



DEVELOPING AGENTS OF CHANGE
IN CONTAINING AMR IN TANZANIA

ROLL BACK ANTIMICROBIAL RESISTANCE INITIATIVE

ANNUAL REPORT

APRIL 2020 - MARCH 2021



ACRONYMS

AMR

Antimicrobial resistance

BSAC

British Society for Antimicrobial Chemotherapy

MOHCDGEC

Ministry of Health, Community Development,
Gender, Elderly and Children

PO-RALG

President's Office, Regional Administration
and Local Government

RBA

Roll Back Antimicrobial resistance

QCT

Queen's Commonwealth Trust

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Roll Back Antimicrobial Resistance Initiative (RBA Initiative) is a registered non – governmental organization in Tanzania whose aim is to fight back antimicrobial resistance. Headquartered in Dodoma, the center of the country, the organization sees both rural and urban communities as critical players in addressing antimicrobial resistance.

The organization promotes the rational use of antimicrobials, conducts research on antimicrobial resistance (AMR), and promotes behavioral change, with the aim of reducing the failure of treatment of infections due to AMR. The organization covers both rural and urban communities, working with schools, colleges and universities, health professionals, private individuals and policy makers across multiple sectors from health to agriculture to encourage them to mobilize and help prevent the spread of AMR.

RBA Initiative focuses on promoting better understanding and awareness about antimicrobial resistance from an early age through its AMR school clubs project. The main goal is to sensitize the students who are potential users of the antimicrobials, who have links with families and communities, and are themselves future parents and leaders, on the importance on antimicrobials and AMR in both human, animal and plant life.

This is achieved through RBA Initiative AMR school clubs in Dodoma region where we facilitate and disseminate knowledge and education on antimicrobial resistance to members of the AMR clubs. We also instruct on AMR prevention methods including importance of hand hygiene and sanitation. We raise awareness on the dangers and impact of counterfeit drugs (fake medicines) on AMR spread and simple ways of identifying such drugs. We promote the One Health approach to the use of antimicrobials and control of AMR. In this way, we empower the students to become agents of change and AMR ambassadors who can educate the rest of the community.

RBA Initiative uses different strategies to enhance better understanding of antimicrobial resistance while encouraging creativity and innovation among the students. Strategies include competitions, arts & craft, storytelling and set of fun activities.

RBA Initiative is striving to roll out the AMR School Club programme to more schools across a wider geographical area in Tanzania. RBA Initiative plans to scale up and expand the project to later to more regions.

MISSION, VISION AND CORE VALUES

VISION

To be a leader in fighting antimicrobial resistance in Africa and contribute to the global solutions to this public health threat

MISSION

To fight back antimicrobial resistance through promoting rational use of antimicrobials, conducting research on antimicrobial resistance, promoting behavioral change, reducing the incidence of infection and facilitating the dissemination of knowledge of antimicrobial resistance

CORE VALUES

- Highest professional standards
- Integrity
- Empowerment
- Excellence
- Community participation
- Good stewardship

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LOCATED IN DODOMA REGION CENTRAL OF TANZANIA



MESSAGE FROM THE BOARD CHAIR

Our aim is to provide significant contribution in the implementation of both national and global action plans on antimicrobial resistance.

Dr Eva Ombaka - Board Chair

It gives me great pleasure to reach out to you through our annual report.

Since its inception RBA Initiative has continued to work on containing antimicrobial resistance (AMR). In the past year, RBA Initiative has been taking bold steps to create awareness and understanding of antimicrobial resistance thorough its AMR School Clubs Program. The program enables young people to understand the whole issues of AMR and empowers them to pass this knowledge to others in their communities. These are our future leaders in combating AMR.

Our aim is to provide significant contribution in the implementation of both national and global action plans on antimicrobial resistance. While we have made some progress at our local level, our aim is to expand our reach and to share the lessons learnt with others so that together, we develop many young change-makers who will continue the work of our main focus i.e., curbing antimicrobial resistance.

I would like therefore to thank all the partners who have made this work possible. It is the grants, the donations, the time and personal contributions that have made our work possible.



MESSAGE FROM THE CEO

We have developed key policies including safeguarding policy which is an important document as we work with children and young people.

Erick Venant - CEO

I am pleased to share the RBA Initiative annual report with our friends and partners. The year 2020 was a year filled with many achievements and quite frankly, a fair share of challenges as well. We moved to a new office in Dodoma and in spite of delays caused by the Corona pandemic, we were able to establish antimicrobial resistance clubs in three secondary schools in Dodoma. We empowered 160 students to become agents of change who will help us to continue the work in curbing antimicrobial resistance (AMR).

We have seen huge progress in 2020 in strengthening organization systems. We have developed key policies including safeguarding policy which is an important document as we work with children and young people.

We would like to say THANK YOU to all our partners and supporters who helped us make 2020 successful, we are humbled by your staunch commitment to our work and belief in our vision and mission. In a special way we thank the Queens' Commonwealth Trust (QCT) and the British Society for Antimicrobial Chemotherapy (BSAC)'s Stop-Superbugs for their financial and technical support in 2020.

While we are deeply proud of the progress that has been achieved thus far, we remain mindful of the great challenges that lie ahead. Our future aim is to establish more AMR School Clubs as a way in which we create awareness and understanding of Antimicrobial resistance (AMR) to school children and through them to families and community members. We also plan to conduct more research that increases knowledge and supports evidence-based actions on AMR. We call for more partners to join our efforts and support RBA Initiative's work. We are deeply proud of the commitment and dedication our staff members demonstrate each and every day to ensure we remain true to our mission. We thank the board for their sound leadership and guidance.

Antimicrobial resistance is already happening; it's a problem with no boundaries and is causing a fear of untreatable infections amongst communities. The good news however is that we can all do something to turn the tide and help make the world free from the fear of untreatable infections



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BEHAVIOURS ACCELERATING AMR IN OUR COMMUNITIES

WE MET CECILIA AT MELIWA STREET IN THE CITY OF DODOMA



"I used not to finish the entire course every time I suffered UTI, I was diagnosed with UTI and given Ciprofloxacin tablets I just used one tablet and stopped using the drugs. I remember being given many tablets, I used some and threw the rest away after feeling better.

One month later I felt the same symptoms of UTI, this time I didn't go to the hospital, instead I went directly to the drug outlet and bought two tablets of Cipro, he gave me two tablets. I used these tablets and I felt well and life continues! So it became a habit because after sometime I felt the same symptoms and went straight to buy a few tablets and life goes on!

But one day my condition changed I had severe stomach pain, it was even difficult for me to sit; "May be that day microorganisms were angry" so I went to the private hospital near Blue pharmacy for laboratory diagnosis so the doctor told me I am having a severe UTI, he prescribed injectable medicines for me; five injections, so I told them please let me get injected today I might die! I was injected that day and after going back home I felt well, I asked myself should I go back for the next injection tomorrow? I didn't pay for all five injections so the next day I went for the second injection. I then went for the third injection and that was the end, I stopped because I felt ok, I didn't go back and life went on.

After sometime I started suffering again I went to another private hospital at Kisasa area in Dodoma. I was diagnosed and told that I had a severe UTI again, the Doctor prescribed for me injectable medicines again but because I could remember the name of the first medicines that I was given at the first hospital

I then realized they are the same as those they have prescribed to me at that hospital, so I told the doctor I have already used these kinds of injections! So he changed and prescribed me with the other injectable medicines.'

I was prescribed seven injections, this time I was injected until the fourth injection I stopped again! Now this time I was feeling very well and I continued with normal life for days without suffering from UTI.

I remember well it was after four months when I felt the same symptoms of UTI so I said this time I should get the medicines before it become worse,

I went straight to the drug outlet and buy one Cipro I felt well but after one week, I remember well that day I felt like I was going to die! I suffered the whole night, I was crying from stomach pain. I knew it was UTI,

So early in the morning they told me to go to the hospital. I refused! Instead, I ask my young to go to the drug outlet and buy two Cipro tablets for me. I said "This time I will swallow two tablets at once!" I felt a bit well after swallowing those tablets, during the afternoon I said no! This time I am not going to the hospital. I will go to one pharmacy where I saw they have written "FREE ADVICE".

I went to that pharmacy. It's where I found one gentleman, he asked me "what medicines do you want?" and I told him "I didn't come to buy medicines but I am seeking advice!" He then asked me "What are you suffering from?" I explained to him about my recurring UTI and my habit of not finishing the entire course of antibiotics! That gentleman at the pharmacy was very sad about me so I told him don't be sad about me just give me an advice! He told me that "After hearing your scenario I won't advise you to go back to the normal hospital, they will do the same laboratory test and give you medication, you will be given similar medicines and probably you are UTI is resistant!"

So he advised me to find a hospital where they are practicing culture sensitivity. I didn't know that not every hospital is practicing culture sensitivity! He told me to find the hospital doing culture sensitivity! I thanked him and started looking for a hospital where they can do culture sensitivity! I found one private hospital at Majengo area in Dodoma! I met the Doctor there, he was sad about me and started blaming me; that I am lazy because of not finishing the entire course and he said a lot of people are dying due to laziness, I told the doctor to stop blaming me and help me!

He told me to bring the urine sample, when I brought the urine sample, he was shocked, my urine was heavy and dirty! He was sad but he told me it's ok we will do the culture. He explained to me a bit about culture that they must allow organisms to grow, and I should be back after several days! I said that's fine and he told me

"you have to pray when you get back home, because at this stage the organisms might be resistant to all drugs". After seven days I went back to see him. He listed to me all different drugs that they have tested but the organisms were resistant against all drugs".

He told me there are two other different types of drugs recommended by their colleagues in Dar Es Salaam and they want to try them, but they are waiting for the drug samples from Dar Es Salaam. Again, I had to wait for several days. I went back home however the doctor told me go and pray if these two drugs will fail then we don't have another alternative medicines.

When I went back to the hospital one between the two drugs was effective and he told me to use injections. He then wrote a prescription for me to find these medicines at the pharmacy. He told me one injection was sold Tsh.12000 (5.3 USD). For the first day I didn't get these medicines, every pharmacy they were wondering seemed like it was not normal for people to seek those drugs.

The second day I went to Blue pharmacy in Dodoma they told me you will have to come with the doctor who prescribed those medicines. The third day I went there with the doctor, I remember he was even given a document to sign before they gave us those injectable medicines so I thought these injections are dangerous! I bought them and finished all injections as instructed since then until today I haven't suffered from UTI!

But I blame healthcare professionals too, because they are aware about the outcome of not finishing the course. They are supposed to advice and educate us every time we need few tablets; You see if I tell you to give me two tablets and you just give me, taking my money while knowing the effects of not finishing the course and you have studied that is not fair! At least you should let me be aware, so don't only blame patients even these healthcare professionals are really contributing to this problem! And at the end I used a lot of money to buy the medicines! should let me be aware, so don't only blame patients even these healthcare professionals are really contributing to this problem! And at the end I used a lot of money to buy the medicines!

RBA INITIATIVE AMR SCHOOL CLUBS

Changing peoples' behavior is not easy and the older a person is, the more they are set in their ways. Pupils and students are in their formative years and this is the right time to impart knowledge and best practices that will guide their behavior for the rest of their lives. Secondary school students are potential users of antimicrobials, have links with families and communities who they can influence, and are themselves future parents and leaders. In order to reach this group effectively RBA Initiative established Antimicrobial Resistance clubs starting with three secondary schools in Dodoma region with the aim of imparting early AMR knowledge to the young generation and building future AMR champions who can educate the rest of the community.

The main goal of this program is to sensitize students who are potential users of the antimicrobials, are linked with families and communities and are themselves future parents and leaders, on the importance of antimicrobials and AMR in both human, animal and plant life.

This was done through establishing school AMR clubs and through them:

- Facilitating and disseminating knowledge and education on antimicrobial resistance to students' AMR clubs.
- Facilitating and disseminating knowledge and education on AMR prevention methods including importance of hand hygiene and sanitation.
- Raising awareness on the dangers and impact of counterfeit drugs (fake medicines) on the spread of AMR and simple ways of identifying such drugs.
- Promoting the One Health approach to the use of antimicrobials and control of AMR.



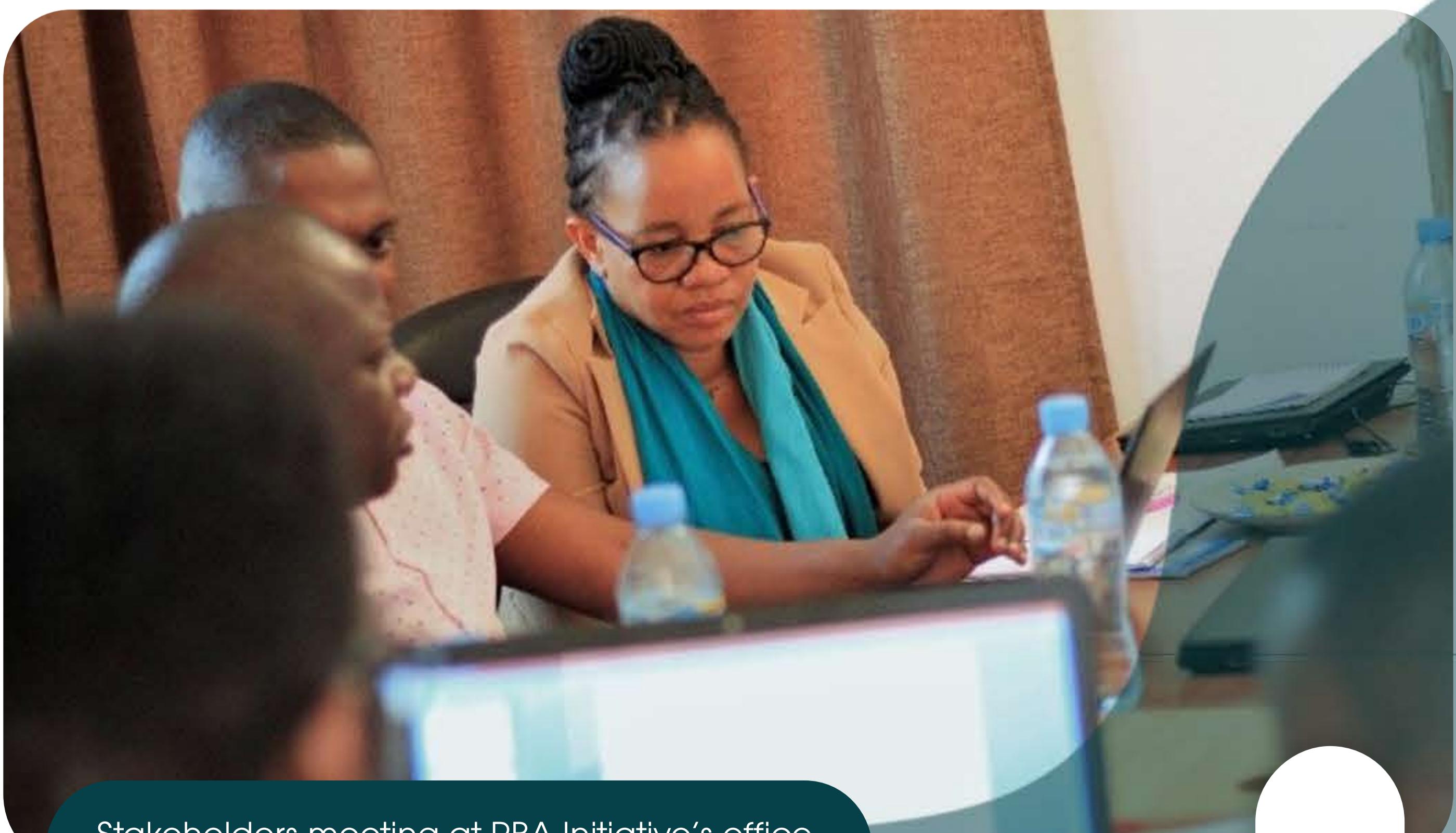
ACTIVITIES CARRIED OUT :**OBTAINING PERMISSION FROM THE RELEVANT BODIES**

RBA Initiative was able to secure permissions from the local authorities, school administration and the President's Office, Regional Administration and Local Government (PO-RALG). The project is recognized by the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC and the Prime minister's office – One health desk

TRAINING MANUAL AND TRAINING MATERIALS DEVELOPMENT

RBA Initiative brought together experts from different sectors including human health, animal health, education, Infection Prevention Control and One health. These experts met at RBA Initiative office to review our materials and give their inputs. The meeting was attended by experts from the Ministry of Health, Prime minister's office - One Health desk, Tanzania Pharmacy Council, Tanzania dairy board amongst other participants.

We also successfully tested our training manual and materials to one selected school. Training manual and materials developed are used at our ongoing AMR clubs program. We met 54 students and trained them about antimicrobial resistance as part of testing our training materials and training manual. We used the inputs we got from students to improve our training manual and materials. All materials are in Swahili language for easy understanding.



TRAINING OF PROJECT FACILITATORS

We conducted a training to our project facilitators and other staff on safeguarding, training materials, training manual, our code of conduct and how to meet our project objectives. RBA-Initiative work with young people thus training our staff about safeguarding issues was a critical step toward the implementation of the project.



Training of trainers (Project facilitators)

SELECTION OF SCHOOLS AND RECRUITMENT OF THE CLUB MEMBERS

Three secondary schools in Dodoma region were selected and became part of the RBA-Initiative AMR school club project, the selected schools were Kiwanja cha Ndege secondary school, Mkonze secondary school, and Merriwa secondary school. A total of 160 club members were recruited from all three schools mentioned, the club members were recruited as per pre identified recruitment criteria through a face to face interview.



Recruitment of club members through face to face interview

RBA INITIATIVE AMR SCHOOL CLUBS TRAINING SESSIONS

160 students who are members of RBA Initiative AMR school clubs were trained so as to become agents of change toward the fight against antimicrobial resistance. The members of the clubs were subjected to different training session, these training covered different topics on antimicrobial resistance including general concept of antimicrobial resistance, counterfeit medicine, Hand hygiene and sanitation, and the one health concept.

Also the members of the clubs were introduced to the use of arts and crafts in expressing antimicrobial resistance problem. The use of drama, songs, poems, drawings, storytelling and skits were explored by the club members together with their facilitators and the club guardians.



SPREADING ANTIMICROBIAL RESISTANCE KNOWLEDGE

PARENTS AND CLUB MEMBERS JOINT WORKSHOP

As part of 2020 World Antimicrobial Awareness Week (WAAW) RBA Initiative organized parents meeting which brought together Mkonze secondary school club's members and their parents. Club members got the opportunity to share the lessons learnt through this program especially using art and craft including songs, drama, drawings and meaningful discussion on antimicrobial resistance. The event involved presentation and engagement workshop, parents were able to share their experience and also congratulated RBA Initiative for establishing such kind of clubs.



STUDENTS ACTIVITY DURING WAAW 2020

During the World Antimicrobial Awareness Week - WAAW (18-24TH November 2020) AMR Club members at Mkonze secondary got the chance to share their knowledge about antimicrobial resistance to their fellow 759 students who are not part of our AMR Club Programme.

STUDENTS SHARING KNOWLEDGE WITH THEIR FAMILIES AND COMMUNITIES

During the school holidays, our AMR club members raised awareness about antimicrobial resistance to 351 family members, most of them being their family members and neighbours. RBA Initiative got an opportunity to visit club members' families and get the positive feedba



Students sat for mid training assessment tests as part of program monitoring



TRAINING SESSIONS





Testing of antimicrobial resistance training materials and training manual

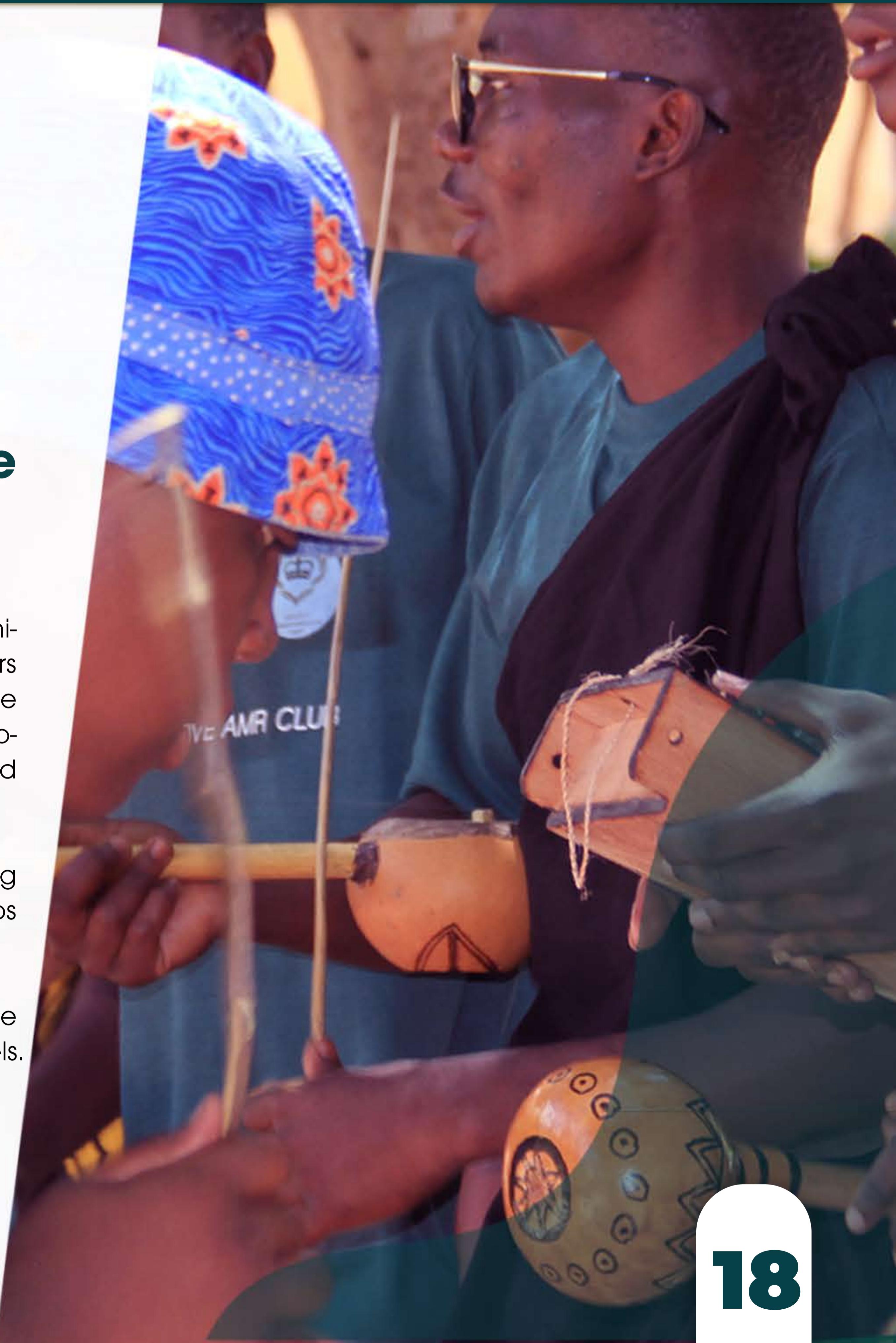
POWER OF ARTS AND CRAFT

Most children were happy to sit down to create arts and craft.

RBA Initiative uses arts and craft as a one of the methodology to train children about antimicrobial resistance. Through a set of fun and creative activities we educate the club members so they can bring the message back to their families and community. The members of the clubs were introduced to the use of art and craft in expressing antimicrobial resistance problem. The use of traditional dance, songs, drama, poems, drawings and skits were explored by the club members together with their facilitators and the clubs' guardians.

The club members had the opportunity to share the knowledge acquired during training with both their fellow students who are not members of the RBA-INITIATIVE AMR school clubs and their communities including their parents.

The arts and craft work have been recorded so that the antimicrobial resistance message can be shared with a wider community including through the use of social media channels.





conveying antimicrobial resistance knowledge through drama and skits



RBA Initiative's AMR school clubs members using traditional dance & song emphasizing the rational use of antibiotics & sensitizing hand hygiene to curb AMR.
The song is in "Gogo" a local tribe based in Dodoma region.



Club members singing a swahili song to raise antimicrobial resistance awareness

Different art and craft groups were formed as part of training methodology

MAKING POSITIVE CHANGE

RBA Initiative has conducted the assessment of knowledge, attitude and practice toward antimicrobial use and resistance among students in three secondary schools in Dodoma city. The study was conducted for RBA Initiative club members before the training (Pre Study) and after the training (post study). The results of the study have shown an increase in antimicrobial resistance knowledge in different areas after our intervention. Examples of the positive change after completing the AMR School Clubs in three schools are shown below:

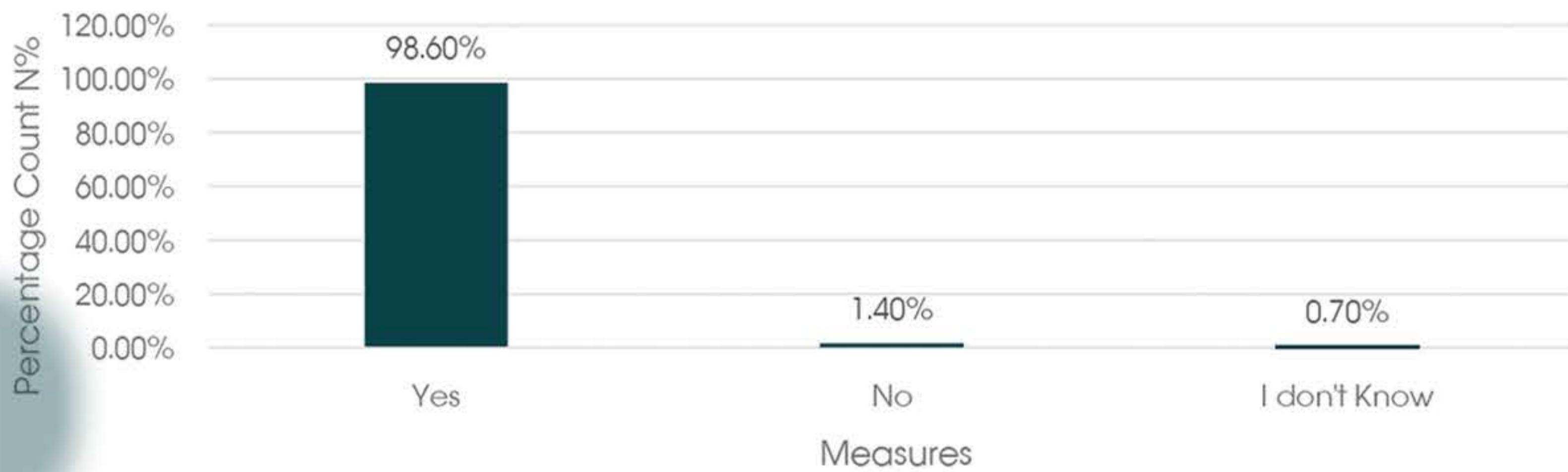
THE ATTITUDE OF STUDENTS ON ANTIMICROBIAL RESISTANCE AND USE

Measures	Pre Study		Post Study	
	Count N %	Count N %	Count N %	Count N %
What do you do when you feel sick	Go to Hospital	70.1%	95.7%	
	Go to a Drug Store	9.1%	2.2%	
	Take medicine stored at home	7.1%	1.4%	
	Nothing	13.7%	0.7%	
When should you stop taking medicine	After I feel better	11.0%	1.4%	
	Anytime I feel like stopping	0.7%	0.0%	
	When I feel the medicine is not working	0.0%	2.2%	
	After finishing the entire course of treatment as directed by doctor	72.1%	95.7%	
	I don't know	16.2%	0.7%	
Where do you always store the drugs you no longer use	In my bag	7.8%	0.7%	
	In the Cupboard	31.8%	42.0%	
	I discard them	26.6%	18.1%	
	Other place	18.2%	36.2%	
	I don't know	15.6%	3%	
Do you think your parents or guardians understand the Antimicrobial resistance problem	Yes	42.4%	87.0%	
	No	39.7%	10.1%	
	I don't know	17.9%	2.9%	

The table shows that there is an improvement in understanding on what to do when you feel sick, when to stop taking medication and where to store drugs that are no longer in use. There is drop from 13.6% in Pre-Study to 0.7% in Post study of the student who responded that they do nothing whenever they feel sick and increase up to 95.7% in Post study of students are aware that they should go to the hospital whenever they feel sick from 70.1% at the beginning of the training.

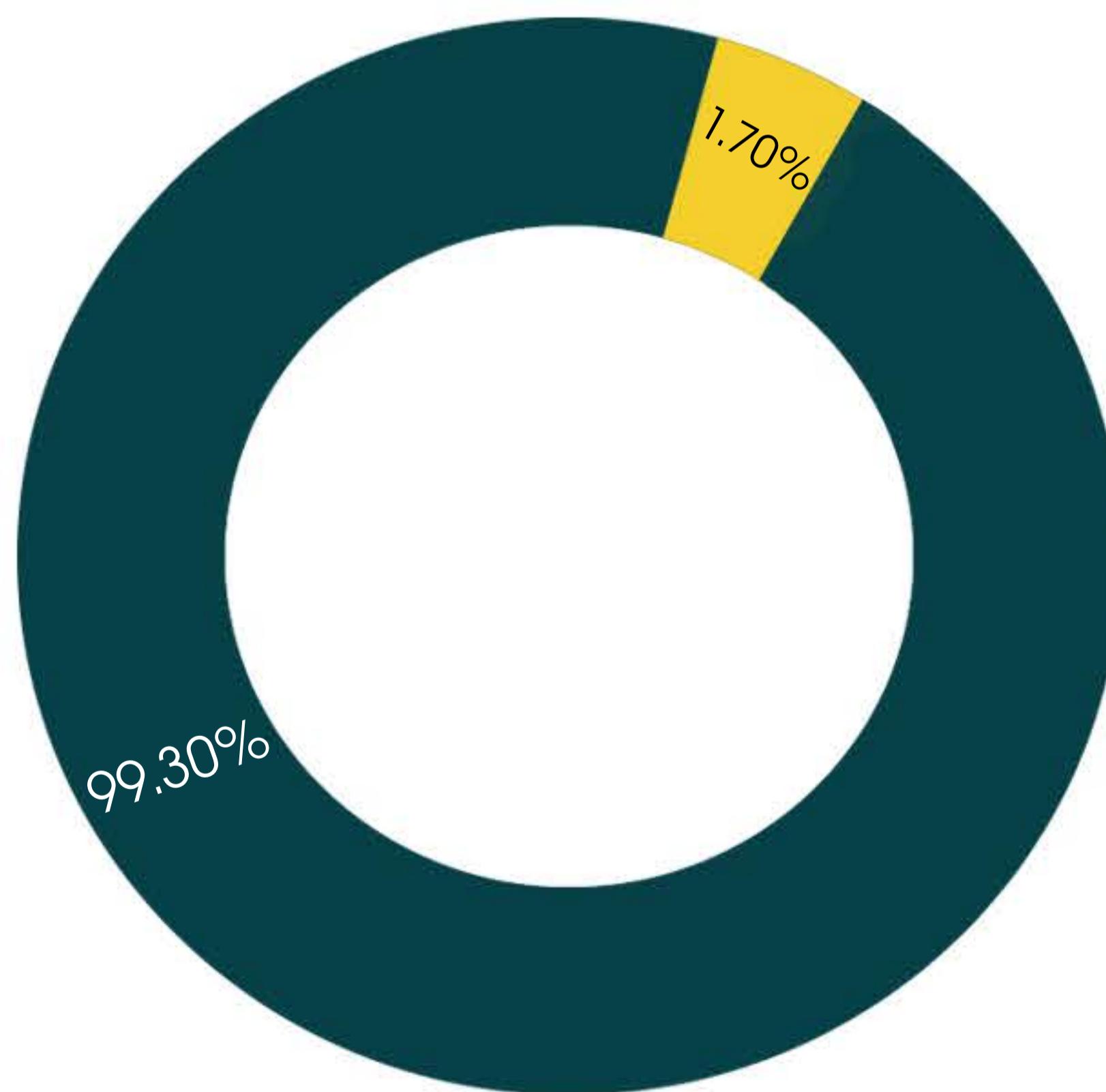
About 95.7% in Post Study responded they stop medication after finishing the entire course of treatment as directed by the doctor compared to 72.1% in Pre-Study and there is drop in Percentage from 16.2% in Pre study who don't know when to stop medication to 0.7% on Post study who don't know when to stop the medication.

About 87% of students in Post study responded that they think that their parents or guardians are now understanding the Antimicrobial resistance problem compared to 42.4% before training.



PERCENTAGE KNOWLEDGE OF STUDENTS ON DIFFERENT WAYS THAT CAN BE USED TO REDUCE AMR PROBLEM - POST STUDY

After the training 98.60% of students responded were aware on different ways that can be used to reduce AMR problem compared to 26.6% of students in Pre study.



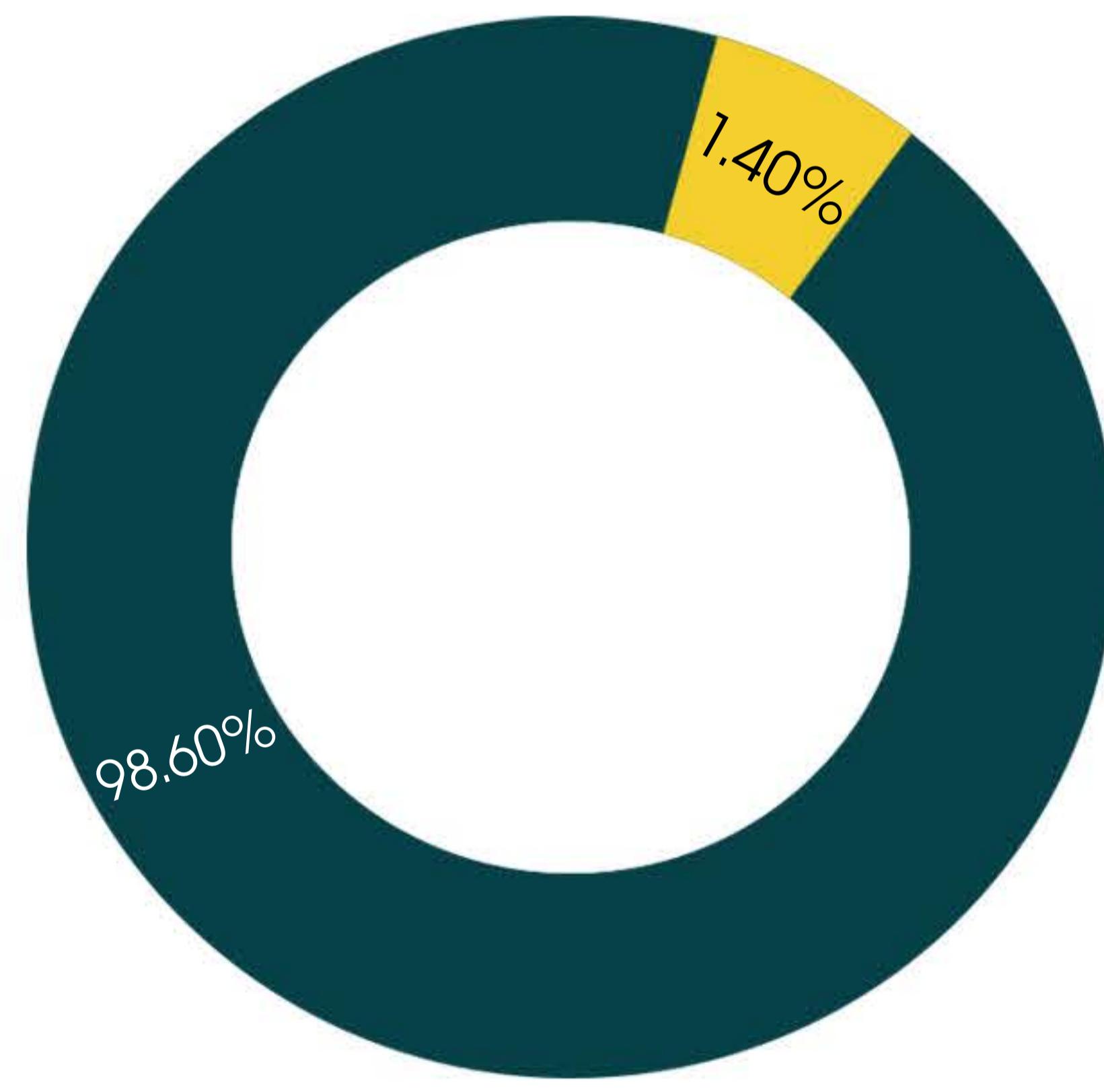
PERCENTAGE KNOWLEDGE OF STUDENTS ON THE BEHAVIOURS AND PRACTICE THAT CAN CAUSE ANTIMICROBIAL RESISTANCE - POST STUDY

After the training 99.3% students are aware of the practices and behaviours that can lead to Antimicrobial resistance compared to 31.2% of students lacked knowledge on practices and behaviour that can lead to Antimicrobial resistance in Pre study.

THE KNOWLEDGE OF STUDENTS ON ANTIMICROBIAL RESISTANCE AND USE

The table shows an Increase in Knowledge to Students on Antimicrobial resistance and antimicrobial use. After training 90.6% students have the knowledge that Antibiotic cannot be used to treat flu compared to 50% before the training.

Measures	Pre Study		Post Study	
	Count	N %	Count	N %
Can Antibiotic be used to treat Flu	Yes	38.3%	5.8%	
	No	50.0%	90.6%	
	I don't know	11.7%	3.6%	



Yes

No

PERCENTAGE KNOWLEDGE OF STUDENTS ON CONSEQUENCES OF ANTIMICROBIAL RESSISTANCE IN THE SOCIETY - POST STUDY

In the chart, after the training 98.60% of students were aware of the consequences of Antimicrobial resistance compared to 31.1% of students in Pre study



RBA Initiative club members
during one of the training
session



POSITIVE FEEDBACKS

"I stop taking the medicine after I feel well! I think many people are like me, I would like this knowledge to reach more people so that we can change"

Hilda Moses one among the local leaders participated in our Antimicrobial resistance workshop

[WATCH VIDEO](#)

"I have learnt different things that can help in educating others and the community at large, for example antibiotics can't be used to treat flu"

Shadia Karambeki Bashoke- Member RBA Initiative AMR Club.

[WATCH VIDEO](#)

"Through the training that my son is receiving from their club and the knowledge he is bringing back home, he has reminded us all in the family not to practice self-medication"

Mr.Richard Kika- Parent

[WATCH VIDEO](#)

"I am learning a lot including what antimicrobial resistance is and it's causes"

Alberto Madesho- Member RBA Initiative AMR Club.

[WATCH VIDEO](#)

"I am impressed on how these AMR messages are being conveyed through the use of songs and traditional dance"

Ms.Siana Mapunjo -AMR Focal Person- Ministry of Health

[WATCH VIDEO](#)

"I would like to congratulate RBA Initiative for their good job to combat antimicrobial resistance,"

Mr.Daud Msasi- Government's Chief Pharmacist & Director of Pharmaceutical services- MOHCDGEC

[WATCH VIDEO](#)

CELEBRATING THE ACHIEVEMENTS

We were especially proud of how our club members tracked the progress, completed the course successfully and were eligible to take the course completion certificate. We were not able to conduct AMR Clubs symposium due to the second wave of COVID19. However, we organized small events in individual schools to mark course completion. The course completion event at Mkonze secondary school was attended by the Ministry of health Antimicrobial resistance focal person,RBA Initiative board chair, re presentative from President's Office, Regional Administration and Local Government (PO-RALG), parents representatives, club guardians, club members and other invited participants.





Ms. Siana Mapunjo, Ministry of health AMR focal person congratulating club members during course completion event at Mkonze secondary school



RBA Initiative AMR club members -Mkonze secondary , following the course completion event conducted at their school ,March 2021



Through antimicrobial resistance awareness programs and tailored workshops RBA Initiative has been able to reach ;

1.2M People via local radio

145 Healthcare providers and students

35 Government leaders

8 Secondary school teachers

7 Local leaders

ORGANIZATIONAL CAPACITY DEVELOPMENT

This year, we were delighted to learn from the technical support offered by our Grant partner - Queens Commonwealth Trust. The Virtual trainings included; Safeguarding policy development, Monitoring and evaluation Framework, social media management and Financial management. These trainings were key in enhancing the organization's efficiency and effectiveness in running programs but also personal development of the staff involved.

Dr Ntuli Kapologwe (second left)- Director of health services president's office RAG (Regional administration and local government) during the launching of our new website (www.rbainitiativ.or.tz) conducted at RBA Initiative's office



FINANCIAL OVERVIEW

**ROLL BACK ANTIMICROBIAL RESISTANCE INITIATIVE
(RBA INITIATIVE)**

**AUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST DECEMBER, 2020**

SHEBRILA & CO
CERTIFIED PUBLIC ACCOUNTANTS
IN PUBLIC PRACTICE
P.O. BOX 22131
Tel: 255 22 2451988/9
E mail: shebrilacapp@gmail.com
DAR ES SALAAM - TANZANIA

**ROLL BACK ANTIMICROBIAL RESISTANCE INITIATIVE
(RBA INITIATIVE)**

**AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED
31ST DECEMBER, 2020.**

The Audited Financial Statements for the year ended 31st December, 2020 on pages 3 to 7 were approved and authorized for issue by the Board Members on 8th April, 2021 and were signed on their behalf by

Dr.Eva Ombaka
Chairperson of the board.

FINANCIAL OVERVIEW

**ROLL BACK ANTIMICROBIAL RESISTANCE INITIATIVE
(RBA INITIATIVE)**

**DODOMA
REPORT OF THE AUDITORS**

Opinion

We have audited the Financial Report of Roll Back Antimicrobial Resistance Initiative (RBA INITIATIVE) for the financial year ended 31st December, 2020, set out on pages (3 – 7).

In our opinion, the Financial Report for the year ended 31st December, 2020 gives a true and fair view, in all material aspects, of the results of operations of Roll Back Antimicrobial Resistance Initiative, in conformity with RBA INITIATIVE policies, conditions, procedures and applicable International Financial Reporting Standards as well as laws and regulations applicable in Tanzania.

Basis of Opinion

We conducted our audit in accordance with the Audit Terms of Reference, applicable International Standards on Auditing (ISAs) and Tanzania laws and regulations applicable to registered associations. The ISAs require that we plan and perform the audit to obtain reasonable assurance that the Financial Report is free from material misstatements. Accordingly, our audit included examination, on a test basis, of evidence supporting the amounts and disclosures in the Financial Report. The audit also included assessment of the accounting policies used and significant estimates made by management, as well as evaluation of the overall Financial Report presentation. We believe that the results of our audit provided a reasonable basis for our opinion.

Additionally, we examined and assessed the adequacy, efficiency and effectiveness of the internal control systems in operation with respect to the Project. We report that the project management has established adequate, efficient and effective internal controls to ensure reliability of the Financial Report.

Independence

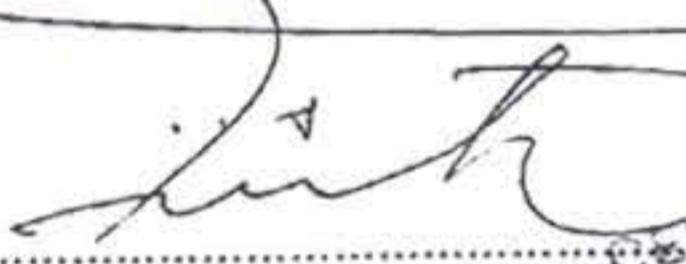
We are independent of the project management in compliance with the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants (IESBA Code of Ethics). We have fulfilled our other ethical responsibilities in accordance with the IESBA Code of Ethics.

Responsibility of Management for the Financial Report

The project management is responsible for the preparation of the Financial Report that gives a true and fair view of the financial operations of the Project and for such internal controls as determined by Roll Back Antimicrobial Initiative (RBA Initiative) to be necessary for preparation of a Financial Report that is free from material misstatements, whether due to fraud or error.

Auditors' Responsibility for Audit of the Financial Report

Our responsibility as auditors is to obtain reasonable assurance on whether the Financial Report as a whole is free from material misstatements, whether due to fraud or error, and to issue an Auditors' Report that includes our opinion. In this context reasonable assurance means a high level of assurance to the users, but is not a guarantee that a properly conducted audit will always detect all material misstatements that exist. Misstatements can arise from fraud or error, and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users basing on the Financial Report.



SHEBRILA & CO.
CERTIFIED PUBLIC ACCOUNTANTS
IN PUBLIC PRACTICE
P.O. BOX 22131
DAR ES SALAAM, TANZANIA

B. M. Hakili – ACPA 442

SHEBRILA & CO – PF 033
CERTIFIED PUBLIC ACCOUNTANTS
IN PUBLIC PRACTICE
EPZA SUIT NO 11
P. O. BOX 22131
TEL: 255 22 2451988/9
DAR ES SALAAM, TANZANIA

Date: 11th /March/2021

ROLL BACK ANTIMICROBIAL RESISTENCE INITIATIVE

(RBA INITIATIVE)

STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 31ST DECEMBER,2020

	NOTES	BUDGET	ACTUAL
INCOME		TZS	TZS
Balance brought forward		-	1,459,569
Grant from Queens Commonwealth Trust (QCT)	5	44,528,000	29,285,610
Other Income	6	-	7,825,418
Total Incomes		44,528,000	38,570,597

A PREPARATION

Permission and Identification

1 Obtain permission from relevant bodies (letters and personal visits)

2 Visit to potential schools to introduce subject and assess suitability(From these 5 schools, 3 will be selected for the project))

250,000

Pre activity assessment (baseline)

1 Preparation of questionnaires (baseline)-1 consultant 1.5 days

180,000

2 Per diem for one day, 6 people per centre, 3 centre

300,000

3 Transport to centres 6 people, 3 centres

30,000

4 Analysis of baseline data 1day

120,000

One day seminar with club guardians and school

5 heads (2 people per school, 3 schools, 1 facilitators)- transport and meals

180,000

SUBTOTAL**1,060,000****-**

B LAUNCH AND IMPLEMENTATION

Material and personnel preparation

1 Develop training manual-team of 7 experts: (doctor, pharmacist, public health specialist, veterinarian, educator, social scientist, communicator) per diem, est 2 days

7

1,400,000

809,500

3 Training of trainers-team of 6 e.g. 1 days training

300,000

-

5 1 Facilitator, (1 day prep and 1 day traning, 1 day report)

300,000

-**SUBTOTAL****2,000,000****809,500**ROLL BACK ANTIMICROBIAL RESISTENCE INITIATIVE
(RBA INITIATIVE)

STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 31ST DECEMBER,2020

Training of club members

Recruiting club members(50 members from each 1 school) This will be done by club guardians using prescribed criterias

AMR Training to three clubs 1 day a week, 10 3 weeks)- transport and meals for two trainers per school

4 Transport to trainers

5 Projector

6 Awareness materials (Flyers)

7 Notebooks & Pens

Purchase and printing of Tshirts with AMR awareness message (To be given to club

8 members,guardians, and project team after passing an assessment test on completion of training)

3,000,000

AMR Goodwill Ambassador (who will spread the AMR message e.g through a song) Transport from Dar Es Salaam,Accomodation&Honorary to attend project closing event and symposium.

1,050,000

Project ending event&Symposium(All 3 clubs will come together ,various stakeholders from the government and outside the government,QCT,AMR goodwill ambassador)Students will use songs, and arts to show the lessons learnt.

SUBTOTAL**12,090,000****2,979,100**

Supporting club activities

Raising awareness in nearby schools and community (Amount awared according to proposal by school club)

AMR Clubs competition-awards

SUBTOTAL**900,000****500,000****1,400,000****-**

300,000

30,000

120,000

450,000

PROJECT COMPLETION

Projct evaluation and report preparation , 4 days,

SUBTOTAL**1,000,000****-**

**ROLL BACK ANTIMICROBIAL RESISTENCE INITIATIVE
(RBA INITIATIVE)**
STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 31ST DECEMBER, 2020

C	OFFICE EQUIPMENTS	8		
Laptop		900,000	880,000	
Printer		500,000	400,000	
Fire Extinguisher		-	100,000	
Power cable		-	18,000	
Router		-	80,000	
SUB TOTAL		1,400,000	1,478,000	
OFFICE FURNITURE&BRANDING				
Cabinets		675,000	300,000	
Office Chairs		1,080,000	1,940,000	
Office tables		1,200,000	1,300,000	
Waiting bench		475,000	-	
Office branding		550,000	809,500	
SUB TOTAL		3,980,000	4,349,500	
D	ADMIN COSTS			
Project oversight and coordination (1.5 FTE) , 10 months				
9		17,100,000	15,741,500	
SUBTOTAL		17,100,000	15,741,500	
TOTAL PROJECT ACTIVITIES COSTS		40,480,000	25,357,600	
E	OVERHEAD COSTS	10		
At 10% of project activity cost (include Office rent, communication, local transport, basic office stationary and utilities)				
4,048,000		3,233,500		
SUBTOTAL		4,048,000	3,233,500	
Total per Budget(Activity costs plus overhead)		44,528,000	28,591,100	
NON-BUDGET EXPENSES				
Bank Charges		-	162,750	
Depreciation		-	1,685,375	
Audit Fees		-	700,000	
Office Camera (BSAC)		-	4,647,000	
BUKO Pharma - Kampegne Project Activities	11			
Sub Total		-	3,554,800	
GRAND TOTAL (EXPENDITURE)		44,528,000	39,341,025	
SURPLUS		-	(770,428)	

NOTE 1 - 14 Part of this Financial Statements

ERICK VENANT
CHIEF EXECUTIVE OFFICER

Date: 10/03/2021

BARITAZAR KIBULA STANLEY
PROJECT COORDINATOR

Date: 10/03/2021

**ROLL BACK ANTIMICROBIAL RESISTANCE INITIATIVE
(RBA INITIATIVE)**
STATEMENT OF FINANCIAL POSITION AS AT 31ST DECEMBER, 2020

	NOTE	2020
ASSETS		
Non - Current assets		
Property, plant and equipments	4	9,437,625
Current Assets		
Cash and Bank balances	13	1,154,540
Rent prepaid		1,000,000
Withholding tax on Rent	14	300,000
TOTAL ASSETS		11,892,165
EQUITY & LIABILITIES		
Capital Fund		11,123,000
Current Liabilities		
Withholding tax on Rent		300,000
Salaries accrued		1,895,000
Accumulated Surplus	15	(1,425,835)
Non - current liabilities		
TOTAL EQUITY & LIABILITIES		11,892,165

NOTE 1 - 14 Part of this Financial Statements

ERICK VENANT
CHIEF EXECUTIVE OFFICER

DATE: 10/03/2021

BARITAZAR KIBULA STANLEY
PROJECT COORDINATOR

DATE: 10/03/2021

**ROLL BACK ANTIMICROBIAL RESISTANCE INITIATIVE
(RBA INITIATIVE)**

STATEMENT OF CASH FLOW FOR THE YEAR ENDED 31ST DECEMBER, 2020

2020

Cash Flows from operating Activities

Surplus for the year	(770,428)
Adjustment(Surplus Brought Forward)	(655,407)
Adjustment for Non - Cash items	
Depreciation	1,685,375

Movement in Working Capital

(Increase)/decrease in receivables	(1,300,000)
Increase/(decrease) in payables	2,195,000
(Decrease)/Increase in deferred income	-
Net Working Capital Changes	895,000
Cash flow From Operating Activities	1,154,540

Cash flow from investing activities

Purchase of property and Equipment	(11,123,000)
	(11,123,000)

Cash flow from Financing activities

Capital Fund:	11,123,000
	11,123,000
Net (Decrease)/Increase in cash and cash equivalent	1,154,540
Cash and Cash Equivalent at the beginning of the Year	-
Cash and Cash Equivalent at the End of the year	1,154,540

NOTE 1 - 14 Part of this Financial Statements

**ROLL BACK ANTIMICROBIAL RESISTANCE INITIATIVE
(RBA INITIATIVE)**

**AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED
31ST DECEMBER, 2020.**

The Audited Financial Statements for the year ended 31st December, 2020 on pages 3 to 7 were approved and authorized for issue by the Board Members on 8th April, 2021 and were signed on their behalf by

Dr.Eva Ombaka

Chairperson of the board.

ERICK VENANT
CHIEF EXECUTIVE OFFICER

Date: 10/03/2021

BARITAZAR KIBULA STANLEY
PROJECT COORDINATOR

Date: 10/03/2021

OUR PARTNERS

We would like to extend gratitude to all our various partners who worked with us in the past year to contain antimicrobial resistance.

- PRESIDENT'S OFFICE ,REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT(PO-RALG)
- PRIME MINISTER'S OFFICE - ONE HEALTH DESK
- MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERY AND CHILDREN
- THE QUEENEN'S COMMONWEALTH TRUST(QCT)
- BRITISH SOCIETY FOR ANTIMICROBIAL CHEMOTHERAPY(BSAC)
- BUKO PHARMA-KAMPAGNE
- HEALTH PROMOTION AND SYSTEMS STRETHENING(HPSS)
- THE UNIVERSITY OF MANCHESTER



QUEEN'S
COMMONWEALTH
TRUST

BUKO
Pharma-
Kampagne

MANCHESTER
1824
The University of Manchester

**P.O.BOX 2125 Block M.Plot
no.29 Chidachi East
Dodoma-Tanzania
+255 764 616 008
+255 682 530 291**

