The third year of the HTM program was about program transition and sustainability. Following 24 months of collaborative implementation of new operational systems and processes for a world-class hospital engineering department, the Touch team focused on a smooth transition of ownership to the engineering and hospital leadership.

A full handover of program ownership was a priority from the program’s outset, to guarantee sustainability in the long term. The Touch team continues to provide Bugando Medical Center leadership some technical support and will draw on key lessons learned and insights from the 3-year program to inform HTM program expansion to additional facilities.

IMPACT

- Reduction in **device repair time** from 14 days to 3 days on average
- **Increase in operating theatre uptime** from 60 to 90%
- **Weekly equipment KPI tracking in 6 clinical departments**
- **Work processing of >1500 jobs/year** through maintenance request system
- **Automated dashboard** delivers performance data to management
- New engineering department described as “**Best in Africa**”
Our m-mama program uses an innovative digital solution to transport women and babies experiencing an emergency to the care they need, when they need it.

Sub-Saharan Africa has some of the highest rates of maternal and newborn mortality in the world. A key cause of these unnecessary deaths is a delay in accessing care, with many patients in rural areas travelling long distances to reach health facilities. In partnership with the Vodafone Foundation, Touch developed the m-mama emergency transportation system in 2013 to ensure that pregnant women have access to safe labor and delivery care. m-mama is a technology solution that connects women with community drivers to transport them to the right level of health facility to address their acute condition. The m-mama platform evaluates driver availability and facility capacity to ensure the women are transported efficiently and admitted into the care system. In 2021, Touch and local partners implemented the m-mama program in multiple districts in Tanzania, and in Lesotho, transporting over 8,000 women and infants to critically-needed health services.
Ensuring Sustainability and Expanding Across Tanzania.

Over the past year, Touch has supported capacity-building within district health units and local government to ensure that management of the m-mama program was transitioned to the local public health system. Local government stakeholders have been involved in running m-mama since its launch in Shinyanga region in 2019 and have now assumed full responsibility for managing the system, ensuring a long-term solution for delays in maternal and infant care. After 3 years of program success and over 8,000 emergencies transported, we are thrilled to announce that m-mama will be scaled across Tanzania by 2024.

Conducting life-saving blood pressure screenings.

Hypertension is a leading cause of death in Tanzania, with pregnant/postpartum women, their babies and healthcare workers being particularly vulnerable. Regularly checking blood pressure can diagnose hypertension (high blood pressure) early and save lives.

Touch Foundation in collaboration with Bugando Medical Center implemented the AstraZeneca Healthy Heart Africa program alongside m-mama to tackle this issue. The program, which came to a close this May, conducted over 77,000 screenings across 21 m-mama-affiliated facilities in Tanzania, working with healthcare workers to embed screening into their routines. We also trained more than 400 healthcare workers on how to screen, diagnose and treat high blood pressure, donated vital screening equipment and established a sustainability plan with the government on how to continue efforts to address hypertension in the future.

Exporting m-mama’s Impact to Lesotho.

Building on the successes and learnings in Tanzania, m-mama launched this year in Lesotho, a mountainous nation of 2.1 million people, many of whom live in rural areas and face many challenges accessing health services. Touch Foundation’s local staff in Lesotho worked with the government and key health facilities to set-up the elements of the emergency transportation system. Since April 2021, over 250 women and babies have been referred to urgent care using the m-mama system. Touch also participates in important community education activities, supporting sound health-seeking behaviors by educating women and their families about safe pregnancy, delivery, and the postpartum period.
There is a critical shortage of healthcare workers in sub-Saharan Africa. Tanzania is reported to have only 48% of the health workers it needs to adequately staff its health facilities. This poses a significant challenge for decision-makers who must make difficult choices about how to distribute limited healthcare roles and specialties where they can maximize benefits to patients.

In 2015, Touch developed technology to help governments distribute the limited healthcare workers they have to health facilities where they will have the biggest impact on patient care. Our tool is called POA – Prioritization and Optimization Analysis – and, in 2021, Touch expanded the application of POA to all public primary care facilities in Tanzania, which are the first point of care for the country’s 60 million people.
Touch’s POA online system calculates how many and what type of staff are needed at each facility, integrates data about current staffing levels and available health budget, and makes recommendations to health sector leaders to show where staff should be placed to best support community health needs. In 2021, Touch worked with senior officials to expand the type of health facilities included in POA to cover all primary healthcare in Tanzania. Since the tool was first developed in 2015, Touch has worked hand-in-hand with government partners to ensure that the POA platform was meeting the unique needs of the public health system.

A primary goal of POA since its inception has been to ensure that POA is locally-owned and managed for long-term impact. In 2021, we formally transitioned the tool to the national government. Transition activities included training health administrators from all 184 local government authorities across 26 regions on how to use and manage the system. The Government of Tanzania has integrated POA in its national strategy for health planning through 2024.
It is estimated that 50% of health service provision in Africa occurs in the private sector. The work of pursuing universal health coverage on the continent requires strengthening both the public and private sectors to meet the urgent needs of people: more and better trained health workers, digitally enabled service-delivery models, and greater focus on data-driven decision making among health system managers. Widescale transformation is needed to build resilient health systems and the private health sector – which includes faith-based facilities – is positioned to lead the way for this challenging transformation, as it is unburdened by government budget pressures and inflexible service delivery models that often characteristic the public sector.

Building on a joint analysis of Sengerema’s operating model with McKinsey & Co., the project seeks to identify areas for improvement which have the potential to increase earned revenue and to optimize patient experience in care-seeking. Our initial interventions included:

- Developing and validating the sustainability of an operating unit at Sengerema Hospital with the objective of creating a business model that can be replicated across other facilities or adapted to other hospital units.
- Implementing revenue-generating initiatives, such as a “fast track” service delivery option, which has reduced waiting time for all patients.

By piloting systems improvements at Sengerema Hospital, we are testing how practical business improvement solutions drive improved patient care and operations. Data and experiences from this pilot work will inform expansion across dozens of facilities in Tanzania over the next three years.

Touch has a long history of supporting the private sector in Tanzania, including faith-based health institutions. In 2021, we launched a program to build service delivery capacity in a variety of Tanzanian facilities under the Christian Social Service Commission (CSSC) umbrella, to increase their patient impact and financial sustainably. Facilities within the CSSC umbrella constitute 30% of healthcare service in Tanzania. As a pilot, in collaboration with our partners at USAID, Touch launched a set of initiatives at Sengerema Hospital to improve business performance which, in turn, targets improved patient experience. Sengerema is a hybrid public-private hospital in Mwanza region which serves a catchment area of more than 750,000 people.
Trained healthcare workers with a breadth of clinical experience are key to providing quality healthcare. In 2012, Touch launched Treat & Train, a network of educational institutions and health facilities providing students with hands-on clinical training experiences in the Lake Zone of Tanzania. The program was supported by Touch until 2018 and included clinical rotations for 914 medical and nursing students from the Catholic University of Health and Allied Sciences (CUHAS) to three hospitals in the Lake Zone. By the end of the program, the external rotation model at the heart of the program was embedded permanently into the institution’s curriculum.

The program was originally co-designed with hospital partners and we recently interviewed them to understand the continued impact of the Treat & Train clinical rotation model. All hospitals continued to receive students after the formal Treat & Train program concluded, with over 300 CUHAS students rotating to these facilities each year. Students from other colleges in the area were invited to rotate at the facilities following their experience with Treat & Train. Specialist faculty also continue to be posted to the hospitals, indicating that delivery of care has been enhanced for patients, in addition to the benefits of clinician training and capacity-building.

All facilities in the original Treat & Train network are continuing and plan to expand rotations because of the benefits noted on the next page. The positive experience they have had with student rotations has also led hospital management to consider increasing their intake of students and expanding the rotations further. Treat & Train was a core program in Touch’s early years and, a decade later, we are proud that the program continues to enrich the lives of clinical students and patients in the Lake Zone.
STAKEHOLDERS INDICATED THERE WERE THREE KEY BENEFITS TO CLINICAL ROTATIONS

1. **Live case studies and breadth of learning**
   Students are benefiting by accessing different clinical case presentations, enabling students to understand the realities of working “live” cases within active health settings.

2. **Exposure to governance structures**
   Students are exposed to governance structures at the hospital, giving them a greater understanding of how health facilities are managed and preparing them to operate effectively within the health system post-graduation.

3. ** Keeping flagship facilities “current”**
   Students bring the latest medical knowledge from their university learning and are able to share learnings and new approaches with staff peers at the hospital.
TOUCH STAFF FEATURES

DR. WILSON KITINYA
Medical Specialist

Wilson is the Medical Specialist for Touch Foundation, joining the team in June 2021. He is based in Dar es Salaam, Tanzania and brings over 11 years of experience to his role across both clinical and NGO settings, including working on Human Resources for Health (HRH) and maternal health projects. He received his medical degree from the University of Dar es Salaam (Tanzania), a Master of Business Administration from Hochscule Neu-Ulm (Germany), and a Master of Science from the University of Edinburgh (Scotland). Wilson works across all of Touch’s programs using his clinical expertise and program experience to support our in-country teams. Wilson has a passion for Human Resources for Health and maternal health and was motivated to join Touch because of our digitally-enabled innovations in these areas – POA and m-mama.

TS'OLO J. MAOENG
Project Manager

Ts’olo is a Project Manager for the m-mama program based in Lesotho. He joined Touch Foundation in June 2021 after working on public policy, IT infrastructure, and health projects funded by the World Bank, European Union, and African Development Bank. He holds a Bachelor of Economics from the National University of Lesotho, an Advanced Diploma in Project Management from the Institute of Commercial Management in the UK and is currently pursuing his Master of Business Administration. Ts’olo was drawn to Touch because we use novel approaches to solve known challenges, such as the digital coordination of emergencies in m-mama. He believes in Touch’s health-system strengthening approach and knows that ‘big picture thinking’ is required to solve some of the biggest challenges to health access for the poor.

LILIAN MUNISI
Program Analyst

Lilian is a Program Analyst based in Dar es Salaam, Tanzania who joined the Touch Foundation team in March 2020. She holds a Bachelor of Science in Production and Operations Management from Mzumbe University (Tanzania) and a Master of Science in International Business Management with Project Management from Heriot Watt University (Scotland). Lilian provides broad implementation support to our program team, including conducting data analysis, working with stakeholders, and helping with complex program logistics. Most recently, she has been working on our Health Technology Management (HTM) program, collaborating with the engineers at Bugando Medical Center to improve data collection and processes so that patients can receive the best possible care.
PROVIDING HEALTH CARE SERVICE IS IMPORTANT FOR ANY COMMUNITY BUT FOR THE DEVICES, EQUIPMENT, AND HEALTHCARE PROVIDERS TO PROPERLY FUNCTION, WE NEED BETTER HEALTHCARE TECHNOLOGY MANAGEMENT. TOUCH’S HTM PROGRAM IS A BLUEPRINT FOR HOW TO IMPROVE THESE NECESSARY SYSTEMS IN AFRICA.
We are grateful to all our donors and partners for their generosity. Gifts to the Touch Foundation benefit people and health facilities in Tanzania and beyond and advance our efforts to transform health systems in sub-Saharan Africa through innovative partnerships, technology-enhanced programs, and patient-centered initiatives.

We extend our gratitude to all donors, including our institutional partners, with whom we were proud to collaborate in 2021:
### Statement of Activities

For the Year Ended September 30, 2021

<table>
<thead>
<tr>
<th>SUPPORT AND REVENUE</th>
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<tbody>
<tr>
<td>Contributions</td>
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<tr>
<td>Government Grants</td>
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<td>Donated Goods and Services</td>
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<td>Investment Income</td>
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<tr>
<th>EXPENSES</th>
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<tbody>
<tr>
<td>Grants and Program Activities</td>
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<tr>
<td>Supporting Services</td>
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<tr>
<td>Management and General</td>
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<tr>
<td>Fundraising</td>
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<td><strong>Total Expenses</strong></td>
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<tr>
<th>NET ASSETS</th>
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<tr>
<td>Increase (Decrease) in Net Assets</td>
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<td>Net Assets, Beginning of the Year</td>
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<tr>
<td><strong>Net Assets, End of the Year</strong></td>
<td><strong>$4,024,057</strong></td>
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</table>

### Statement of Financial Position

For the Year Ended September 30, 2021

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<th>ASSETS</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
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<td>Contributions and Grants Receivable</td>
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<td>Prepaid Assets</td>
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<td>Property and Equipment Net of</td>
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<td><strong>Total Assets</strong></td>
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<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
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</thead>
<tbody>
<tr>
<td>LIABILITIES</td>
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<td>Accounts Payable and Accrued Expenses</td>
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<td>Refundable Advances</td>
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<td><strong>Total Liabilities</strong></td>
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<th>NET ASSETS</th>
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<tr>
<td>Unrestricted</td>
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<tr>
<td>Temporarily Restricted</td>
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<td><strong>Total Net Assets</strong></td>
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| Total Liabilities and Net Assets              | **$4,095,377** |
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