

TANZANIA SICKLE CELL WARRIORS ORGANISATION
(Education Awareness and New hope)



FIVE YEARS STRATEGIC PLAN
2021 – 2025

EXUCTIVE SUMMARY

Tanzania Sickle Cell Warriors Organization known by its abbreviated form as TASIWA is a Non-Government Organization, based in Mwanza, Tanzania. It was established and registered in August 2019 under the NGO Act No: 24 of 2002, as amended in 2005 with Registration Number 00NGO/R/0435 to operate in Tanzania Mainland. It is working to promote education and awareness on sickle cell disease, provides new hopes to the families affected sickle cell disease and create forums to air the problems of sickle cell disease.

Furthermore, TASIWA devoted to contributing towards prevention, care and effective management to the sickle cell patients and the community at large. This is done by providing guidance and counselling, support and education to the patients suffering from complications associated with sickle cell disease and the society, assisting patients with psychosocial complications, decreasing stigmatization and other problems of such kinds surrounding sickle cell disease. TASIWA works with local partners, government agencies, philanthropists, medical centers, dispensaries and universities, research institutions, civil society organizations, private companies and other stakeholders to address sickle cell disease in Tanzania.

However, for the past four (4) years; TASIWA has worked hard to fully establish itself advocacy and raise awareness on sickle cell disease. It has successfully promoted awareness on sickle cell disease and mobilize the community through different outreaching programs that were prepared so as to reach the community on educating as well as screening.

While we have been fruitful with our past efforts in a quite significant part of Mwanza region, we realize that, there is much more work to be done in the rest of other parts of Tanzania, where the statistics show that, more than 11,000 infants are born with sickle cell in Tanzania annually. Therefore, we believe education as the best solution in the fight against sickle cell disease especially, in the reduction of the number of SCD new born. In addition to that, Marian Wright Edelman says, “...*education is for improving the lives of*

others and for leaving your community and the world better than you found.” Hence, more education is required in order to devestate the effects that, the disease has in our society and the current inadequacies in its detection, prevention and management.

FOREWORD

It is our great hopes that the Strategic Plan becomes part of the long journey to overcoming sickle cell disease and its negative impact to the social and economic wellbeing of our country. In beckoning TASIWA’s slogan that states “Education, Awareness, and New Hope.” We believe that, sickle cell problems and challenges cannot be adequately solved without inclusiveness of NGO and the Government.

This document presents a five-years strategic plan for TASIWA for the period of 2021-2025. The organization’s past experience in education and awareness campaign on SCD and different outreaches on screening and other projects form the basis upon which this strategy is built to focusing on more effort to promote the sickle cell awareness and understanding through education on various channels, improving patients’ care, eradicating misconception and social stigma as well as supporting economically families suffering directly or indirectly from the disease.

TASIWA strategic plan has considered the statistics from trusted sources of information, and those found during Outreached Programs, including that have been conducted in Mission Ward (Sengerema District) and Nassa Ward (Busega District) in 2020 in which almost half of population screened, the SCD Management Guideline of the Ministry for Health, Community Development, Gender, Elderly, and Children (2020). This Strategic Plan thus commits TASIWA to work selflessly and tirelessly towards the realization of a new and greater future of SCW in Tanzania, a future full of life in abundance.

We are indeed pleased to extend this commitment to all people and organizations of good will to join hands in this struggle in order to overcome SCD and its challenges to the social and economic wellbeing of the country. This initiative in many ways provides

Tanzanians in general and members of the sickle cell communities in particular, with the opportunity to renew and affirm their commitment to building socially vibrant, sustainable and prosperous communities.

LIST OF ABBREVIATIONS AND ACRONYMS

AGM	Annual General Meeting
BMC	Bugando Medical Centre
CBOs	Community Based Organizations
CSOs	Civil Society Organizations
DMO	District Medical Officer
IMR	Infant Mortality Rate
LGAs	Local Government Authorities
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MIS	Management Information Systems
MMR	Maternal Mortality
MNH	Muhimbili National Hospital
MoEST	Ministry of Education, Science and Technology
MoHCGEC	Ministry for Health, Community Development, Gender, Elderly, and Children
MUHAS	Muhimbili University of Health and Allied Sciences

NBS	National Bureau of Statistics
NBS	New Borns Screening
NGO	Non-Government Organization
NSGRP	National Strategy for Growth and Reduction of Poverty
OVCs	Orphans and Vulnerable Children
PANITA	Partnership for Nutrition Tanzania
PHDR	Poverty and Human Development Report
PPP	Public-Private Partnership
PWDs	People with Disabilities
RMO	Regional Medical Officer
SCD	Sickle Cell Disease
SCPs	Sickle Cell Patient(s)
SCW	Sickle Cell Warriors
SDGs	Sustainable Development Goals
SRA	Strategic Result Areas
TASIWA	Tanzania Sicklecell Warriors Ogranization
TSP	TASIWA Strategic Plan
URT	United Republic of Tanzania
USAID	US Agency for International Development
WHO	World Health Organization
WWF	Worldwide Fund for Nature

SECTION ONE

GENERAL BACKGROUND

1.1 Process of Developing the Third Strategic Plan

The TASIWA strategic plan (2021-2025) involved the usual strategic planning process steps. The initial draft was developed using the evaluation report of the ended promoted programs, a survey was used to collect opinions from key stakeholders and consultation partners. The consultant was given terms of reference to guide all tasks, deliverables and time frame. Following an inception report, desk review was conducted which guided the development of tools to use during consultation and interviews with informants and checklist for discussion areas with focus groups, development and implementing partners and government counterparts. The draft strategic plan was presented to a strategic planning meeting and shared electronically internally and externally with a window of seven days for discussion and comments. Another revised draft was circulated to key stakeholders, and inputs incorporated into the draft to produce a final draft plan before printing and endorsement by the Board of Directors.

1.2 Epidemiology and Sickle Cell Disease Services Overview

1.2.1 Global and Regional SCD Situation

SCD remains a public health problem globally and in particular predominates in Africa. It is estimated that each year over 300 000 babies with severe diseases are born worldwide, the majority in low and middle income countries. Approximately 5% of the world's population are healthy carriers of a gene for sickle-cell disease or thalassaemia. The percentages of the people who carriers of the gene is as high as 25% in some regions. The conditions are most prevalent in tropical regions; however, population migration has spread these diseases to most countries. Thalassaemias are most common in Asia, the Mediterranean basin, and the Middle East, WHO (2021). Tanzania is amongst the five (5) countries in the world with the highest estimated number of new borns with SCD a year; Nigeria 85 000, Democratic Republic of Congo 42 000, and India 38 000. The SCD imposes a significant burden of disease that remains underrecognized, especially in Africa where approximately 400 000 infants

are born each year with SCD; 75% of these infants are born in the tropical regions of sub-Saharan Africa home to most of the 25 million people who live with SCD globally. SCD causes substantial morbidity and is responsible for 5-16% of mortality in children young than 5 years, Ambrose (2020). However, the health burden of haemoglobin disorders can be effectively reduced through management and prevention programs.

1.2.2 Country Disease Burden

The preliminary results from the Tanzania Sickle Cell Surveillance Study in 2020 show that, over 10 000 births among just 40% of the Tanzania population are affected annually, compared with previous 8 655 and 11 022 annually affected births for the whole country. The pilot screening project of 919 infants conducted in Mwanza in 2014, which reported prevalence of 1.4% (13/919) and 19.7% (181/919), respectively. It was observed that, geographical differences between districts, our variations is not as high as those reported from neighbouring Uganda. Our high prevalence and relative lack of variation between districts in the north-western part of the country may reflect the high selection pressure from malaria in a holoendemic area, and possibly lower migration rates, Ambrose and et al. (2020).

The sickle cell clinic at Bugando Medical Centre (BMC) has approximately 600 patients currently enrolled in care, some of whom travel from neighbouring regions. However, approximately 1730 infants are born with sickle cell disease in Mwanza region alone each year, which indicates that many affected children in sub-Saharan Africa have not even been diagnosed with the condition. The nine (9) regions included in that study have the highest childhood mortality in the country, ranging from 30 to 38 deaths per 1000 live births, and sickle cell disease contributes significantly to mortality in this age group, Ambrose and et al. (2020).

1.3 Overview of SCD Services in Tanzania

1.3.1 SCD Testing Services

New Born Screening (NBS) for SCD, when routinely practised can contribute to the reduction of morbidity and mortality associated with SCD. The Sickle Cell Program at Muhimbili University of Health and Allied Sciences (MUHAS) in Dar es

Salaam, and Bugando Medical Centre (BMC) in Mwanza have both conducted pilot NBS for SCD, showing that the intervention is generally feasible and acceptable in Tanzania. The Successful induction and expansion of NBS in Tanzania will require careful planning and advocacy at community and national level, Luoga and et al. (2020). According to the NBS for SCD at Muhimbili National Hospital (MNH) between September 2015 and August 2016, the NBS program screened 4 002 newborns (12 months): 1 142 (29%) at MNH and 2 839 (71%) at Temeke Hospital where the results show that, 31 newborns were diagnosed with SCD, 508 were identified as carriers of the SCD gene, 27 were diagnosed with other haematological disorders, and 3 436 were found to be SCD negative. All 31 babies who diagnosed with SCD were given comprehensive care. However, TASIWA in partnership with BMC conducted World SCD Event (2019) where half of the population attended were screened; the results show that, 50.45% were diagnosed with SCD, 25.68% were identified as carriers of the SCD, and 23.85% were none of the above findings. In addition to the above, in 2020 TASIWA in partnership with BMC operated Free Screening to the half of 257+ of the population attended where the results shows that, 40% were diagnosed with SCD, 37.7% were identified as carriers of the SCD, and 21.4% were diagnosed with other haematological disorders.

1.3.2 Facility based SCD Care and Treatment Services

The number of health facilities which provide SCD care, treatment and support services in Tanzania is conducive but not affordable. This is according to the SCPs being interviewed by TASIWA. The majority of the SCPs are living in poverty line; since, it becomes very expensive and difficult for them to afford.

1.3.3 Community Services

Treatment advocates, Lay counsellors and Community volunteers provide invaluable support in clinics in offering health education including individual testimonies. They also offer home based care patient tracking in case of missed appointments and loss to follow up. They make sure that people diagnosed with SCD are linked to appropriate help (patient escort), retained in treatment (adherence counselling and follow up) and promoting SCD monitoring). In addition, TASIWA through its organized

empowerment groups have empowered SCPs socially and economically, including through social protection initiatives such as community health insurance schemes. This community work has contributed towards reduction of stigma and discrimination against SCP in the communities.

SECTION TWO

TASIWA OVERVIEW AND PAST PERFORMANCE

2.1 Constitution and Objectives

TASIWA was established and registered in August 2019 by the Registrar of Societies under the Ministry of Home Affairs as a non-profit organization, was established to promote meaningful cooperation with the government to overcome SCD and negative impacts to social and economic well being of the country. The Constitution of TASIWA provides for the major objectives, the vision, mission and core values, (TASIWA Constitution)

Since its establishment, TASIWA has embarked on coordinating efforts of promoting education, awareness, and new hope to address the needs of SCP. TASIWA has ensured meaningful involvement of SCP across the Mwanza region in various policy fora and programs planning, review, implementation and monitoring. It has contributed in ensuring that the SCP are powerful protagonists in the SCD response and not merely the submissive recipients of assistance. For this purpose, TASIWA has planned to be able to attract the attention of the Government, key international development partners such as PEPFAR, Global Fund, and UN family. A number of other organizations, both local and international, also will engage TASIWA as a key ally in SCD response.

2.2 Previous Performance

Following the development of the TASIWA Constitution and official registration in August 2019, TASIWA went through a transition period of conducting different activities concerning charity walk (2019) that aims to raise awareness on SCD, promotion of sickle cell education in different schools, universities, parents, youth and women groups, efficacy program for the health workers. Those activities were operated in different districts including Nyamagana, Ilemela, Misungwi, Sengerema, Busega, and

Musoma. All those aimed to improve the quality of SCD and SCPs managements in health centres and community at large, to know the genotypes and to improve health insurance scheme for the SCPs.

2.3 Organizational Structure

TASIWA has a clear structure spanning from the Annual General Meeting (AGM), the Board of Directors to the Secretariat staff. The Constitution is clear on the decision making mandate to each part of the structure.

2.3.1 Annual General Meeting

The Annual General Meeting is the highest structure of decision making in TASIWA. It makes all decisions that affect TASIWA's survival such as laying down the general policy guidelines, approving Annual Implementation Report and Audited Financial Reports, discuss and approve the strategic plans and other organizational projects, amending the organiational constitution by a special resolution, electing the Chair, Vice Chair, and other five (05) Board members.

2.3.2 Board of Directors

The Board of Directors composed of the the Chair, Vice Chair, Executive Director, five (05) members (Medical Doctor, Financial anagement Expert, and three (03) TASIWA members). It elects the Executive Director who appoints staff to undertake various functions of the organization. The current Board was has a mandate of five (05) years with eight (08) members. It has a good a ratio of 50%:50% male female. TASIWA currently has a total of 15 staffs, five (05) being male while tene (10) female.

2.3.3 The Secretariat

The Secretariat is the executive organ of the organization, which comprises of the Executive Director, and such other officers and staff members as deemed necessary by the Board. This will be responsible for guiding, overseeing and monitoring the implementation of the strategic plan which is headed by Executive Director.

2.4 TASIWA Performance Assessment

2.4.1 TASIWA Functional/Technical Assessment

An end review of the programs implemented in 2019/2020. A key finding was that the ending program was well disseminated, marketed and popularized to many stakeholders. However, the Secretariat understood well the implemented projects and were able to mobilize some limited resources to finance some of it and oversee its implementation. Lack of adequate resources at the different levels of the organization to deliver the intended impacts was noted as a challenge. The strategic plan was not subjected to a mid-term review, although annual reviews were done providing the basis for annual planning. The technical capacity assessment is covered below, and presented under four themes/objectives, and focuses on the achievements of the targets set in the 2019/2020 programs.

- i) *Advocacy*: To advocate for the establishment of national framework to support SCPs in accessing quality services, including treatment, rights and economic opportunities at household and community level. TASIWA made limited achievements in its advocacy plans. One of the reasons attributed to this was the lack of finances and staff capacities to pursue advocacy. However, its great relationship with the media and the Parliament did enable the active involvement of the SCPs in championing for various issues of their concern.
- ii) *Capacity building*: To improve capacity of TASIWA and its members' skills in resource generation, mobilization and reporting in implementation of its programs. TASIWA promises to continue on capacity building to the secretariat staffs in order to expand organizational skills, knowledge and values.

2.5 Evaluation

The implementation of this strategic plan will be periodically evaluated. Three main types of evaluations will be undertaken:

2.5.1 Mid-Term Evaluation:

This will be undertaken by a well-established team and will focus on the extent to which the secretariat has translated the various components of the strategic plan into action. It will generate specific recommendations of how to enhance the organization's abilities to effectively complete the implementation of the strategic plan.

2.5.2 End-of-Plan Evaluation:

This will be undertaken at the end of the strategic plan period (2021-2025). This will involve a major institutional audit done in conjunction with the donors who will be providing the Organization with both program and institutional support.

2.5.3 Project/Program Specific Evaluations:

These will be undertaken on the basis of specific agreements made with the donors funding specific projects or programs.

SECTION THREE

STRATEGIC DIRECTION

3.1 Vision, Mission, Objectives and Core Values

3.1.1 Vision

The community and the Government cooperating to overcome Sickle Cell Disease and its negative impacts to social and economic wellbeing of the country.

3.1.2 Mission

To promote the Sickle cell awareness and understanding through education on various channels, with the aim of improving patient care, eradicating misconception and social stigma as well as supporting economically families suffering from the disease directly or indirectly.

3.1.3 Objectives

- i) To conduct various campaigns to bring awareness and understanding of sickle cell disease to the community.
- ii) To mobilize the community on the importance of genotype test on Sickle cell.
- iii) To foster cooperation among Sickle cell patients, parents/families living with sickle cell patients, caregivers, Government branches and religious organizations, in the struggle against the disease.
- iv) To conduct advocacy campaigns focused on breaking down stigmas associated with Sickle cell disease.
- v) To enable and support Sickle Cell patients to access required medical services.
- vi) To support parents/ families affected with Sickle Cell to manage treatment and other care cost through various economic empowerment measures.

3.1.4 Core Values

TASIWA has developed core values that are committed to live by :

- i) *Respect for Human Rights and Dignity:* We respect the inherent inalienable rights of all human being in all the dealings of the organization while upholding high moral principles in conducting our duties.
- ii) *Accountability:* We are stewards of resources entrusted to us by our stakeholders, and use them in performing our duties in a rational manner and taking responsibility for all our actions, by conducting our services in a transparent manner.
- iii) *Culture of Excellence:* We strive to set challenging goals, excel in all our endeavors and innovations so as to deliver the best outcomes possible.
- iv) *Integrity:* We are fair, honest and open in all matters related to affairs of the Council.
- v) *Gender Equality:* We stand against all situations that deny women right to decisions, power sharing and equal access to resources between men and women.
- vi) *Voluntarism:* We generate among the members and the society the spirit of participation and team work in carrying out social and economic engagement based on free will for the common good.

3.2 TASIWA Strategic Objectives and Results Areas

3.2.1 General Objective

To overcome sickle cell disease and its negative impacts to the socialm and economic wellbeing of the country

3.2.2 Strategic Objectives

TASIWA Strategic Plan has three (03) Objectives as illustrated hereunder:

- i) To increase education and awareness
- ii) To empower sickle cell community
- iii) To enhance blood drive

3.2.3 Strategic Result Areas (SRA)

The interventions and activities are ultimately focused to achieve the following six (06) Strategic Result Areas (SRA):

- i) Improvement of quality of SCD management
- ii) Reduction of stigmatization associated with SCD
- iii) Expansion of the access to health services to the SCPs
- iv) Reduction of Infant born with SCD
- v) Increase of SCD education and awareness in the community
- vi) Improvement of government involvement in the fight against SCD

3.3 TASIWA Strategic Identity

To adequately meet its vision, mission, goal and objectives. TASIWA must curve for itself an identity that is strategic, proactive, competent and collaborative in response to the challenges of building sustainable communities. Institutionally therefore, its strategic identity will encompass the following:

- i) Creating a focal point of information sharing and capacity building on SCPs management, equitable and quality Community Health Care Services, and SCD women and children rights.
- ii) Creating an effective link between civil society, government and SCPs from both rural and urban grassroots communities.

3.4 Organizational Readiness

The achievement of the stated organizational objectives is crucial for the NGO to fulfill its roles and mandate. Thus, for these objectives to be attained, TASIWA has positioned itself to ensure further improved quality and the timely delivery of outputs to the satisfaction of its beneficiaries. TASIWA is therefore determined to sharpen the focus of its core program areas. The Organization aims to improve on human resources development and management, and enhance the individual capacity and motivation of its personnel. It also strives to mobilize and increase financial capacity and sustainability through broadening the sources of funds; and enhance cost-effectiveness of running various departments/units and programs as cost centers. The implementation of the objectives will need to be systematically monitored and evaluated for results, using participatory methods.

3.5 Analysis of Stakeholders

TASIWA for the few past years has built up relations with a variety of stakeholders including government, private sector, CSOs, and donors, without forsaking the general public, the media and academic and research organizations. TASIWA directly and indirectly uses research outputs and government policy publications into development of its programs.

3.5.1 The Government of Tanzania

Following “The Millennium Development Goals” (MDGs) which calls for global partnership in matters of concern (in line with the eight goal), and Tanzania National Development Vision 2025, it is quite clear that TASIWA and the government have shared vision of cooperating the community and government to overcome SCD and its negative impacts to the social and economic wellbeing of the country; where, SCPs’ life reigns to achieve equitable and sustainable development. However, the relations between TASIWA and the Government have been good since its establishment. TASIWA has been participating in different policy debates and consultative meetings organized by the Government. In addition, the Government has occasionally relied upon TASIWA as a means and channel for distribution of different policy documents and for seeking SCC.

3.5.2 Medical Centers

TASIWA has good partnerships with different medical center. For us, we believe that Medical Centers are one of our significant stakeholders who are helping us in launching and running different organizational programs like screening, blood donation, and promotion of SCE professionally, etc. Bugando Medical Center (BMC), Agha Khan Hospital, Uhuru/Tanzanite Hospital, Mission Hospital (Sengerema), and Desk and Chair Foundation have exemplified more supports in terms of services and data accessibility. However, BMC and Desk and Chair Foundation in particular are playing great roles to support many of our programs and SCPs’ care.

3.5 Internal Environment

Despite a notable performance of TASIWA in SCD alleviation activities, the Organization has a number of areas where it is strong and some internal challenges that are worth addressing to enable it to scale up and maximize impact in its development interventions. Internal functioning of the organization needs to be improved for its overall performance in the areas of governance, management, systems, external relations and institutional sustainability. A brief analysis of the areas of growth is shown in Table 3.6.1 below:

Table 3.6.1: Analysis of Strengths and Weaknesses of TASIWA

Capacity Areas	Strength	Challenges/Areas of Growth
Governance	The Organization has a strong Board of Directors	The Board of Directors does not have adequate resource mobilization skills
Management	-The Organization has a strong management with qualified members of staff. -Good team spirit among staff. -Strong individual commitment and volunteerism spirit.	-Performance appraisal system needs to be adjusted
Systems	The organization has explicit policies on human resources and financial management.	-M& E needs to be strengthened
External Relations/Networking	The organization has good working relations with different stakeholders including the government, and rural communities.	A database of key contacts is not well established.
Institutional Sustainability	The organization has consulting capacity in areas of education and awareness, empowering sickle cell community, Organizational Development & Management, Financial Management and	-The Organization has limited sources of funds for institutional sustainability.

	skills for mobilization of Organization resources.	
Organizational culture	-A culture of respect to one another exists across the Organization. -There are good working relationship with partners and stakeholders.	

The most important factor in the overall achievements of TASIWA’s activities has been the TASIWA members. On the other hand, the internal and external reviews also noted two key uncertainties/gaps that affect TASIWA’s progress namely inadequacy of funding and growing competition for limited resources. Lack of funds limits the quantity and/or quality of the important work the Organization does. It increasingly finds that grants and donations are inadequate to meet current program needs, much less to expand program activities. With so many worthy causes that address genuine needs competing for the attention and generosity of the public, even wealthy donors lack the resources needed to fund every worthwhile effort.

3.7 Strategic Program Activities

Against the background of the above situation and challenges, the following constitute the principal strategic program areas that TASIWA will seek to achieve in the next four years:

OBJECTIVE(S)	ACTIVITY(S)	STRATEGY(S)	BEARER(S)	OUTCOMES	BUDGET
EDUCATION AND AWARENESS	WORLD SICKLE CELL DAY	<ul style="list-style-type: none"> ▪ Campaigns on social media ▪ PA ▪ Organizing event ▪ Mobilizing the community to attend ▪ Screening ▪ Blood donation 	<ul style="list-style-type: none"> ▪ Stakeholders ▪ Doctors ▪ Partner organizations ▪ CUHAS ▪ Media ▪ Warriors ▪ Care givers 	<ul style="list-style-type: none"> ▪ Raise awareness on SCD ▪ People know their genotype 	10,000,000/=
	CARE GIVERS SEMINAR.	<ul style="list-style-type: none"> ▪ Organizing event ▪ Conducting 30 meeting ▪ Helping with insurance ▪ Providing flayers 	<ul style="list-style-type: none"> ▪ Care givers ▪ Doctors ▪ Sickle cell patients ▪ Advocates ▪ Nutritionists 	<ul style="list-style-type: none"> ▪ Raise awareness on SCD ▪ Improve life quality of SCD patients ▪ Psychological relief ▪ Eradicating myths ▪ Well living environment for warriors 	27,000,000
	SECONDARY SCHOOLS AWARENESS	<ul style="list-style-type: none"> ▪ Providing SCD education to 300 schools ▪ Screening ▪ Formation and Introduction of clubs 	<ul style="list-style-type: none"> ▪ School management ▪ students ▪ Sickle cell advocates ▪ Sickle cell patients ▪ Blood donation ▪ Screening 	<ul style="list-style-type: none"> ▪ Raise awareness on SCD ▪ People know their genotype ▪ Eradicating myths 	110,000,000

				<ul style="list-style-type: none"> ▪ Well living environment for warriors ▪ Recognizing warriors in schools 	
	SICKLECELL AWARENESS MONTH	<ul style="list-style-type: none"> ▪ Seminars to different groups of people ▪ Organize Radio and TV talk show ▪ Screening ▪ Blood donation 	<ul style="list-style-type: none"> ▪ Doctors ▪ Sickle cell advocates ▪ Sickle cell patients ▪ Care givers ▪ Stake holders ▪ Partners ▪ General public 	<ul style="list-style-type: none"> ▪ Raise SCD awareness ▪ Knowing genotype ▪ Reduce mortality rate due to anemia 	50,000,000
	PRIMARY SCHOOLS AWARENESS	<ul style="list-style-type: none"> ▪ Providing SCD education to 500 schools ▪ Blood donation ▪ Screening ▪ Formation and introduction of school clubs 	<ul style="list-style-type: none"> ▪ School management ▪ Primary students ▪ Sickle cell advocates ▪ Sickle cell patients ▪ Matrons and patrons ▪ MoEST 	<ul style="list-style-type: none"> ▪ Raise SCD awareness ▪ Knowing genotype ▪ Eradicating myths ▪ Well living environment for warriors ▪ Recognizing warriors in schools 	100,000,000
	HEALTHY CARE PROVIDERS CAPACITY BUILDING ON SCD	<ul style="list-style-type: none"> ▪ 50 Comprehensive SCD education from SCD expertise to doctors and nurses 	<ul style="list-style-type: none"> ▪ SCD experts from BMC and MNH ▪ Sickle cell advocates ▪ Doctors from selected hospitals ▪ Hospital's management 	<ul style="list-style-type: none"> ▪ Increases number of health care providers ▪ Improve the care of people with 	300,000,000

	MANAGEMENT		<ul style="list-style-type: none"> ▪ DMO & RMO ▪ Partners ▪ PANITA 	<p>sickle cell disease through advocacy, standardized practice, and education.</p> <ul style="list-style-type: none"> ▪ Increase number of SCD clinics ▪ Reduce SCD mortality rates 	
	CAPACITY BUILDING TO BOARDING SCHOOL MATRONS AND PATRONS ON TAKING CARE OF SCD STUDENTS	<ul style="list-style-type: none"> ▪ Providing SCD seminar ▪ Conducting 50 SCD seminars 	<ul style="list-style-type: none"> ▪ Matrons and patrons ▪ Schools management ▪ Doctors ▪ Nutritionals ▪ SCD Advocates 	<ul style="list-style-type: none"> ▪ Raise awareness on SCD ▪ People know their genotype ▪ Eradicating myths ▪ Well living environment for warriors ▪ Recognizing warriors in schools 	45,000,000
	SCD	Media programs			

	AWARENESS	(TV Radio-national & international)			
EMPOWERING SICKLE CELL COMMUNITY	ECONOMIC EMPOWERMENT TO FAMILIES AFFECTED WITH SCD	<ul style="list-style-type: none"> ▪ Entrepreneurship trainings ▪ Small loans ▪ Provision of health insurance ▪ Provision of school fees ▪ Medication and food supplements 	<ul style="list-style-type: none"> ▪ Families affected with SCD ▪ Partners ▪ Economy professionals 	<ul style="list-style-type: none"> ▪ Improve life standards of families affected with SCD 	
	CAPACITY BUILDING ON WOMEN AND CHILDREN RIGHTS	<ul style="list-style-type: none"> ▪ Trainings on children rights ▪ Trainings on law of marriage ▪ Basic constitutional rights 	<ul style="list-style-type: none"> ▪ General community ▪ SCD Care givers ▪ SCD Patients ▪ SCD advocates ▪ Lawyers 	<ul style="list-style-type: none"> ▪ Knowledge on rights of women and children 	90,000,000
	PSYCHO-SOCIAL CAPACITY BUILDING TO FAMILIES AFFECTED WITH SCD	<ul style="list-style-type: none"> ▪ Counseling ▪ Nutrition training ▪ Discovering and supporting Warrior's Talents 	<ul style="list-style-type: none"> ▪ Counselors ▪ Social workers ▪ SCD advocates ▪ Nutritionists 	<ul style="list-style-type: none"> ▪ Acceptance of the challenges associated with SCD ▪ Have Healthy families ▪ Self- 	

				employment to warriors	
	60 BLOOD DRIVE	<ul style="list-style-type: none"> ▪ Screening ▪ Mobilizing the society ▪ Forming a club ▪ Lobbing 	<ul style="list-style-type: none"> ▪ Blood bank ▪ Advocates ▪ Doctors ▪ Club ▪ Care givers ▪ Secondary school students ▪ University and college students 	<ul style="list-style-type: none"> ▪ Availability of blood to warriors ▪ Reduce mortality rate due to anemia 	40,000,000