



# ANNUAL REPORT 2020

---

FOR A DAY WHEN NO CHILD OR MOTHER DIES  
OR SUFFERS FROM PREVENTABLE DISEASES



Shifo Foundation is a non-profit organisation. Shifo is contributing with a specific piece of work, which if not done will continue being a root cause of poor health outcomes and inefficiencies in the health sector. That is getting and using reliable and relevant data and information which empowers families, health workers, and leaders make right decisions and create a self enhancing culture and work processes in the health sector.

For partnership opportunities, please contact:  
Rustam Nabiev [rustam@shifo.org](mailto:rustam@shifo.org)

Organisation number 802477-8089  
© 2013 - 2021 Shifo Foundation

Shifo Foundation  
Fryksdalsbacken 12,  
123 43 Stockholm, Sweden  
[info@shifo.org](mailto:info@shifo.org)  
[www.shifo.org](http://www.shifo.org)

# Content

<b>Lists of abbreviations</b>	<b>4</b>
<b>Annual Report Narrative</b>	<b>5</b>
<b>General Information About Shifo Foundation</b>	<b>5</b>
Vision and Goal .....	5
Purpose.....	5
Transparency .....	5
We have the solution to solve the problem.....	5
<b>How do we make a difference</b>	<b>7</b>
Smart Paper Technology (SPT) .....	7
SmartActions Platform.....	8
<b>Significant Events during 2020</b>	<b>9</b>
Afghanistan.....	9
The Gambia.....	9
Uganda.....	10
Kenya .....	11
Tanzania .....	11
Haiti .....	11
Zambia .....	12
Learning how to Overcome the Coronavirus Pandemic.....	13
<b>Expected Future Developments For 2021</b>	<b>15</b>
Program developments .....	15
Organisational Developments .....	15
<b>Results and Financial Overview</b>	<b>16</b>
Children Registered, Fully Vaccinated, and Followed-Up.....	16
Data for Action Interventions.....	16
Events and Dissemination of Shifo's Work .....	16
Shifo's Team.....	16
Board of Directors .....	16
<b>Yearly overview</b>	<b>17</b>
Comparison of growth between 2020 - 2013 in terms of total revenues .....	17
Variation in Earmarked Funds .....	17
<b>Profit and loss statement and balance sheet 2020</b>	<b>18</b>
Revenues and costs .....	18
Programme service expenses.....	18
Profit and Loss Statement .....	19
Allocation of Earmarked Funds .....	19
Balance Sheet .....	20
Cash Flow Statement .....	21
Notes to Profit and Loss Statement and Balance Sheet 2020.....	22

# Lists of abbreviations

SPT	Smart Paper Technology
MOH	Ministry of Health
EPI	Expanded Program on Immunisation
RMNCH	Reproductive, Maternal, Newborn and Child health
MoPH	Ministry of Public Health
MOHSW	Ministry of Health and Social Welfare
PORALG	President's Office, Regional Administration and Local Government
CQI	Continuous Quality Improvement
AAITG	Action Aid International the Gambia
DHIS2	District Health Information Software 2
ICT	Information and Communications Technology
CUG	Closed User group
DHT	District Health Team

# Annual Report Narrative

## General Information About Shifo Foundation

Shifo Foundation is a politically and religiously independent, non-profit organisation based in Stockholm, Sweden.

based on reliable and relevant data and information

### Vision and Goal

Our vision is to reach a day when no mother or child dies or suffers from preventable diseases. Our goal is to see that every mother and child receives essential health services, regardless of where they live.

### Purpose

Shifo Foundation works towards achieving its vision by improving and increasing access to quality healthcare services in low-resource settings.

In order to achieve this, we work to address a number of root causes of high maternal and child mortality and morbidity by:

1. Developing and strengthening health systems to provide affordable, accessible, quality healthcare in low-resource settings
2. Strengthening and building the capacity of health workers and decision-makers throughout health systems
3. Providing, developing and strengthening infrastructure and technical support for the sustainable development of the health sector
4. Disseminating and raising public awareness about global healthcare issues and encouraging the global community to actively contribute to achieving Shifo's goal of improving healthcare in low-resource settings
5. Developing and strengthening health management information systems to enable evidence-based decision making throughout health systems
6. Working with key stakeholders to improve health outcomes, by closing the gaps in maternal and child health service delivery

### Transparency

Shifo has been accredited 90-account status, which means that the Swedish Fundraising Control monitors our work. 90-account status means that at least 75% of the total funds raised are used to support the organisation's mission and a maximum of 25% are used towards administration and fundraising. Shifo's 90-account number is 900-4938.

### We have the solution to solve the problem

Robust national and local health management information systems are fundamental in supporting effective health care. The information generated through these systems is integral to support targeted, high-quality service delivery and to inform decision-makers on service improvement requirements. In low and middle-income countries around the world, the poor quality of health management information systems is a major challenge in providing high-quality health care. During 2020, Shifo continued to work with partners and local governments in the pursuit to strengthen health systems in order to improve the quality of health care for some of the most vulnerable populations in the world.

During the past two decades, improvements have been made in universal health coverage, resulting in a decline in maternal and child mortality and morbidity. However, the global progress has been uneven. A wide range of barriers in accessing health care remain and many urgent priorities are still unmet. In a time where we have access to unprecedented knowledge about the most vulnerable groups in the world, along with decades of evidence of how to effectively prevent avoidable illness and disease, a large percentage of our global population still experience inexcusable levels of health inequities. Two major contributing factors are the lack of data on the health of populations and a lack of knowledge of how to apply information obtained from data sources towards health service improvement.

The rates of a country's maternal and child morbidity and mortality, provide an important insight into the level of effectiveness of a country's health system. The indicators are also representative of wider global inequalities. Child registration is a fundamental right of every child to be recognised by the systems which seek to protect it and is directly connected with the health and wellbeing of children. According to UNICEF, more than 55% of children in sub-Saharan Africa are currently not registered at birth.

There is a global consensus that relevant and reliable data capturing from health services is a vital element of generating relevant information to be used to continue to improve the quality, accessibility and equity of health service delivery. However, in low and middle-income countries, existing methods and processes are inadequate to generate the necessary data and drive evidence-based decision making. Currently, health-related information is obtained from data collected by health workers at the point-of-care, and many factors lead to the data being of poor quality.

The way data is collected in the majority of low and middle-income countries has largely remained the same since the 1980s. Health workers manually enter the information, much of which is redundant, in multiple registers, and spend up to 40% of their time compiling and analysing data which is reported to higher levels of the healthcare system. However, much of the information captured is not reliable or actionable and consequently, not used. This time spent on data-related administration is therefore ineffective and could otherwise be spent on delivering better health services to local communities. This situation is especially exacerbated in understaffed health facilities.

The existing data management processes mean that the data captured at health services are not fit-for-purpose to assist decision making. It is almost impossible for professionals in decision making positions to make informed decisions without fundamental information such as:

- how many children live in an area
- the availability of medicines and supplies at health facilities
- the timeliness of health service delivery for women and children
- the areas where women and children are dropping out of services (defaulting)

This absence of information also provides real challenges in planning interventions, assessing

their impact and allocating resources to areas of most need.

Amongst health care providers, it is accepted that electronic medical records (eHealth) systems are the most efficient way to facilitate the collection and use of data. In low-middle income countries, however, most eHealth solutions cannot be scaled due to infrastructure and resource limitations including electricity, internet connectivity, security and a lack of technical support. Additionally, eHealth solutions are often financially unsustainable for governments to maintain.

Shifo is dedicated in its pursuit to support governments of low and middle-income countries to develop health systems that are robust enough to ensure that no mother or child suffers or dies from preventable diseases. In order to achieve this, it is essential to establish methods of improving processes by which health data is captured and applied to scalable and sustainable solutions. Decision-makers and health planners at all levels must have access to timely, relevant and reliable information and have the appropriate knowledge, skills and capacity to use the data to inform decision making. Only when data is consistently used to identify and close the existing gaps in health care can we genuinely begin to improve the health outcomes of some of the most vulnerable populations on the planet.

# How do we make a difference

## Smart Paper Technology (SPT)

In response to these challenges, Shifo has developed and implemented the Smart Paper Technology (SPT) solution. SPT enables health workers at local facilities to register clients with a unique ID number and capture their health information on Smart Paper Forms. The forms are designed to capture the same information as the existing paper forms used at health facilities, such as register books, tally sheets and summaries. When health workers have entered the client's information onto the forms, they are taken to a designated scanning and data verification station to be scanned and verified. These stations are located at district or health sub-county level which has reliable infrastructure. When the forms are scanned, the Smart Paper Technology Engine automatically processes and digitises the data, and generates an electronic health record of each client. Based on the uniquely allocated ID number, information and data on each client is updated each time an SPT Form is completed and scanned.

SPT was developed to ensure that:

1. It is able to work everywhere, regardless of infrastructural limitations such as electricity, internet, security or lack of technical support.
2. Every person attending a health facility can be registered and followed up with important health services.

3. The solution can generate 100% accurate data
4. 95% of health service delivery points can drive continuous quality improvement by capturing reliable and relevant patient-level data
5. It can be sustained and save government costs
6. It reduces administrative time burden for front-line health workers by at least 50%

By having electronic health records, the SPT solution can generate real-time data on clients. It has a function of automatically generating reports for health professionals at different levels, from local facilities up to the Ministry of Health. The reports go through a process of verification and quality assessment to ensure their accuracy. When finalised, these reports can support decision-makers to make real-time, informed decisions on service provision based on high-quality, reliable data. This, in turn, ensures that the most appropriate and targeted services are provided to those who need it most.

For more information about the SPT work processes and example of data use interventions, please visit:

<https://shifo.org/en/solution/> and <https://shifo.org/doc/rmnc/shifod4a.pdf>.



Health worker filling in the SPT form in Uganda

## SmartActions Platform

While SPT was developed to support electronic data collection, storage and use thereof, the introduction of 'SmartActions' platform as an extension to SPT in 2020 has allowed to pursue a completely different level of use of the SPT-generated data. The origins of SmartAction platform development lie within the introduction of the Continuous Quality Improvement (CQI) report in Gambia in June 2020 to support regional officers to carry out supportive supervision. The CQI provides 7 indicators on data quality allowing regional officers to monitor on a monthly basis facilities' performance and, thus, to collaborate with facilities to improve their quality of performance based on these indicators.

Supportive supervision has been challenging for various reasons including the requirement from GAVI to conduct physical visits to at least 90% of facilities each month to collect all KPIs and identify if and to what extent problems are present at each facility visited. This target posed a significant financial burden, as well as a huge amount of time for planning and conducting the supervision visit, and had been challenging to be reached with sufficient diligence and quality. This in turn was reflected in the documentation of supervision visits. From the checklist that was used during those visits it is not transparent who discussed what kind of problems and what kind of actions had been taken to solve these problems. This finally had the consequence, that it was not clear if the supervision visits had been effective to improve KPIs and knowledge gaps slow down the build up of capacity to reach set goals if at all.

The development of SmartActions platform has the ambition to aid officers in charge to reduce their challenges to carry out supportive supervision and to ensure effectiveness by reducing time and cost and creating accountability and transparency. With these goals in mind Shifo established the SmartActions platform with permanent access to the KPIs on all levels (facility, regional/district, central/national) with timely updates on a monthly basis (or when needed). Therefore, regional officers do not have to conduct physical visits to health facilities, but can use the free CUG lines that are provided through MOH.

The platform automatically provides officers in charge with priority tasks to conduct supportive supervision with health facilities ranked by KPI performance. Agreed actions are logged into the system. The SmartActions platform allows for some standardisation and thus would give the possibility to quantify improvement actions and subsequently their effectiveness. Actions that have been proven to be effective can be recommended by officers in charge for implementation in other facilities.

In summary, the benefits that we attribute to SmartActions platform and that constitute its value in improving KPI performance include

- savings of time and cost on all levels that can be invested elsewhere
- provision of transparency and accountability which improves availability of opportunities of effective communication and timely intervention
- finally, officers in charge experience utilisation of SmartActions platform as motivational through direct visualisation of priority tasks to be accomplished and their progress in doing so, which ultimately leads to nurturing of their professional development.



Mother and child in The Gambia

# Significant Events during 2020

## Afghanistan

SPT is used in:

**2 Provinces**

**11 Districts**

**1,425 Health Service Delivery Points**

In 2020, Shifo had its focus on the scaling up of the SPT solution in the Laghman and Wardak provinces of Afghanistan, also, the improvement of data quality was high on our agenda for 2020.

In the very beginning of the project within the Laghman Province, together with our partners, we had set a goal in 2018 with a target of achieving a full scale up of the SPT solution in Laghman province by the end of 2020. This goal was achieved in the second quarter of 2020, with SPT solution being scaled to the final districts of the province. An evaluation of the SPT project in the Laghman province is ongoing for 2021.

In the Wardak Province, the Swedish Committee for Afghanistan (SCA), Ministry of Public Health (MoPH) in Afghanistan and the provincial health offices worked together to scale up SPT to a further 11 health facilities bringing the total number of health facilities using SPT to 33 static health facilities in the province. The scale up to the remaining health facilities in the remaining districts of Wardak Province is expected to happen in 2021.

The Continuous Quality Improvement (CQI) tool, which allows the visibility of data to supervisors and health workers, was introduced and implemented in Afghanistan as a way to improve the quality of data and verification from the two provinces. By the end of the year this tool was fully adopted and being used in both Laghman and Wardak provinces. Further capacity building on the CQI tool will be done in 2021 for health workers.

Significant milestones were reached in 2020 but also the challenges presented by the COVID-19 also delayed other targeted milestones. The effects of the pandemic resulted in delays of planned collaborations with the Ministry of Health of Afghanistan because they diverted their focus on the COVID-19 response than Immunisation, this led to the delay in integration with DHIS2 which cannot be done without MoPH support. Discussions are now in progress with one goal for 2021 being 'to reach integration with DHIS2'. 2020 would have also seen the end of our collaboration with our partners at SCA in the Laghman Province, but mutual agreement

to continue working together led to discussions, which are in advanced stages, to continue the collaboration between Shifo and SCA beyond the previously expected ending dates, and this is expected to be finalised in the first quarter of 2021.

## The Gambia

SPT is used in:

**7 Regions**

**426 Health Service Delivery Points**

In line with a sustainable implementation of MyChild system in The Gambia, the priority during 2020 for Shifo was to further transfer processes at all levels within MOHSW with special emphasis on the national level. The strong collaboration and continuous capacity building at a national level throughout the year have been instrumental in reaching national roll-out of MyChild system by the end of 2020.

MyChild system was scaled up to the 5 remaining regions of The Gambia, leading it to be distinguished as **the first African country to have an electronic immunisation registry**. In summary, SPT is now used in 98 static and 321 outreach health facility sites of all 7 regions of The Gambia. In all regions capacity was built to directly transfer 100% of work processes into the existing health system structure.

In the beginning of the year MOHSW, AAITG and Shifo agreed on an action plan. Some activities have been or still are delayed due to COVID-19 measures and shifted priorities. Since the majority of activities included some kind of capacity building it was challenging to organise and conduct the specific training required. However, eventually all required training to implement the CQI and to scale-up nationally was carried out.

In line with the transfer of processes to the local ICT team, a workshop was planned for the year, but the workshop had to be postponed indefinitely due to the COVID-19 pandemic. To initiate the transfer anyways, a roadmap was agreed on with ICT outlining alternative activities that are conducted remotely.

At present, the total number of children registered nationally is 219 441 with 136 740 SMS reminders sent to mothers or caregivers. 39 194 children have been fully vaccinated among 119 832 registered



Vaccination session in Uganda

children under the age of 1 year accounting for 32.7%.

Efforts have been put into the establishment of M&E processes to ensure data quality. Development and implementation of the Continuous Quality Improvement (CQI) report, which is under further improvement to build the core of the SmartActions platform, has been of significance in this regard.

Shifo has developed a 'MyShifo' Mobile App, which was introduced by the beginning of 2020 and published to GooglePlay in June 2020. The Mobile App allows health workers to access the dashboard and de-identified immunisation and deworming registers and monthly reports, as well as to search for a child's vaccination history in case of IWC loss via their phones. Importantly, Health Workers are able to download monthly updated registers and use them offline. In this way data access in settings where there might be no or insufficient network is ensured, which might especially apply during outreaches. Currently, they are 250 health workers from different facilities across all regions that have downloaded and registered with the Mobile App.

Finally, new indicators focusing on vaccine stock management were implemented. These include "vaccine stock forecast accuracy", which is built on an algorithm and "proportion of sessions without stockouts (vaccine availability), which is based on available session data and takes specific sequences and proportions of missed opportunity events into account. The quality of EPI services depends on appropriate vaccine stock management (among other factors) and it is thus beneficial to take a holistic approach.

This has also led to explore possible opportunities to expand SPT implementation into other areas within

the health system in Gambia, such as RMNCH. Initial meetings and discussion have been held with relevant partners.

## Uganda

SPT is used in:

### **1 District 38 Health Service Delivery Points**

The focus of Shifo's work in Uganda, was to prepare the foundations for the scale-up of SPT for EPI to new districts in Uganda, whilst simultaneously implementing SPT for RMNCH services in Mukono District.

In order to prepare effectively for the implementation of SPT for RMNCH services, the Shifo Stockholm team and numerous developers were engaged in ensuring the back-end and front-end of the SPT system was designed and fully functional. During July and August 2020, the SPT solution for RMNCH was introduced to the relevant MoH Technical Working Group and the Mukono District Health Team (DHT), and the plans for implementation shared and agreed. Two pilot health facilities were selected for the first phase of implementation in Mukono. Health workers from Mukono General Hospital and Goma HCIII were trained in August 2020 to use the SPT forms for data collection during RMNCH service delivery. A further 20 health facilities were trained for phase two of implementation during November and December, and began utilising the SPT solution for RMNCH services by the end of December 2020. As part of this process, capacity was built within the Mukono District Health Team to become district level trainers, and cascade the information needed to health workers to effectively operate the SPT solution at facility level.

During the final quarter of 2020, a team of data collectors were also engaged in collecting information from health facilities to inform the evaluation of the implementation of SPT for RMNCH services. The evaluation will be completed and submitted to the donors - Children's Investment Fund Foundation (CIFF) by the end of March 2021.

Work was ongoing during 2020 to ensure the optimisation of all aspects of the SPT solution to support EPI services, in preparation for the implementation of SPT to new districts in Uganda during 2021. This included ongoing investigations, research, recommendations and necessary actions on how various aspects could be optimised. A workshop was held in Stockholm during March 2020 with a key partner from WHO Uganda, to begin to plan actions for the scale-up of SPT for EPI in Uganda. Additionally, initial agreements, budgets and work plans were developed in collaboration with the Ministry of Health (MoH) and submitted for approval to Gavi. Although there was a significant delay in the final decision by Gavi, it was agreed that the first phase of implementation of SPT to new districts in Uganda for EPI, will consist of the the scale-up to 10 new districts. This is expected to commence in March 2021.

In the summer of 2020, SPT was also introduced to two more health facilities - Nakifuma and Kojja HCIII - to support the delivery of EPI in Mukono District. Members of the Mukono District Health Team were engaged to become district level trainers on SPT for EPI services, and cascade the information needed to health workers in these two new health facilities. As part of this training, capacity was reinforced within the DHT on the data use element of SPT for EPI services.

During December 2020, an agreement was signed between Shifo and Medical Teams International (MTI) to implement SPT in the refugee supporting district of Isingiro in Uganda. This project is expected to be underway by March 2021.

## Kenya

SPT is used in:

### **1 District**

### **6 Health Service Delivery Points**

The project in Lunga Lunga Hospital, Kwale County was successfully handed over to the local government in August 2019. A list of all processes that were gradually transferred during the project can be found here <https://bit.ly/32x23Se>.

In 2020, the local government in Kwale County together with the personnel at Lunga Lunga Hospital were fully running the daily operations

required to operate and use the SPT system independently as well as covering all running costs, providing a very good example of how the SPT system can be sustained and operated by the local health system.

Discussions were held in 2020 with the Ministry of Health and UNICEF to find ways one how to further expand the work being done in Kenya.

## Tanzania

SPT is used in:

### **1 District**

### **32 Health Service Delivery Points**

The focus of Shifo's work in Tanzania during 2020, was to work in close partnership with Karolinska Institutet and Ifakara Health Institute towards implementing the SPT solution for RMNCH services in the whole of Tandahimba District. The primary focus of the project has been to research the effectiveness of SPT for RMNCH services in Tanzania.

Health workers at all 32 health facilities in Tandahimba District had been trained and were utilising SPT by the end of summer 2020, thus providing the research team with the opportunity to evaluate the benefits of SPT at a district-wide level. Towards the end of 2020, the focus of attention shifted to the project team engaging with key people from President's Office, Regional Administration and Local Government (PORALG) and the Ministry of Health (MoH), to raise awareness and share findings of the benefits of the SPT solution. In December 2020, a delegate of MoH professionals visited Tandahimba District to experience the SPT solution first hand and to speak to those working with the solution in the field.

As the data collection part of the research project came to an end by the end of 2020, the project team agreed to close the use of SPT and prioritise stakeholder engagement to disseminate research results and to explore opportunities with donors to scale the solution.

## Haiti

SPT is used in:

### **3 Departments**

### **195 Health Institutions**

In order to strengthen the supply chain system in Haiti, the Ministry of Public Health and Population (MSPP) introduced new paper-based Logistics Management Information System (LMIS) tools. Our primary focus in 2020, was to ensure the

implementation of the new LMIS tools along with the introduction of Shifo's SPT to optimise the data reporting process. This work provided the opportunity to improve the data reporting tools used by the Principal Recipients of The Global Fund (TGF) to support their quarterly planning for procurement and distribution of commodities.

Together with the Ministry of Public Health and Population (MSPP), and supported by our partners Medical Access Uganda Limited and VillageReach, SPT was implemented at a large scale in 3 Regions (known as 'departments' in Haiti) which has a total of 195 Health Service Delivery Points that cover the 'Malaria, TB, Vaccination, Nutrition, Family Planning, Essential Medicines, HIV/ARV' programs.

The LMIS project integrated all the health verticals/ programs managed by a facility which in other projects, are usually based on a selected few programs. Shifo successfully integrated the SPT system with the DHIS2 system in Haiti to ensure seamless data visibility.

Shifo agreed to support the project in 2021 to ensure the successful adoption of the solution and to perform further evaluations to measure progress. Work is also in progress towards the approval for the proposed plans for national scale-up of the current implementation & introduction of an eLMIS system. In 2021, Shifo will focus on improving outcomes related to increasing availability of health commodities in the country and reducing wastage of health products in the system.

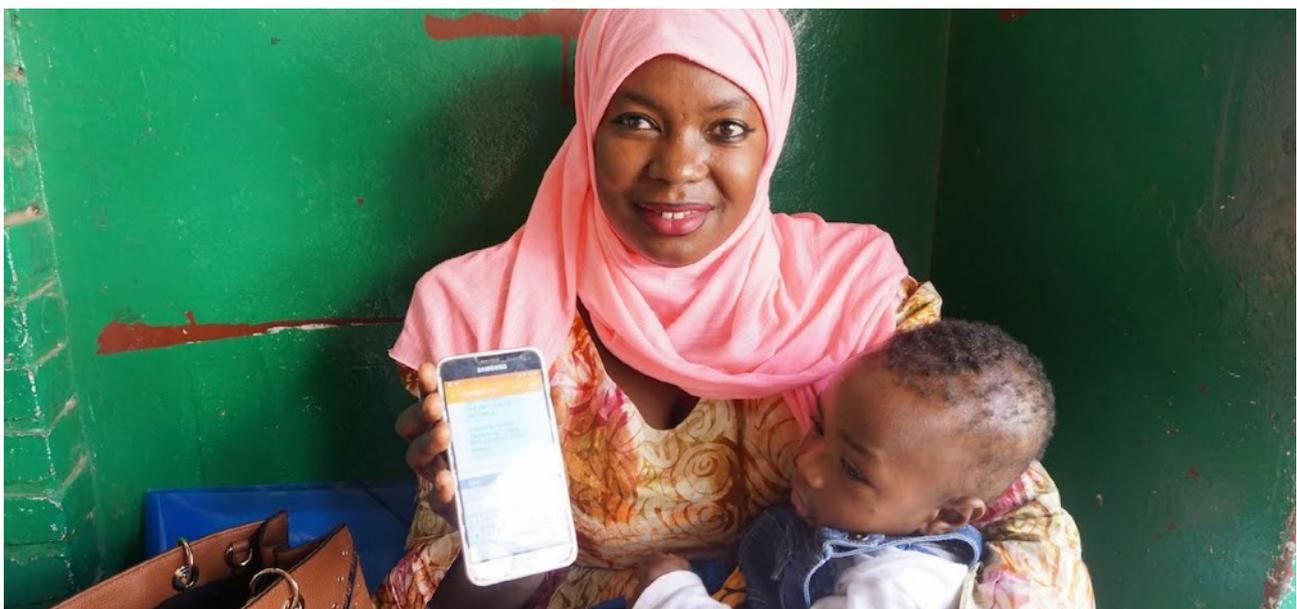
## Zambia

In March 2020, Shifo signed an agreement with IK Aid and Relief Enterprise (IKARE) to work in partnership with the Zambian MoH to implement SPT for EPI and RMNCH services.

Between July and December 2020, the Shifo team focussed on laying the foundations for the work to commence in 2021, initially focussing on EPI services, and then turning attention to implement the SPT solution for RMNCH.

The activities of 2020 focussed on:

- Developing relationships and building partnerships with key members of the Zambian MoH
- Obtaining background information from the MoH on the pilot district of Chilanga
- Understanding work flows and processes within the Zambian health system
- Developing SPT forms to be used for EPI service delivery
- Beginning the development of the back end
- Development of a capacity building strategy for implementing SPT in Chilanga



Mother showing her SMS reminder

# Learning how to Overcome the Coronavirus Pandemic

In the early part of 2020, the coronavirus pandemic (COVID-19) struck countries around the world, presenting enormous challenges to health systems and spurring widespread shutdowns, school and business closures, and job losses. Nearly all countries are still facing an unprecedented economic downturn.

Much like other organisations, Shifo was also caught off guard by the COVID-19 Pandemic. In that moment, although shaken, we learned that instead of panicking, we needed to come together in order to evaluate, assess and overcome the pandemic.

How were we affected by the COVID-19 pandemic?

As reported in individual country reports, due to numerous country shut downs, travel bans and the fast spread of the pandemic, we experienced challenges in achieving our deliverables, conducting trainings, reaching set country milestones etc.

In each country, these challenges were solved with unique solutions that helped us move our work forward and this can be seen in much more detail on each country report in the annual report narrative.

We are still finding unique ways of working together with our partners on our projects during this pandemic.

As an organisation we had to **change how we work.**

Health and well-being are the foundation for a great team experience, and as a result of public health authorities' recommendations to limit the spread of COVID-19, most of our team members worked from home for long periods during the year.

To reduce the risk of employees contracting the virus, we issued internal guidelines and provided reminders on how to limit the risk of spreading the infection and when and how to use personal protective equipment.

We soon learned that the risks involved in working from home for prolonged periods of time relate mainly to lack of social contact and poor ergonomics.

We have since taken several measures to mitigate these risks including:

- Began Increasing access to mental health support.
- Offering digital employee engagement activities to help reduce social isolation and promote healthy habits
- Reduced multi-tasking and introduced a more focused approach to working, and we created flexibility in working hours which allowed the team to have their own better working hours.

Despite the COVID-19, 2020 proved to be a strong year for Shifo Foundation. We were tested and instead of crumbling, the best of us was revealed from the challenges that we faced.

**Thanks to an extraordinary effort by our team and global partners,** we delivered excellent results and made progress across all our projects, with some of that progress being historical.

Financially, we achieved another internal milestone as our revenue, arising from Grants, for Shifo amounted to 21 million SEK, which is a significant increase of 127% compared to 2019.

2021 will be another challenging year, but with our strong and flexible model of operations, and the right people on board, we will make sure to keep supporting and build health systems in our partner countries.

We remain committed to our long-term goals which will ensure that a 'day arrives when no child or mother dies or suffers from preventable diseases'. To get there, we will remain focused on our mission and increase our efforts of helping countries work toward a resilient recovery from the pandemic and ultimately build back stronger.

## Working with Partners Towards a Common Vision

In order for Shifo to be able to continuously work towards improving the quality of health services in our partner countries, it is of paramount importance to work collaboratively with key actors who are also committed to strengthening the existing health system structures to ensure gaps can be identified and close based on reliable data and information.

Shifo and its partners have continued their positive and productive collaborations during 2020, and several new organisations have shown interest in learning more about SPT and collaborating with Shifo. These include The World Bank, WHO, SIDA, Amref Health International, Centre for Disease Control, USA, Children's Investment Fund Foundation and Takeda among others.

In 2020, the following new partnerships were established:

- To increase the scope of work in Haiti, Population services International supported The Global fund and contracted Shifo to lead a consortium of partners to strengthen the supply chain and logistics management information system (LMIS) in Haiti.
- Shifo and Children's Investment Fund Foundation (CIFF) began a partnership to support the roll-out of SPT in maternal health services in Mukono District, Uganda.
- Shifo and IKARE signed an agreement to begin the roll out of SPT in Zambia in Chilanga District.

During the same period, the following partnerships have continued to be strengthened:

- Together with Karolinska Institutet and the Ifakara Health Institute, the collaboration continued to evaluate SPT within maternal and newborn health in Tanzania.
- The Swedish Committee for Afghanistan, the Ministry of Public Health of Afghanistan and Shifo continued the partnership to scale up SPT and data use interventions in all health service delivery points in Mehterlam and Qarghaee districts. This was also expanded to the two new districts of Alishang and Daulatshah, in the Laghman province.
- Shifo continued their collaboration with Gavi, the Vaccine Alliance, IKARE, Action Aid International The Gambia, and Af Jochnic Foundation. The organisations are supporting Shifo to implement SPT and strengthen child health service delivery in The Gambia.
- The partnership with IKARE is strengthened as they also support Shifo to evaluate SPT within maternal and child health in Uganda.
- The IKEA Foundation has continued support Shifo's work in Uganda.
- Shifo has continued to be a member of the Reproductive Health Supplies Coalition.



Children in Uganda

## Expected Future Developments For 2021

Shifo has always operated with a long-term perspective and this has helped us to always work on, and discover new unique solutions that have catapulted us and country health systems into a brighter future.

What do we expect from Shifo in the near future?

### Program developments

The following is a summary of key developments expected to happen in our programs that will affect Shifo's growth in 2021:

- We expect to begin the scale up of SPT in Uganda to 10 districts and eventually up to 30 districts. This scale up work will be the biggest scale up work Shifo has had.
- We expect to Scale up of the SPT LMIS solution in Haiti to a further 7 departments which will ensure SPT is used Nation wide in Haiti.
- The fight against COVID-19 pandemic has not yet been won. In order to support the fight against the Pandemic, Shifo, together with our partners expect to develop a COVID-19 Solution for countries which will help to aggregate the Nation's COVID-19 data.
- We expect to pilot the new SMART Actions Platform within existing running programs.

- We expect to begin the development digital scanning by mobile phones in selected countries. This will further improve the digitisation of countries health records.

### Organisational Developments

Shifo's organisational growth is expected to happen in harmony with our program growth for 2021.

Expected growth in the organisation are:

- We expect to bring on additional team members to our overall organisation in the Programs, Technology and Administration departments to the Stockholm and Individual country teams.
- We also expect to further improve our existing, and create new partnerships which will help us in the building of more robust health systems in new targeted countries. Some of the partnerships being worked on are shared in the 'working with partners towards a common vision' section.

Of course our progress and development is not limited or capped in the above areas.

In our plan for the years to 2025, we have determined to develop Shifo Foundation on the basis of a long-term perspective, where the aim is to build a Foundation that is strong and well-positioned for the future.



Children in Gambia

# Results and Financial Overview

## Children Registered, Fully Vaccinated, and Followed-Up

As a result of the joint work with partners in Afghanistan, The Gambia, Uganda, and Kenya, by 2020 we were able to:

- Register **307 378** children for preventive health care
- Fully immunise **54 466** children
- Followed-up on **216 795** children with SMS reminders

Up to date indicators can be followed on our webpage at: <https://shifo.org/en/about/organisation/en/>

## Data for Action Interventions

In 2020 Shifo integrated several data use interventions to lay the foundation for continuous quality improvement in the health sector. Strengthening data use culture is a gradual process that requires a well-planned change management process.

The following data use interventions have been gradually integrated across the healthcare chain in The Gambia, Uganda, Afghanistan, and Kenya:

- Care givers receive SMS messages one day before their child's next vaccination due date reminding them about their next visit.
- Health workers receive key performance indicators (KPIs) via SMS to help them take appropriate improvement actions.
- Provincial and Regional Medical Stores in Afghanistan and The Gambia provide vaccines and supplies to each health facility based on system-generated stock request forms.
- Decision-makers and planners at the sub-national level review the performance of each health facility using the integrated dashboard.
- Automatic follow-up lists that show the details of defaulters are generated for health workers to do targeted follow-ups.
- Integration of the data generated by the SPT system with the national health information

system, DHIS2, in The Gambia  
To read more about data use interventions, please visit: <https://shifo.org/en/solution/>.

## Events and Dissemination of Shifo's Work

In 2020, Shifo was invited to disseminate its work and raise awareness about SPT and the challenges it is addressing in the following forums, among others:

- Shifo Foundation participated in stakeholder meetings and in partnership-building activities in Uganda, Afghanistan, Haiti and Zambia in 2020.
- Shifo's work in Uganda was evaluated, assessed and published in the PubMed Magazine.
- A scientific article was published assessing SPT effect on vaccination data in the Gambia: "An assessment of the quality of vaccination data produced through smart paper technology in The Gambia" Vaccine. 2020 Sep 29;38(42):6618-6626
- Shifo made a presentation on the progress in Laghman Province and the scale-up in Wardak province was made to Gavi Resource Mobilisation Team (The Vaccine Alliance), The Global Fund Supply Chain Department and The World Bank Team responsible for Afghanistan

## Shifo's Team

By the end of 2020, 43 people were working within Shifo in Sweden and partner countries. This included 35 full-time and 8 part-time employees. With Ten Employees working in Sweden.

## Board of Directors

**Chairman** - Bo Göransson

Andreas Winqvist

Carl-Gunnar Höglund

Rustam Nabiev

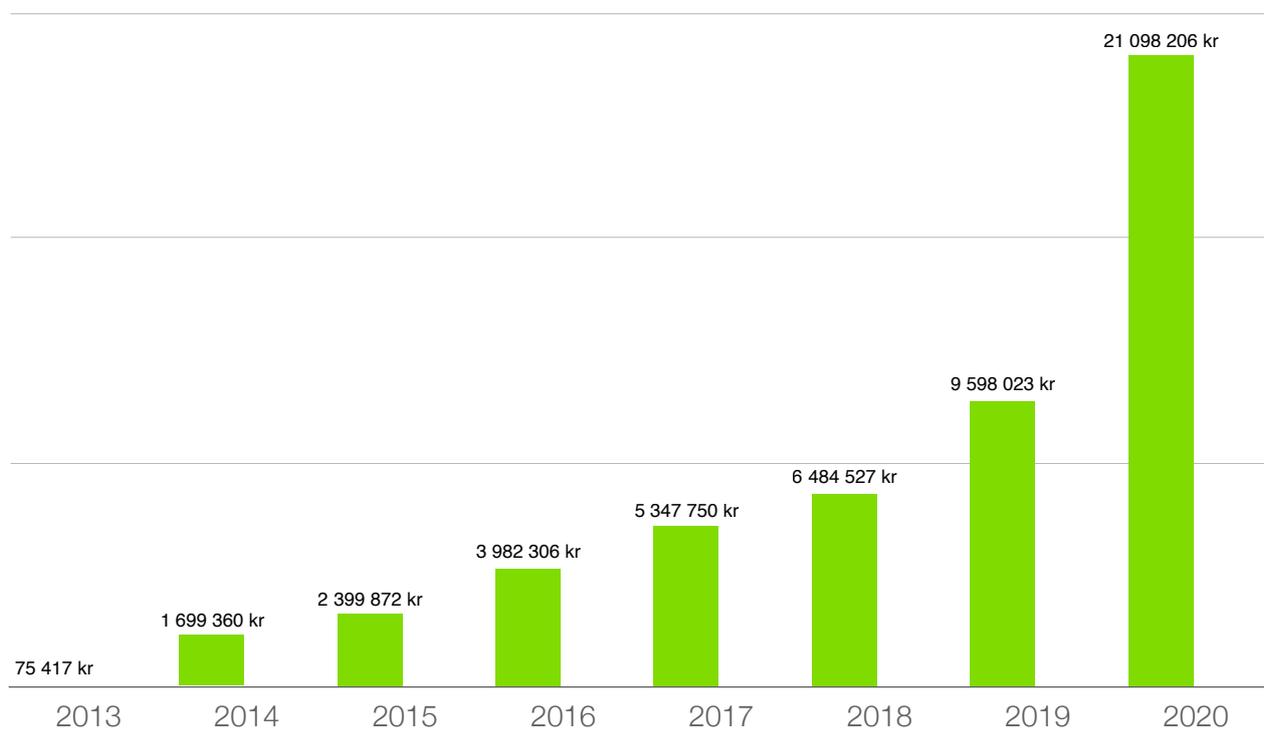
Eugene Bushayija

Ulrika Erkenborn Rugumayo

Asli Kulane

# Yearly overview

## Comparison of growth between 2020 - 2013 in terms of total revenues

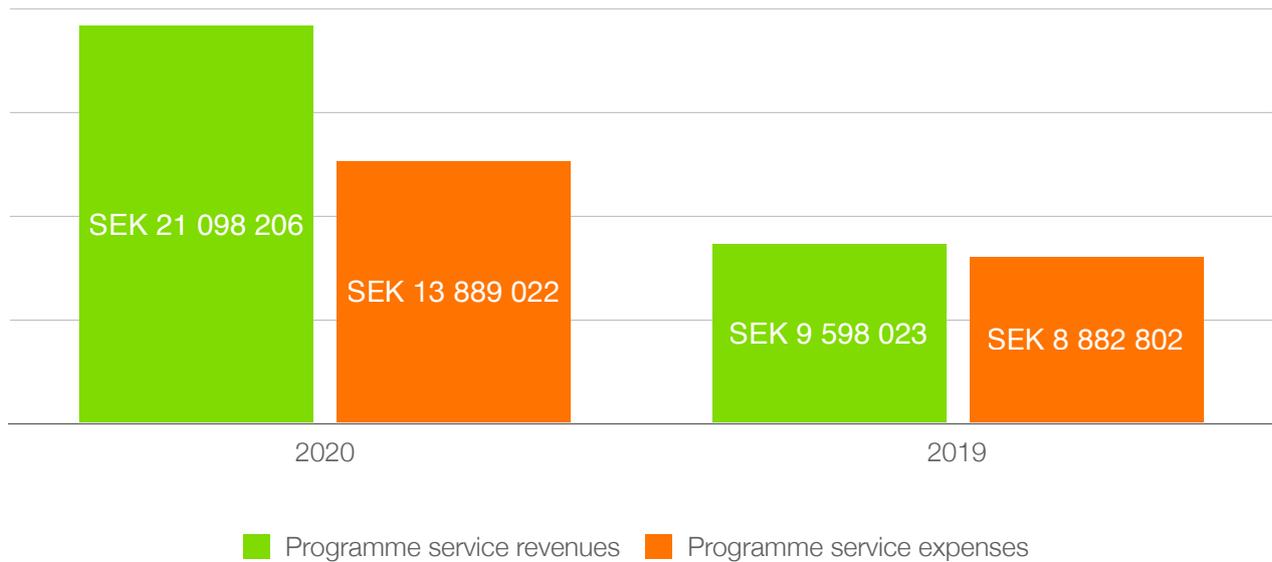


## Variation in Earmarked Funds

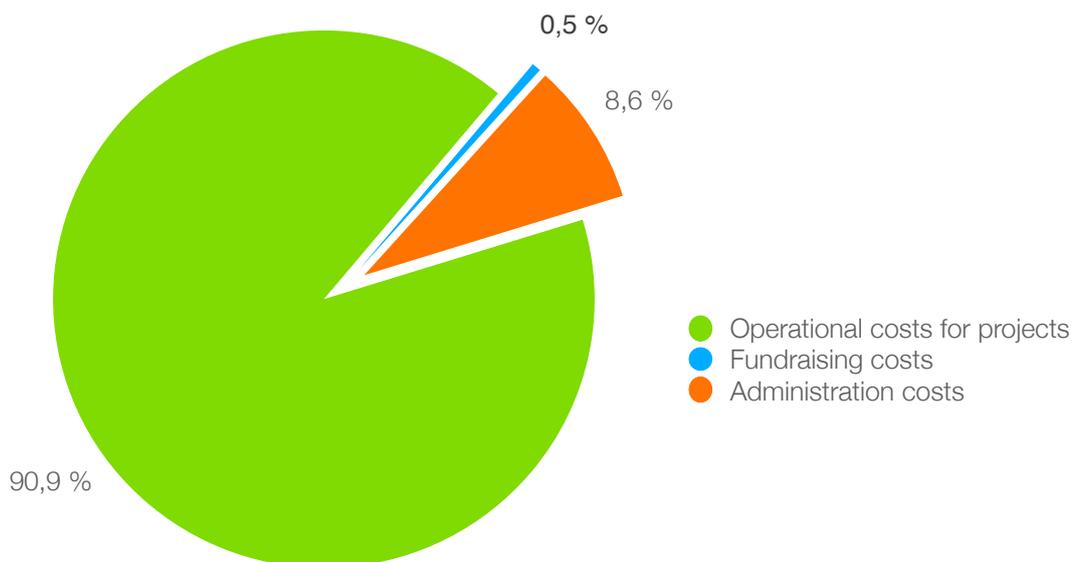
	Earmarked funds	Profit/loss brought forward	Total Equity
<b>Incoming Balance</b>	<b>652 127</b>	<b>169 988</b>	<b>822 115</b>
Reserved earmarked funds	0	0	0
Utilisation of earmarked funds	0	0	0
Allocation of net resources	0	0	0
SPT Continuous development	7 209 183	0	7 209 183
<b>Outgoing Balance</b>	<b>7 861 310</b>	<b>169 988</b>	<b>8 031 298</b>

# Profit and loss statement and balance sheet 2020

## Revenues and costs



## Programme service expenses



## Profit and Loss Statement

	Notes	2020 (SEK)	2019 (SEK)
<b>Revenues</b>			
Donations	2	0	3 800
Grants	2	21 098 206	9 294 224
Other Revenues	2	0	300 000
<b>Total revenues</b>		<b>21 098 206</b>	<b>9 598 023</b>
<b>Costs</b>			
Operational costs for projects	5-8	12 624 832	8 145 925
Fundraising costs	5-8	75 653	58 380
Administration costs	5-8	1 188 537	678 497
<b>Total programme service expenses</b>		<b>13 889 022</b>	<b>8 882 802</b>
<b>RESULTS OF OPERATIONS</b>		<b>7 209 183</b>	<b>715 220</b>
<b>RESULT AFTER FINANCIAL ITEMS</b>		<b>7 209 183</b>	<b>715 220</b>
<b>NET PROFIT/LOSS FOR THE YEAR</b>		<b>7 209 183</b>	<b>715 220</b>

## Allocation of Earmarked Funds

	Notes	2020(SEK)	2019 (SEK)
Net profit/loss for the year according to the Profit and Loss Statement		7 209 183	715 220
Utilisation of earmarked funds	5-8	0	-3 800
Reserve of earmarked funds not utilised during the year		0	0
Reserved for SPT Continuous development	5-8	-7 209 183	-555 686
<b>Remaining balance, profit/loss brought forward</b>		<b>0</b>	<b>155 734</b>

## Balance Sheet

	Notes	2020 (SEK)	2019 (SEK)
<b>ASSETS</b>			
<b>FIXED ASSETS</b>			
<b>Financial assets</b>			
Other long-term receivables	9	183 700	183 700
<b>CURRENT ASSETS</b>			
<b>Receivables</b>			
Other receivables	10	4 599 403	39 581
Prepaid expenses and accrued income	11	51 668	575 072
<b>Cash and bank balances</b>			
Cash and bank balances	12	14 307 932	7 516 390
<b>TOTAL ASSETS</b>		<b>19 142 704</b>	<b>8 314 743</b>
<b>EQUITY AND LIABILITIES</b>			
<b>EQUITY</b>			
Earmarked funds	5-8	7 861 310	652 127
Profit/loss brought forward	8	169 988	169 988
<b>TOTAL EQUITY</b>		<b>8 031 298</b>	<b>822 115</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Accounts payable	13	945 675	73 903
Liability on received but not utilised grants	14	9 402 370	6 962 706
Other liabilities	15	276 990	143 596
Accrued expenses and deferred income	16	486 371	312 423
<b>TOTAL LIABILITIES</b>		<b>11 111 405</b>	<b>7 492 628</b>
<b>TOTAL NET ASSETS AND LIABILITIES</b>		<b>19 142 704</b>	<b>8 314 743</b>

## Cash Flow Statement

	2020 (SEK)	2019 (SEK)
<b>Operating activities</b>		
Total Revenues	21 098 206	9 598 023
Change in Receivables	-4 036 418	574 279
<b>Contributions from donors and organizations etc.</b>	<b>17 061 787</b>	<b>10 172 302</b>
Total programme service Expenses	-13 889 022	-8 882 802
Change in Payables	3 618 777	-148 484
<b>Payments to partners, employees, and suppliers etc.</b>	<b>-10 270 245</b>	<b>-9 031 286</b>
<b>Cash flow from operating activities before interest expenses</b>	<b>6 791 542</b>	<b>1 141 016</b>
Interest received	0	0
<b>Cash flow from operating activities</b>	<b>6 791 542</b>	<b>1 141 016</b>
<b>CASH FLOW FOR THE YEAR</b>	<b>6 791 542</b>	<b>1 141 016</b>
Cash at the beginning of the year	7 516 390	6 375 374
<b>CASH AT THE END OF THE YEAR</b>	<b>14 307 932</b>	<b>7 516 390</b>

# Notes to Profit and Loss Statement and Balance Sheet 2020

---

## Note 1. Accounting and valuation principles

Accounting and valuation policies comply with the Swedish Annual Accounts Act, the Swedish Accounting Standards Board's (BFN) rule BFNAR 2012:1 (K3) and GIVA Sweden's guidelines on annual reporting. These policies did not change when compared to the last financial year.

### Programme service revenue

Unless otherwise indicated below, revenue is measured at the fair value of what has been received or will be received.

### Gifts

Gifts are, as a main principle, accounted as revenue when received. Gifts in the form of equipment, supplies, services and rent-free office space are not reported as revenue. Gifts are, as a main principle, recognised at fair value.

### Grants

Grants are recognised as revenue when the conditions for receiving the grant have been fulfilled. Grants received are recognised as liabilities until the conditions for receiving the grant have been fulfilled. Grants are recognised at fair value of what Shifo received or will receive.

### Programme service expenses

Shifo's programme service expenses are reported in accordance with GIVA Sweden's (the Swedish Fundraising Council) guidelines such as operational costs for projects, fundraising and administrative costs.

### Operational costs for projects

Operational costs for projects consist of those expenses that Shifo carries out in accordance with its statutes.

### Fundraising expenses

Fundraising expenses relate to the costs incurred to mobilise donations from individuals and businesses via fundraising materials,

printing costs, advertising as well as staff costs for personnel involved in fundraising activities.

### Administration expenses

Administration costs are costs that are necessary to manage the foundation. Administration is part of assuring good quality in the organisation's internal controls and reporting on programmes to donors. Administrative costs include, among others, the cost of rent, administrative personnel, audit (excluding the audit of project funds) and other operating expenses for the office.

### Cash flow statement

The cash flow statement has been prepared using the direct method.

### Assets and liabilities

Accounts receivable are valued individually at the amount that is expected to be received.

Receivables and liabilities in foreign currency are valued at the exchange rate on the balance sheet date.

### Earmarked funds

Under Earmarked funds in equity, are reported but not yet spent gifts and funds for other purposeful means.

### Debt for received unused grants

When the foundation has received a grant but has not yet met the conditions to be recognised as revenue, it is reported a debt.

## Note 2. Gifts and grants

	2020 (SEK)	2019 (SEK)
<b>Gifts that are accounted for in the profit and loss statement</b>		
Public	0	3 800
Business	0	300 000
<b>Total</b>	<b>0</b>	<b>303 800</b>
<b>Grants that are accounted for in the profit and loss statement</b>		
Afghanistan	3 650 000	2 700 000
Gambia	3 796 348	3 710 541
Haiti	10 343 903	0
Kenya	0	665 132
Tanzania	43 396	144 726
Uganda	2 597 920	2 073 825
Zambia	208 642	0
Short-term work assistance	457 997	0
<b>Total</b>	<b>21 098 206</b>	<b>9 294 224</b>
<b>Funds raised</b>		
Gifts that are accounted for in the profit and loss statement	0	303 800
Grants that are accounted for in the profit and loss statement	21 098 206	9 294 224
<b>Total funds raised</b>	<b>21 098 206</b>	<b>9 598 024</b>

## Note 3. Employee and personnel costs

	2020	2019
<b>Average number of employees</b>		
Women	4	5
Men	6	5
<b>Total</b>	<b>10</b>	<b>10</b>
<b>Board members and senior management</b>		
Board members (of which men)	7 (5)	8 (5)
Director (of which men)	1 (1)	1 (1)
<b>Salaries and other remuneration</b>		
Board of Directors	0	0
Director	896 472	500 710
Other employees	2 878 554	2 596 714
<b>Total salaries and other remuneration</b>	<b>3 775 026</b>	<b>3 097 424</b>
<b>Social security contributions</b>	<b>1 339 009</b>	<b>1 108 118</b>
(Of which pension costs excluding salary tax)	(248 460)	(150 547)

The Directors pension costs in 2020 amounted to 79 057 SEK. No compensation is paid to the Board of Directors in 2020. The ten employees included above are employees part of the Shifo team in Sweden. The total number of Shifo's team globally in 2020 is 43.

## Note 4. Leasing

Shifo Foundation leases office space. Costs of leasing for the year 2020 amounted to 495 137 SEK. Future leasing fees are:

	2020 (SEK)	2019 (SEK)
Within 1 Year	496 816	495 137
2-5 years	1 242 040	1 738 856
<b>Total</b>	<b>1 738 856</b>	<b>2 233 993</b>

The rent agreement ends on 2024.06.30 and it is possible to extend further after a board decision.

## Note 5. Projects in Africa

	2020 (SEK)	2019 (SEK)
<b>Funds raised</b>		
Gambia	3 796 348	3 710 541
Uganda	2 597 920	2 073 825
Zambia	208 642	0
Tanzania	43 396	144 726
Kenya	0	665 132
<b>Costs</b>		
Operational costs for projects	5 183 401	5 219 118
Fundraising costs	75 653	58 380
Administration costs	868 307	626 476
<b>Result for the year</b>	<b>518 945</b>	<b>690 250</b>
<b>Incoming balance</b>	<b>0</b>	<b>0</b>
<b>Earmarked funds</b>	<b>0</b>	<b>690 250</b>

The result for the year is a result from the action of reserving of unspent overheads on each project. Shifo reserves unspent overheads at the end of a period for the continuous development of SPT. In the region a total of 518 945 SEK was reserved for this purpose.

## Note 6. Project in America

	2020 (SEK)	2019 (SEK)
<b>Funds raised</b>		
Haiti	10 343 903	0
<b>Costs</b>		
Operational costs for projects	3 769 447	0
Fundraising costs	0	0
Administration costs	0	0
<b>Result for the year</b>	<b>6 574 456</b>	<b>0</b>

## Note 7. Projects in Asia

	2020 (SEK)	2019 (SEK)
<b>Funds raised</b>		
Afghanistan	3 650 000	2 700 000
<b>Costs</b>		
Operational costs for projects	3 213 987	2 553 640
Fundraising costs	0	0
Administration costs	320 230	116 791
<b>Result for the year</b>	<b>115 783</b>	<b>29 569</b>

The result for the year is a result from the action of reserving of unspent overheads on each project. Shifo reserves unspent overheads at the end of a period for the continuous development of SPT. In the region a total of 115 783 SEK was reserved for this purpose.

## Note 8. Other funding

Other funding consists of funding from philanthropists, investors, Government assistance and companies that specifically expressed to support Shifo's activities connected to organisational growth. It also includes the revenue from Shifo's consulting.

	2020 (SEK)	2019 (SEK)
<b>Funds raised</b>		
Government COVID-19 relief assistance	457 997	0
Angel investors	0	0
Consultation service	0	300 000
<b>Financial items</b>		
Interest income and other profit/loss items	0	0
<b>Operational costs for projects</b>	<b>457 997</b>	<b>85 670</b>
<b>Fundraising costs</b>	<b>0</b>	<b>0</b>
<b>Administration costs</b>	<b>0</b>	<b>58 595</b>
<b>Result for the year</b>	<b>0</b>	<b>155 735</b>
<b>Incoming balance</b>	<b>0</b>	<b>14 254</b>
<b>Remaining balance/Profit/loss brought forward</b>	<b>0</b>	<b>169 989</b>

---

## Note 9. Other long-term receivables

	2020 (SEK)	2019 (SEK)
Holdings on tax account	183 700	183 700
<b>Total</b>	<b>183 700</b>	<b>183 700</b>

---

## Note 10. Other receivables

	2020 (SEK)	2019 (SEK)
Holdings on tax account	0	39 581
Other current receivables	4 599 403	0
<b>Total</b>	<b>4 599 403</b>	<b>39 581</b>

---

## Note 11. Accrued income and prepaid expenses

	2020 (SEK)	2019 (SEK)
Prepaid expenses resulting unutilised grants	0	68 555
Other prepaid expenses	51 668	506 517
<b>Total</b>	<b>51 668</b>	<b>575 072</b>

---

## Note 12. Cash and Bank

	2020 (SEK)	2019 (SEK)
Cash and Bank Sweden	14 303 625	7 516 390
Cash and Bank Uganda	4 307	0
<b>Total</b>	<b>14 307 932</b>	<b>7 516 390</b>

---

## Note 13. Accounts payable

	2020 (SEK)	2019 (SEK)
Pension insurance premiums	0	0
Other external services	945 675	73 903
<b>Total</b>	<b>945 675</b>	<b>73 903</b>

---

## Note 14. Liability from un-utilised grants

	2020 (SEK)	2019 (SEK)
Projects in Uganda	2 910 263	4 344 412
Project in Afghanistan	0	0
Projects in the Gambia	5 230 095	2 063 780
Project in Zambia	527 311	0
Project in Tanzania	511 117	554 514
Other un-utilised Grants	223 584	0
<b>Total</b>	<b>9 402 370</b>	<b>6 962 706</b>

---

## Note 15. Other liabilities

	2020 (SEK)	2019 (SEK)
Estimated special salary tax on pension costs	96 792	40 186
Tax liabilities	180 198	103 410
<b>Total</b>	<b>276 990</b>	<b>143 596</b>

---

## Note 16. Accrued expenses and deferred income

	2020 (SEK)	2019 (SEK)
Accrued vacation pay	316 699	207 546
Accrued expenses, social security contribution	99 507	65 211
Accrued audit	50 000	23 125
Accrued pension payments	20 165	16 541
<b>Total</b>	<b>486 371</b>	<b>312 423</b>