Watoto Wa Jamii

WATOTO WA JAMII

CONCEPT NOTE

APRIL 2025

Watoto wa Jamii

Item	Summary
Project Description	*'Watoto wa Jamii'* – A project dedicated to enhancing timely access to comprehensive cancer screening, prevention, care, treatment, and livelihood support services for vulnerable and orphaned children living with HIV/AIDS in Tanzania.
Goal	Improve access to comprehensive cancer care and treatment for Children Living with HIV/AIDS (CLHIVs) in Tanzania.
Target Beneficiaries	Vulnerable and orphaned children aged 1 to 17 living with HIV/AIDS in Tanzania, focusing on those at risk of, or affected by, cancer.
Key Interventions	- Raising public awareness through community-driven listening campaigns. - Enrolling CLHIVs into the project for timely HIV/AIDS and Cancer care. - Providing specialized Foster Home services to 1,000 CLHIVs annually
Coverage	Tanzania Mainland and Zanzibar Archipelago.
Priority Regions	Njombe, Iringa, Mbeya, Songwe, Ruvuma, Katavi, Mwanza, Geita, Shinyanga and Kagera
Partners	- Walio Katika Mapambano na AIDS Tanzania (WAMATA) - Ocean Road Cancer Institute (ORCI) - Azam Media - Shujaa Cancer Foundation (SCF) - Infectious Disease Alliance (IDA) - Raising Up Friendship Foundation (RUFFO) - Inside Africa Adventures (IAA)
Budget	Five-Year Budget: TZS 18,216,558,995 (USD 6,856,062).
Fund Management Partner	PricewaterhouseCoopers (PWC) Tanzania.
Expected Outcomes	1. Increased knowledge about childhood cancer and HIV 2. Strengthened community support for CLHIV 3. Increased knowledge about childhood cancer and HIV 4. Strengthened community support for CLHIV 5. Increased early identification and referral of at-risk children 6. Improved physical and mental health of CLHIV 7. Enhanced caregiver competence and child care quality 8. Better treatment adherence and reduced stigma 9. Safer and more supportive living environments for CLHIV 10. Improved life skills and future readiness 11. Increased community capacity to care for vulnerable children

Watoto Wa Jamii

APRIL 2025

1

BACKGROUND

WATOTO WA JAMII | **CONCEPT NOTE**

1. Background and Rationale:

Walio Katika Mapambano na AIDS Tanzania (WAMATA), Ocean Road Cancer Institute (ORCI), Shujaa Cancer Foundation (SCF), Infectious Disease Alliance (IDA), Raising Up Friendship Foundation (RUFFO), Inside Africa Adventures (IAA), in partnership with other stakeholders, have launched the Watoto wa Jamii project—a community-based initiative aimed at expanding access to timely cancer screening (for early cancer detection), care, control, treatment, and ensuring prompt referrals to both medical and non-medical interventions to improve the overall health and well-being of children living with HIV/AIDS (CLHIVs) in Tanzania. The initiative represents an integrated approach, focuses on bridging the gap between HIV/AIDS care and cancer management by providing holistic and systemic support for children living with HIV (CLHIV), who are at a significantly higher risk of developing cancer.

In Tanzania, cancer is the leading non-communicable disease, with 42,060 new cases annually, and tragically, 80% are diagnosed in advanced stages. The urgency of addressing the heightened cancer risk among PLHIV stems from the well-established link between HIV and cancer, where the immunosuppressive effects of HIV significantly increase vulnerability to certain cancers. Between 2021 and 2022, ORCI reported 1,209 PLHIV diagnosed with cancer, 93% of whom were in advanced stages (ORCI, 2023). Despite significant progress in HIV treatment, transforming HIV into a manageable chronic condition, cancer screening, treatment, and care for PLHIV—especially Children living with HIV/AIDS (CLHIVs) those from low-income backgrounds—remain inadequate. No doubts the dual burden of HIV/AIDS and cancer poses a significant challenge for vulnerable and orphaned children in Tanzania. These vulnerable children face barriers to timely diagnosis, access to healthcare, and essential psychosocial support, making them highly susceptible to poor health outcomes. The lack of stable housing and supportive care further exacerbates their vulnerabilities, reducing their chances of thriving physically, emotionally, and socially.

The **Watoto wa Jamii**[1] **project** aims to bridge these critical gaps by providing a holistic, child-centered approach to care. By integrating cancer screening, treatment, and control with ongoing HIV/AIDS care, the project seeks to enhance the quality of life for these children. Moreover, the initiative will create a nurturing environment (a Foster Home) that promotes education, skill-building, and mental health, equipping them with the tools to overcome life's challenges and achieve their full potential.

[1] **'Watoto wa Jamii'** is a Swahili phrase meaning ***"Children of the Community",*** symbolizing care, unity, and collective responsibility.

Watoto Wa Jamii

APRIL 2025

PROJECT GOAL, OBJECTIVES AND KEY ACTIVITIES

2

WATOTO WA JAMII | **CONCEPT NOTE**

2. Project Goal, Objectives and Key Activities:

2.1 Project Goal:

To improve access to comprehensive, integrated HIV and cancer care for children living with HIV (CLHIV) in Tanzania.

2.2: Project Objectives:

The Watoto wa Jamii project seeks to provide holistic, integrated care to vulnerable and orphaned children living with HIV/AIDS, with particular attention to those at risk of, or affected by, cancer. The project will achieve this through the following objectives:

2.2.1: To raise awareness and drive sustained demand for cancer services tailored to the needs of CLHIV.

Key Activities:

- Educate communities on childhood cancer and HIV/AIDS through targeted awareness campaigns
- Mobilize community leaders and local structures in creating supportive environments for CLHIVs
- Strengthen referral and case management systems for early identification and linkage of at-risk children to appropriate care

2.2.2: To provide children living with HIV (CLHIV) access to continuous medical care and holistic psychosocial support to enhance their health and resilience.

Key Activities:

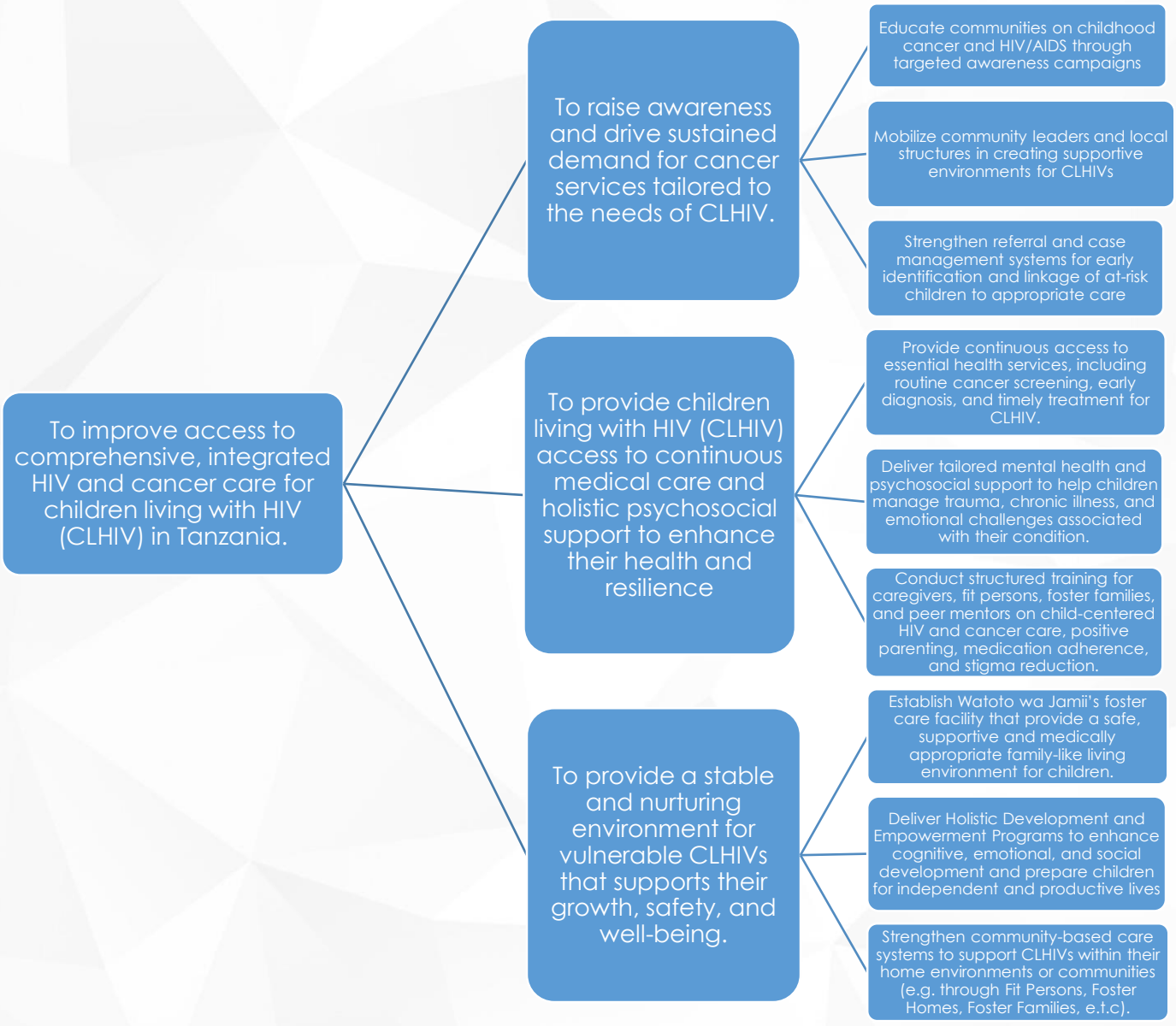
- Provide continuous access to essential health services, including routine cancer screening, early diagnosis, and timely treatment for CLHIV.
- Deliver tailored mental health and psychosocial support to help children manage trauma, chronic illness, and emotional challenges associated with their condition.
- Conduct structured training for caregivers, fit persons, foster families, and peer mentors on child-centered HIV and cancer care, positive parenting, medication adherence, and stigma reduction.

2.2.3: To provide a stable and nurturing environment for vulnerable CLHIVs that supports their growth, safety, and well-being.

Key Activities:

- Establish Watoto wa Jamii's foster care facility that provide a safe, supportive and medically appropriate family-like living environment for children.
- Deliver Holistic Development and Empowerment Programs to enhance cognitive, emotional, and social development and prepare children for independent and productive lives
- Strengthen community-based care systems to support CLHIVs within their home environments or communities (e.g. through Fit Persons, Foster Homes, Foster Families, e.t.c).

Fig1: Goal, Objectives and Key Activities:



Watoto Wa Jamii

APRIL 2025

DESIGN FRAMEWORK FOR PROJECT

WATOTO WA JAMII | **CONCEPT NOTE**

3

3. Design Framework for Project Interventions:

3.1: Overarching Philosophy:

Watoto wa Jamii Project partners have crafted an approach that is both pragmatic and visionary, anchored in these key principles:

• **Embrace Agility**: Our partnership structure is designed to adapt to the uncertainties inherent in project implementation. At the heart of our approach is a flexible staffing model, drawing on a pool of skilled professionals from all partners who can be rapidly deployed to execute a wide range of initiatives.
• **Balance Quick Wins with Long-Term Impact**: Our work plan is designed to achieve early, tangible successes to showcase progress towards project objectives while simultaneously laying the groundwork for long-term cultural shifts in the perception and value of cancer screening and control services within local communities.
• **Leverage Digital Innovation**: Watoto wa Jamii Project has assembled a top-tier team to assist partners in developing and prototyping digital tools that provide insights into the subnational landscape of cancer awareness, screening, care, control and livelihood support services for CLHIVs.
• **Optimize Existing Resources**: We recognize the importance of aligning our efforts with ongoing donor activities and government initiatives. By coordinating with local, national, and even international priorities, we aim to amplify the program's impact and pave the way for potential replication on a broader scale.

3.2: Child-Centered Service Model

The *Watoto wa Jamii* project is built on a **three-tiered service delivery model**, uniquely designed to cater to the multidimensional needs of vulnerable and orphaned children living with HIV/AIDS—especially those at risk of or affected by cancer. This model recognizes that no two children are the same, and services must be responsive to each child's health condition, psychosocial status, family context, and developmental needs.

3.2.1: In-House Services – Care Within the Foster Home

This tier provides the most intensive and structured level of care. It is designed for children who are critically ill, displaced, or severely traumatized—those who require round-the-clock supervision and a healing-centered environment. Core Services and Features includes:

- **Temporary Residential Care:** Children are provided with immediate shelter in a safe, nurturing space while undergoing comprehensive medical and psychosocial evaluations.
- **Individualized Care Plans:** Each child's care is guided by a holistic plan developed by pediatricians, psychologists, social workers, and educators. This ensures a multi-disciplinary response tailored to medical, emotional, developmental, and educational needs.
- **Reintegration Pathways:** After stabilization, children are supported through structured reintegration plans that may include:
    - Return to biologically or socially improved families.
    - Placement in specialized boarding schools offering continued medical and psychological oversight.

- Continued long-term residence in the foster home if reintegration isn't feasible or in the child's best interest.

This environment acts as a transitional sanctuary, not only for healing but also for rebuilding trust, hope, and a sense of belonging—critical components for children affected by long-term illness and abandonment.

3.2.2: Out-of-House Services – Community-Based Support

This second tier recognizes that most CLHIVs can thrive within their own communities if the right support systems are available. It is designed to ensure equitable service delivery for children who do not reside in the foster home. Core Services and Features includes:

- **Home-Based Care Support:** Regular health and psychosocial services are delivered to children in their homes or local clinics by community health workers and trained volunteers.
- **Caregiver Empowerment:** Families and guardians receive training and resources to support the child's adherence to treatment and overall wellbeing, reducing the likelihood of re-hospitalization or reinstitutionalization.
- **Fit Persons:** Advocate for the identification and empowerment of *Fit Persons*—individuals who are qualified, competent, trustworthy, and suitable, whether morally, legally, or professionally—to provide stable care, emotional support, and protection for Children Living with HIV (CLHIV) affected by cancer at the community level.
- **Foster Families**: Advocate for the establishment of foster families at the community level for Children Living with HIV (CLHIV), providing safe, nurturing, and stigma-free home environments where children receive medical care, emotional support, and holistic development—promoting dignity, social inclusion, and long-term well-being.
- **Follow-Up and Monitoring:** Routine visits help assess progress and identify any signs of regression or emerging vulnerabilities. Each child receives a continuity-of-care plan to ensure sustained support.

This approach fosters **family preservation**, minimizes institutional dependency, and leverages the child's existing social networks—all while ensuring that no child is left behind due to geographic or economic limitations.

3.2.3: Outreach Services – Inclusive Community Engagement

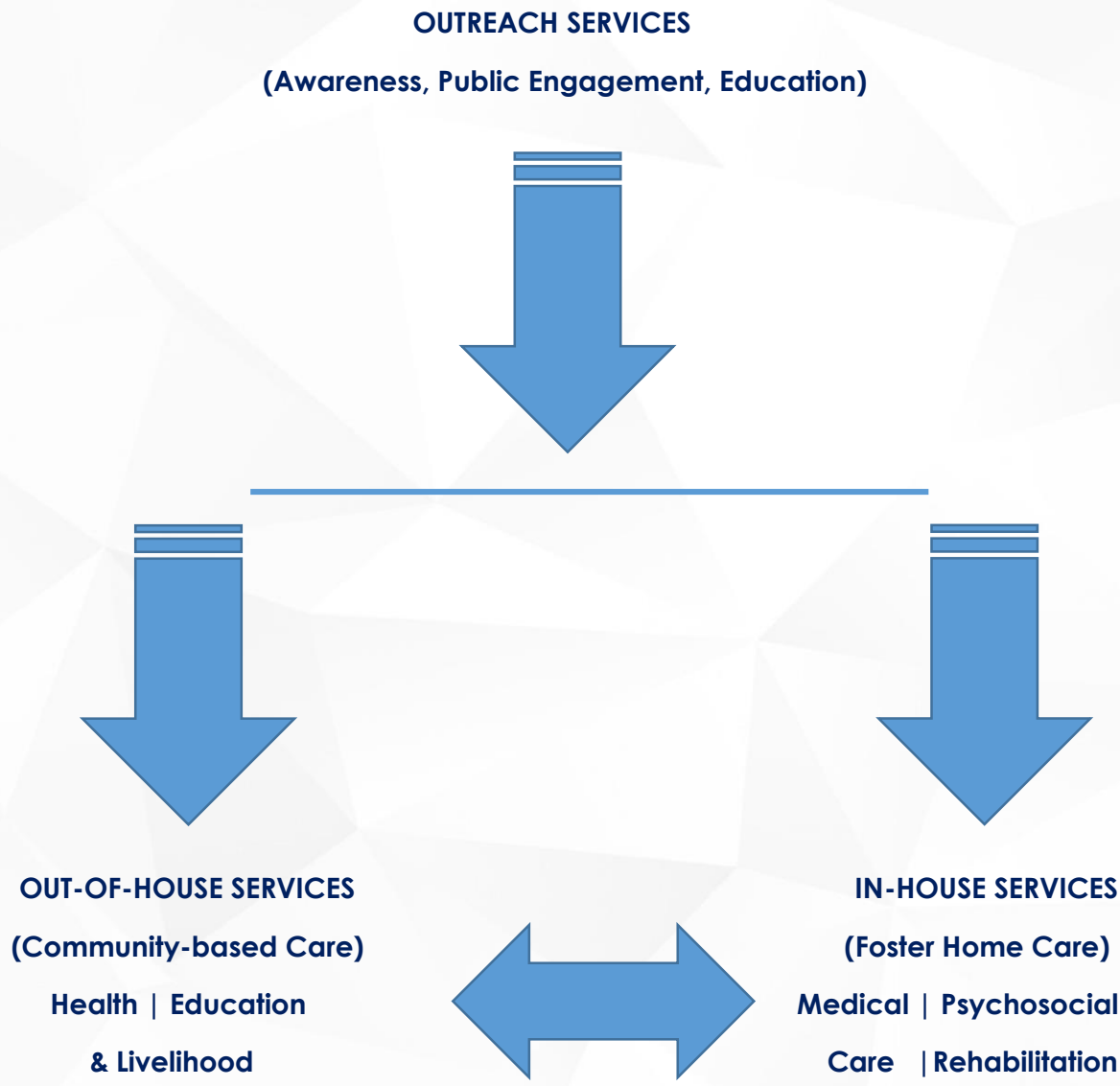
At the broadest level, this tier targets **universal access and public consciousness**, ensuring that stigma, misinformation, and healthcare disparities no longer prevent children and families from seeking help. Core Services and Features includes:

- **Cancer and HIV Education Campaigns:** These include village forums, mobile health caravans, and school-based programs aimed at early identification of symptoms, treatment-seeking behavior, and combating harmful myths.

- **Community Mobilization:** Working closely with local leaders, influencers, and community-based organizations, outreach efforts will cultivate a supportive environment that normalizes cancer screening and HIV services for children.
- **Referral Linkages:** Outreach teams will identify at-risk children and facilitate their connection to the appropriate in-house or out-of-house services through a robust case management and referral system.

This tier helps create an **ecosystem of awareness, trust, and empowerment**, driving demand for early intervention services and enabling early detection, which is critical for survival in both HIV and cancer management.

Fig 2: Program Design



This graphic depicts that Watoto wa Jamii project:

- **It b**egins with mass engagement and awareness through outreach, ensuring the widest reach and setting the foundation for early detection and prevention.
- **Community Anchor:** Sustains health and livelihood outcomes at scale by equipping families and caregivers to manage care at home.
- **Foster Core:** Offers high-level specialized intervention for those in acute need, acting as the operational and emotional heart of the project.
- CLHIVs will be enrolled at the hyper local level and engaged in 'out-of-house' care. Those CLHIVs who will be found on critical situations will be referred for the foster care, where they will be placed for a reasonable time before reintegrated back to their families or communities.

3.3: Watoto wa Jamii Project - Key Interventions:

The **Watoto wa Jamii** project adopts a holistic, tiered approach to care for Children Living with HIV (CLHIV), with each intervention designed to reflect the specific vulnerabilities, health needs, and lived realities of children and their caregivers. This section outlines strategic interventions that operationalize the service model, beginning with public engagement and cascading into personalized care and sustainable reintegration.

3.3.1: Amplifying Public Awareness and Demand for Cancer Services through Listening Campaigns

Under the 'Outreach Services' Tier, Watoto wa Jamii introduces a transformative *Listening Campaign* titled "Shadow of the Tree", held at the village level. This initiative is anchored in the Theory of Change, recognizing that sustainable transformation begins with understanding real community narratives. These forums allow caregivers, guardians, community leaders, and people living with HIV to voice the lived realities and barriers CLHIVs face in accessing cancer services.

The listening campaign is designed to transform passive communities into active co-creators of change, generating a cultural shift toward proactive health-seeking behavior: Specifically;

- Identify and document firsthand insights into barriers to early cancer screening and treatment.
- Co-create community-led solutions through grassroots participation to improve service delivery.
- Cultivate a shared ownership culture around CLHIV well-being, cancer awareness and early cancer detection

3.3.1.1: Listening Campaigns: To lay the foundation for community-driven impact, Listening Campaigns will be conducted during the initial three months of the Watoto wa Jamii program across designated target areas. These campaigns will engage a broad spectrum of participants—caregivers, guardians, people living with HIV (PLHIVs), community leaders, and the general public—through facilitated community

dialogues led by trained moderators. Employing ethnographic methods, the project will capture deep, qualitative insights into the lived realities of children living with HIV (CLHIVs) and their families. These insights will unearth social, cultural, and systemic barriers hindering access to cancer screening, care, and livelihood support. Informed by these findings, trained capacity-building teams will work hand-in-hand with communities to co-design and implement tailored cancer awareness initiatives. These interventions will be grounded in local realities, ensuring cultural sensitivity, long-term sustainability, and genuine community ownership.

3.3.1.2: Public Awareness and Demand Creation: The urgency of this approach stems from the persistent underutilization of cancer services in Tanzania—an issue fueled by stigma, limited awareness, and deeply rooted misinformation, particularly within HIV-affected households. The Watoto wa Jamii project directly addresses this challenge by promoting inclusive, stigma-free, and gender-neutral education on HIV-related cancers. By equipping caregivers with accurate information and practical tools, the program empowers them to make informed decisions about early screening and treatment for their children. Furthermore, it establishes trusted platforms for candid discussions about cancer care and economic resilience for CLHIVs. These efforts will culminate in a Multi-Platform Public Awareness Strategy designed to amplify the campaign's reach and impact. This strategy includes bi-weekly Twitter chats with thought leaders, radio and TV segments highlighting child cancer and HIV issues, school-based health education programs, and culturally resonant, myth-busting content disseminated via social media in Swahili and vernacular languages. Together, these efforts will catalyze a nationwide cultural shift toward early detection, proactive care-seeking, and holistic support for vulnerable children.

3.3.1.3: Implementation Frequency of Outreach Services (Listening Campaigns):

Phase	Activity Type	Frequency	Description
Initial Phase	Listening Campaigns ("Shadow of the Tree")	First 3 Months	Village-level dialogues, ethnographic assessments, and baseline community mapping.
Ongoing Throughout Lifespan	Follow-up Dialogues	Quarterly	Assess community impact and adjust outreach strategies.
	Community-led Awareness Sessions	Continuous / Annually	Integrated into local health calendars for sustainable cancer education.
	Stakeholder Feedback Forums	Yearly	Regional forums to update, adapt, and scale campaign strategies.

Integrated Awareness Campaigns	Media Activations	Monthly	Radio, TV, and social media broadcasts to raise awareness.
	Digital Engagement	Bi-weekly	Twitter chats, online Q&A sessions with thought leaders.
	Community Outreach Events	Bi-monthly	School- and market-based events in rural and peri-urban areas.

3.3.1.4: Projected Reach – Children Living with HIV (CLHIVs) in Tanzania:

Category	Details
Direct Beneficiaries	Approximately 25,000–100,000 Children Living with HIV (CLHIVs) reached throughout the program lifespan.
Indirect Beneficiaries	Around 100,000 caregivers of CLHIVs and 1,000,000 community members impacted through education, capacity-building, and awareness activities.
Geographic Scope	Rural, semi-urban, and urban clusters, with prioritization of areas with high HIV prevalence.

3.3.2: Community Enrollment and Navigation Support for CLHIVs

Operating under the Out-of-House Services Tier, this intervention ensures that vulnerable children are identified, enrolled, and linked to both cancer and HIV services effectively.

HIV population is heterogeneous, and people with both HIV and cancer face unique challenges in navigating cancer treatment services. Majority are unaware of the symptoms and thus cannot decide at what time to seek the treatment. In order to link to appropriate cancer services, HIV status, risk, treatment and adherence status must be assessed to all identified CLHIVs.

The project will deploy a patient navigation model and shall work closely with the community health workers in collaboration with other community-based cadres (e.g., volunteers) as well as with local governance structures and community groups who will help parents or caregivers of CLHIVs to navigate around barriers to access the cancer screening, care and livelihood support for CLHIVs. As per the National Guideline for the Management of HIV and AIDS, Watoto wa Jamii project will build capacity to these CHWs to Guarantee privacy and confidentiality in navigating CLHIVs to screening, care, treatment, control and livelihood support services.

3.3.2.1: Enrollment Strategies: To ensure that only eligible and highly vulnerable children are admitted to the project, the eligible children and their guardians will undergo a structured onboarding process, which will require, amongst others, a thorough needs assessment and consent agreements. CLHIVs will be enrolled through;

- **Referral Partnerships**: Collaborate with health facilities, local government authorities, community-based organizations, and NGOs working with CLHIV to identify children in need.
- **Screening and Verification**: Develop a screening tool to assess eligibility based on criteria such as health status (HIV-positive and/or cancer diagnosis), orphanhood, and socio-economic vulnerability. The project team shall;

a. Obtain a written referral form that confirms HIV positive test from the client
b. Or perform retest for HIV verification for clients with a prior positive antibody test regardless of the place where the initial test was performed. HIV testing services (HTS) is the gateway to access HIV/AIDS associated cancer care, treatment, prevention, and support services.
c. Assess willingness and readiness to cancer screening and address any pending issues.
d. Enroll all clients and link the client to the cancer screening service.
e. Conduct session of adherence counseling

- **Community Outreach**: Conduct awareness campaigns in communities with high HIV prevalence to identify undiagnosed or neglected children.

3.3.2.2: Provision of Community-based Care: Recognizing the unique challenges faced by children living with both HIV and cancer, the project through a patient navigation model will extend assistance to CLHIVs at the community level through;

- The *Watoto wa Jamii* Project is committed to ensuring that all Children Living with HIV (CLHIVs), regardless of whether they are also diagnosed with cancer, have equitable access to age-appropriate health services both within and beyond their immediate communities. This includes access to cancer screenings, oncologist consultations, chemotherapy, immunizations, and other essential interventions tailored to their developmental needs. While most beneficiaries will remain within their family or community settings, trained Community Health Workers (CHWs) will play a vital role in guiding and accompanying caregivers to ensure timely and appropriate service access. The project also recognizes the financial and logistical barriers faced by many families; therefore, it will provide targeted logistical support to assist caregivers in transporting children to care, treatment, or control services. Additionally, to eliminate financial hurdles that could prevent children from receiving consistent care, the project will enroll CLHIVs in health insurance schemes, ensuring sustained and comprehensive access to life-saving health services.

- Beyond the provision of medical care, the *Watoto wa Jamii* Project is deeply committed to addressing the holistic, non-medical needs of Children Living with HIV (CLHIVs), recognizing that true well-being extends beyond clinical treatment. The project will actively support educational continuity by facilitating school reintegration for children who have dropped out due to illness, stigma, or Socio-Economic hardship. This will include the provision of school fee subsidies, school materials, and uniforms to ease the financial burden on caregivers. For children who have fallen behind academically or who require specialized learning support, the project will offer remedial learning programs tailored to individual needs,

ensuring that each child has the opportunity to succeed in their educational journey. Additionally, the program will provide structured psychosocial support through professional counseling, peer support groups, and life-skills training to help CLHIVs cope with stigma, trauma, and the emotional challenges of living with a chronic illness. Where needed, the project will also facilitate access to birth registration, nutritional support, clothing, and safe recreational spaces to promote their full social inclusion and personal development. This integrated approach aims to ensure that every child enrolled in the project is not only surviving but thriving—physically, emotionally, and socially.

- To ensure long-term, self-sustaining family-based care for Children Living with HIV (CLHIVs) at the household level, the *Watoto wa Jamii* Project places strong emphasis on empowering biological families, extended families, foster families and/or caregivers—recognizing them as the cornerstone of a child's daily care, protection, and emotional well-being. The project will equip caregivers with essential knowledge and skills related to HIV management, cancer care navigation, treatment adherence, and child rights, ensuring they are confident and informed advocates for their children's health. Beyond this, *Watoto wa Jamii* understands that sustainable caregiving also depends on economic stability. To this end, the project will support caregivers through targeted Socio-Economic strengthening initiatives, including vocational and entrepreneurship training, small grants or microloans for household income-generating activities, and financial literacy programs to build smart saving, budgeting, and planning habits. These interventions will help families increase their economic resilience, reduce dependence on aid, and create a more secure and nurturing environment for CLHIVs. Strengthening the family unit in this way not only improves the child's quality of life today but also builds the foundation for consistent, long-term support—where children can grow in safe, stable, and capable households. Ultimately, by investing in the caregiver, *Watoto wa Jamii* is investing in the enduring well-being and future potential of every child in the program.

- Watoto wa Jamii Program will implement the 'Fit Person' model as a community-based mechanism for child protection and care, aimed at providing immediate, stable, and nurturing support for vulnerable Children Living with HIV (CLHIV) who lack parental care or require urgent placement. Fit Persons are individuals who will act as temporary or long-term caregivers, responsible for the safety, health, treatment adherence, and psychosocial support of CLHIV. The model leverages trusted community members and existing local structures to provide a decentralized, rapid response to child vulnerability, helping to prevent institutionalization and preserve the child's cultural and social ties. To establish Fit Persons in every village, the program will work closely with local government authorities, community health workers, and village councils to identify and assess responsible, compassionate, and trustworthy individuals who can serve as caregivers. Selection will be based on criteria such as moral integrity, caregiving experience, and a willingness to undergo training in child protection and HIV care. Once selected, these individuals will receive formal recognition, be empowered through sensitization sessions and legal orientation, and be

supported continuously by the Watoto wa Jamii case management teams. Community awareness and engagement campaigns will further encourage acceptance and sustainability of the model, ensuring that every village has at least one trained and supported Fit Person capable of delivering quality care and protection.

- Watoto wa Jamii will work in partnership with local government authorities, social welfare officers, and community leaders to identify, assess, and approve compassionate 'Foster Families' i.e. households capable of providing medium to long-term, family-like care for vulnerable Children Living with HIV (CLHIV) who cannot be immediately reunited with their biological families. The program will initiate community sensitization campaigns to raise awareness about the importance of foster care and reduce stigma associated with HIV. Interested families will undergo a structured process including training in child protection, HIV care, and psychosocial support, followed by formal vetting and registration. Continuous monitoring, mentorship, and material support will be provided to foster families to ensure a safe, stable, and nurturing environment for each child. This decentralized approach will ensure that every village has a network of reliable foster families ready to offer sustained care, helping maintain the child's social and cultural ties while safeguarding their well-being and development.

3.3.2.3: The 5-Year Projected Reach – CLHIVs Across Tanzania:

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total (5 Years)
Direct CLHIVs Enrolled	3,500	4,500	5,000	6,000	6,000	**25,000 CLHIVs**
Paired with CHW/Navigators	3,500	4,500	5,000	6,000	6,000	**25,000 CLHIVs**
Foster Families Established	200	300	400	500	600	**2,000 Foster Families**
Fit Persons Trained	500 villages × 1 = 500	800 villages × 1 = 800	1,000 villages × 1 = 1,000	1,000 villages × 1 = 1,000	1,000 villages × 1 = 1,000	**4,300 Fit Persons**
Caregiver Economic Support	2,000	3,000	4,000	5,000	6,000	**20,000 Caregivers**
School Reintegration Support	1,000 CLHIVs	1,500	2,000	2,500	3,000	**10,000 CLHIVs**
Psychosocial & Counseling	3,500 CLHIVs + caregivers	4,500	5,000	6,000	6,000	**25,000+ Supported**
Community Sensitization Events	4 events per region × 8 regions = 32 events annually	160 total over 5 years				
Indirect Beneficiaries	~10,000	~12,000	~13,000	~12,500	~12,500	**~60,000 Indirect Reach**

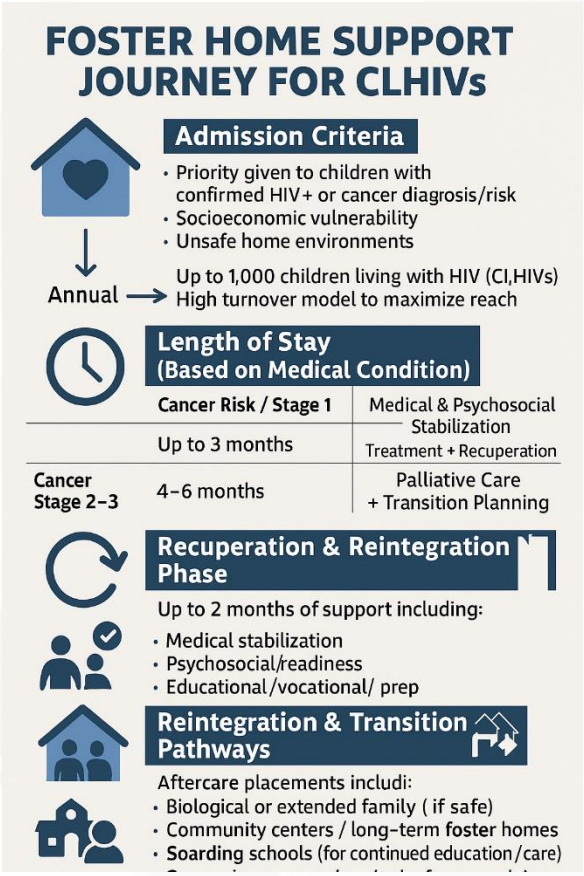
(siblings, caregivers, communities)

3.3.2.4: Geographical Scope & Expansion Plan:

Year	Regions Covered	Focus Areas
Year 1	4 pilot regions (urban & rural HIV hotspots)	Enrollment systems, CHW capacity-building, community mapping
Year 2	Expand to 6 additional regions (total 10)	Strengthen referral partnerships and community outreach
Year 3	National-level expansion (20+ regions)	Scaling Fit Person & Foster Family models
Year 4	Deepen rural coverage; extend to underserved zones	Livelihood support and youth transition programming
Year 5	Full nationwide integration, ongoing system refinement	Full referral network and long-term sustainability plans

3.3.3: Providing Foster Home Services for Children Living with HIV (CLHIV):

Watoto wa Jamii Foster Home is a state-of-the-art, transitional care facility designed to provide short- to medium-term holistic support for Children Living with HIV (CLHIVs) from all corners of Tanzania, especially those affected by or at risk of cancer.



- Admission will prioritize highly vulnerable children referred through national networks based on their medical condition (including confirmed HIV-positive status and cancer diagnosis or risk), socioeconomic vulnerability, and unsafe home environments. The foster home will accommodate up to 1,000 CLHIVs annually, emphasizing high turnover to ensure many children benefit from its specialized services.
- The length of stay is determined by each child's medical and psychosocial recovery needs. Children at risk of developing cancer or in Stage 1 may stay up to **3 months**, while those in Stages 2 and 3 may require **4–6 months** for treatment and recuperation. Children in Stage

4 cancer will be cared for under palliative protocols and may stay up to **9 months**, with the focus on comfort and transition planning.

- Post-treatment, all CLHIVs will undergo a **recuperation and reintegration preparation phase** of **3** up to **7 months**, focusing on medical stabilization, psychosocial readiness, and educational or vocational re-engagement. Upon graduation, children will be reintegrated into their biological families or extended families where safe, placed in community centers or other long-term foster homes if their original home environments remain risky, or enrolled in boarding schools for continued care and education. Adolescents ready for independence will be transitioned into supported community living with mentorship, housing support, and vocational opportunities.

The foster home ensures no child is institutionalized long-term but instead empowered to return to community life with dignity, stability, and a future-focused path.

Category	Details
Goal	No long-term institutionalization; promote dignity, stability, and reintegration **NB:** Short- to medium-term transitional care for CLHIVs, especially those at risk or affected by cancer
Annual Capacity	Up to 1,000 children annually **NB:** Administer High turnover model to maximize reach
Admission Criteria	HIV-positive status, cancer diagnosis/risk, Socio-Economic vulnerability, unsafe home environment
Priority Referrals	National health and social welfare networks, NGOs, CBOs and LGA
Length of Stay	Based on health stage and psychosocial needs
At Risk / Stage 1 Cancer	Up to 3 months
Stage 2–3 Cancer	4 to 6 months
Stage 4 Cancer	Up to 9 months (palliative and transition care)
Post-Treatment Recuperation	Additional 3 -7 months (medical, psychosocial, educational/vocational reintegration)
Transition & Exit Pathways	Depends on Medical Stabilization, Psychosocial Readiness, Educational/Vocational Preparations
- Safe Return to Biological/Extended Family	If family environment is stable and supportive
- Community Centers/Foster Homes	For children who cannot return home immediately
Fit Persons	For children who cannot return home immediately
Foster Families	For children who cannot return home immediately
- Boarding Schools	For continued education and monitored care

- Adoption - Independent Living (Adolescents)	For orphans or children without safe family options With vocational training, housing, and mentorship support

The state-of-the-art, Watoto wa Jamii foster home, shall provide;

In-House Services	Description of the Services
Comprehensive Medical & Cancer Care Unit	• **Specialized Pediatric Oncology & HIV Clinic**: Fully equipped with modern diagnostic and treatment facilities for both **HIV and cancer**, ensuring continuous monitoring and treatment. • **Integrated ART & Chemotherapy Services**: Onsite administration of **antiretroviral therapy (ART)**, chemotherapy, targeted therapy, and pain management. • **Immunotherapy & Palliative Care Wing**: Dedicated to cutting-edge treatments, pain relief, and symptom management, enhancing the quality of life for critically ill children. • **Advanced Telemedicine & Referral System**: Connects with **national and international** specialists to provide expert consultations, reducing the need for travel. • **Nutrition & Dietary Support Center**: Offers **tailored meal plans** rich in essential nutrients, developed by pediatric dietitians to boost immunity and recovery. • **Infectious Disease Prevention & Control Unit**: Ensures strict infection control, reducing risks for immunocompromised children
Educational & Skill-Building Hub	• **Accredited Onsite School (Kindergarten to Secondary Level)**: Provides a **formal curriculum** in a flexible, health-conscious environment, ensuring uninterrupted learning. • **Digital Learning & E-Library**: Offers interactive **STEM education**, language programs, and life skills development with global connectivity. • **Vocational Training Center**: Equips children with practical skills in **technology, arts, music, tailoring, and entrepreneurship**, preparing them for future independence. • **Adaptive Learning Support**: Specialized programs for children with **learning disabilities** or cognitive challenges due to illness.
Holistic Mental Health & Psychosocial Support	• **Child-Centered Counseling & Psychotherapy Services**: Led by pediatric psychologists, offering **grief counseling, trauma therapy, and emotional resilience programs**.

	• **Peer Support & Empowerment Groups**: Encourages mentorship among children, fostering a **sense of community and hope**. • **Recreational & Play Therapy Spaces**: Dedicated **art, music, and drama therapy rooms**, including a **sensory relaxation garden** to promote emotional healing.
Safe & Nurturing Living Environment	• **Modern Residential Homes (Family-Style Units)**: Small-group housing that mimics a family setting, offering a **home-like atmosphere** with trained caregivers. • **Inclusive & Accessible Facilities**: Designed for children with **physical limitations**, ensuring ease of movement and accessibility. • **Green & Sustainable Infrastructure**: Powered by **solar energy**, rainwater harvesting, and eco-friendly construction to reduce environmental impact. • **24/7 Security & Child Welfare Unit**: Ensures a **safe and protective** environment with well-trained caregivers and social workers.
Transition & Future Empowerment Program	• **Adolescent & Youth Transition Support**: Helps teenagers **transition into independent living** with vocational training, mentorship, and career guidance. • **Scholarship & Higher Education Support**: Partnerships with universities, NGOs, and businesses to offer **education sponsorships** and job placements. • **Alumni & Community Integration Program**: Builds a lifelong support network for former residents, ensuring continued **social and emotional support**.
National Outreach & Sustainability Plan	• **Community-Based Referral & Support Networks**: Links with **regional hospitals and social welfare programs** to ensure a seamless referral and reintegration system. • **Funded by Multi-Sector Partnerships**: Backed by **government, corporate donors, and philanthropic initiatives**, ensuring long-term sustainability. • **Research & Innovation Hub**: Collects **data on pediatric HIV and cancer care**, influencing policy and best practices nationwide.

3.4: Project Logic Model:

Watoto wa Jamii Project - Log Frame: This log frame below serves as a blueprint for the **Watoto wa Jamii Project**, ensuring effective implementation and measurable impact on improving the lives of CLHIV with cancer.

Goal	Indicators	Means of Verification	Assumptions
Improve access to comprehensive, integrated HIV and cancer care for CLHIVs in Tanzania	- % increase in CLHIVs receiving early cancer screening and treatment- Reduction in late-stage cancer diagnoses- Improved adherence to ART and cancer treatment	- National health statistics- Hospital records- Project M&E reports	- Continued government and partner support- Availability of medical supplies and services
Purpose			
Enhance public awareness, equitable access, and holistic care delivery for CLHIVs at risk of or affected by cancer	- % change in awareness on HIV-related cancers- Number of CLHIVs enrolled and linked to care- Community perception of stigma and health-seeking behavior	- Pre/post surveys- Enrollment and referral data- Qualitative interviews	- Community engagement- Media partnership effectiveness

Project Objective	Key Activities	Expected Outputs	Expected Outcomes	Key Indicators	Means of Verification	Assumptions
Objective 1: Raise awareness and drive sustained demand for cancer services tailored to CLHIV	- Educate communities on childhood cancer and HIV/AIDS through awareness campaigns - Mobilize community leaders and local structure - Strengthen referral and case management systems	- Community sensitization sessions conducted - Number of community leaders engaged - Referral networks established or improved	- Increased knowledge about childhood cancer and HIV - Strengthened community support for CLHIV - Increased early identification and referral of at-risk children	- Number of awareness sessions conducted - % increase in referrals of CLHIV to care - Number of community structures actively engaged	- Activity reports - Referral logs - Pre- and post-awareness surveys	- Communities are willing to participate - Leaders are supportive of CLHIV-related programs - Health facilities are prepared to receive referrals

Objective 2: Provide access to continuous medical care and psychosocial support for CLHIV	- Provide essential health services (screening, diagnosis, treatment) - Offer tailored mental health and psychosocial support - Train caregivers, fit persons, foster families, and peer mentors	- Number of children screened and treated - Psychosocial support sessions delivered - Caregiver training sessions conducted	- Improved physical and mental health of CLHIV - Enhanced caregiver competence and child care quality - Better treatment adherence and reduced stigma	- Number of CLHIV receiving regular care - % improvement in caregiver knowledge - % reduction in reported stigma incidents	- Medical and counseling records - Pre- and post-training assessments - Child health and wellness reports	- Availability of qualified health and psychosocial staff - Caregivers are willing to be trained - Stable supply of medicines and resources
Objective 3: Provide a stable and nurturing environment for CLHIV	- Establish Watoto wa Jamii foster care facility - Implement holistic development and empowerment programs - Strengthen community-based care systems	- Functional foster care home established - Number of children enrolled in empowerment programs - Community-based care models operational	- Safer and more supportive living environments for CLHIV - Improved life skills and future readiness - Increased community capacity to care for vulnerable children	- Number of children placed in safe care - Number of life skills sessions conducted - % of children reporting improved well-being	- Facility admission records - Program attendance logs - Child development assessments	- Infrastructure and staff available for foster care - Community-based systems are functional and supportive - Sufficient funding for care services

Watoto Wa Jamii

APRIL 2025

THE FIVE (5) YEARS WATOTO WA JAMII IMPLEMENTATION PLAN 4

WATOTO WA JAMII | **CONCEPT NOTE**

4: The Five (5) Years Watoto wa Jamii Implementation Plan:

4.1: Year 1: Foundation and Piloting (Preparation & Early Implementation)

Goal: Establish foundational systems, conduct Listening Campaigns, and initiate pilot programs in selected regions with high prevalence of HIV/AIDS. Priority regions include, **Njombe** ~11.4%, **Iringa**~11.3%, **Mbeya** ~9.3%, **Songwe**~7.5%, **Ruvuma**~6.8%, **Katavi**~6.7%, **Mwanza**~6.4%, **Geita**~6.2%, **Shinyanga** ~6.1%, **Kagera**~5.9%

Focus Area	Key Activities
Public Awareness & Listening Campaigns	• Launch "Shadow of the Tree" Listening Campaigns in 10 pilot villages• Collect qualitative data on community narratives around cancer and HIV• Train local moderators in ethnographic and participatory facilitation
Community Enrollment & Navigation Support	• Identify and train CHWs, volunteers, and local leaders• Develop eligibility screening tools and consent protocols• Pilot patient navigation model in 3 regions with high HIV burden
Foster Home Services & Transitional Care	• Finalize architectural designs & kick start construction phases for the Watoto wa Jamii Foster Home• Secure land, permits, and funding partnerships• Draft child intake, health staging, and exit pathway policies
Capacity Building & Partnerships	• Develop training modules on HIV/cancer for CHWs and caregivers• Formalize partnerships with LGAs, NGOs, and health facilities• Begin community sensitization for Fit Person & Foster Family model
Monitoring & Evaluation (M&E)	• Develop baseline tools and M&E framework• Conduct baseline survey and stakeholder feedback sessions

4.2: Year 2: Expansion & System Integration

Goal: Expand outreach, strengthen community systems, and operationalize Foster Home services.

Focus Area	Key Activities
Public Awareness & Advocacy	• Launch Multi-Platform Awareness Strategy (radio, social media, schools) • Begin bi-weekly Twitter chats and community radio engagements• Distribute culturally tailored IEC materials in Swahili and local languages
Community Enrollment & Services Scale-up	• Expand patient navigation to 10 more districts• Establish local referral desks for HIV and cancer linkage• Initiate household socioeconomic assessments for enrolled families
Foster Home Construction & Launch	• Complete construction and staffing of the Foster Home• Begin intake of first cohort (200–300 CLHIVs) • Begin phased roll-out of treatment, psychosocial and reintegration services
Fit Persons & Foster Families	• Identify and train Fit Persons in pilot areas• Begin screening and onboarding of Foster Families• Initiate psychosocial and legal training for caregivers
M&E and Learning	• Analyze Year 1 impact and adapt strategies• Publish first Annual Learning Brief• Convene first National Stakeholders Dialogue Forum

4.3: Year 3: Full Program Rollout & Geographic Scale-Up

Goal: Reach national coverage across high-burden regions and optimize all care tiers.

Focus Area	Key Activities
Public Awareness & Campaign Continuation	• Launch national Cancer & HIV Awareness Month• Implement school health clubs and mobile health education units• Extend outreach to faith and cultural institutions
Community Services	• Enroll 5,000+ CLHIVs into structured navigation and support services• Expand community-based care and CHW presence in all 26 regions• Launch mobile screening units in rural areas
Foster Home Optimization	• Reach 1,000-child annual care capacity• Begin structured exit and reintegration pathways (boarding, families)• Launch palliative and vocational care units within the center
Family & Household Empowerment	• Launch microloan and vocational training program for 500 caregivers• Distribute startup kits and link families to social protection schemes
Data & Quality Assurance	• Launch real-time digital M&E dashboard• Integrate program into national health information systems• Conduct external mid-term review

4.4: Year 4: Institutionalization & Systems Strengthening

Goal: Deepen quality, embed models into national structures, and prepare for sustainability.

Focus Area	Key Activities
Policy Integration & Advocacy	• Engage national ministries for adoption of Fit Person and Foster Family models• Advocate for national cancer screening guidelines inclusive of CLHIVs• Secure MoUs for long-term collaboration with LGA and MOHCDGEC
Program Institutionalization	• Embed CHW patient navigation model in District Health Plans• Launch "Train-the-Trainer" program to scale community support staff
Foster Home as National Center of Excellence	• Offer training and mentorship to regional care centers• Begin clinical research and documentation of integrated HIV-cancer care
Community Ownership	• Support creation of Community Child Protection Committees• Decentralize Fit Person recruitment and peer-led psychosocial clubs
Sustainability Planning	• Diversify funding base (CSR, donors, public-private partnerships)• Launch local fundraising and donor stewardship strategies

4.5: Year 5: Sustainability & National Impact Consolidation

Goal: Achieve self-sustaining, community-owned, nationally endorsed care model.

Focus Area	Key Activities
National Coverage	• Operate in all 31 regions of Tanzania• Enroll 15,000+ CLHIVs into comprehensive support system
Foster Home Systematization	• Implement rotational foster care satellite models in 5 regions• Launch mobile reintegration units for home preparation and follow-up
Caregiver Economic Resilience	• Reach 2,000+ caregivers with income-generating activities and financial literacy• Link families to cooperative schemes and savings groups
Policy Legacy	• Submit formal policy proposals for national adoption of child care models• Publish "Watoto wa Jamii Impact Report" and knowledge products
Exit and Transition	• Develop and implement a 3-year post-project transition strategy• Transfer management of local structures to trained community entities

4.6: Anticipated Risks, Level of Risk, and Mitigation Strategies

Watoto wa Jamii 's project strategy is creative and ambitious, and its partnerships are innovative. While consortium partners are confident in its team and approach, we recognize that some level of risk is unavoidable. The following table summarizes the main potential risks and strategies to mitigate them.

Anticipated Risks	Level of Risk (High/Medium/Low)	Mitigation Strategies
Low community awareness and participation	Medium	- Implement targeted, culturally relevant awareness campaigns. - Engage local influencers and community leaders. - Offer incentives for participation.
Reluctance of caregivers to bring children for screening	Medium	- Conduct home visits and community outreach. - Provide transportation support for caregivers. - Offer counseling to address concerns and stigma.
Limited funding for long-term sustainability	High	- Develop a diversified funding strategy (grants, corporate sponsorships, social enterprises). - Implement income-generating activities. - Strengthen donor relationships with regular impact reports.
Infrastructure challenges (delays in construction, maintenance issues)	Medium	- Conduct thorough feasibility assessments before construction. - Secure multi-year funding for infrastructure maintenance. - Establish partnerships with construction firms for cost-effective solutions.

4.7: Monitoring and Evaluation Plan

4.7.1: Developing an M&E strategy: The M&E strategy, including indicators, data collection methods, dissemination strategy, and a learning agenda will be collaborative and centered on relevance, utility, and feasibility for target users, including consortium partners. This approach is critical to building credibility and legitimacy with target users and for ensuring that data collection and analysis are grounded in practical context. To this end, our team will perform Rapid M&E landscape assessment during the initial implementation and spin-up phase, to validate identified indicators (provided the project logic) and data collection tools already in use by partnering programs with similar or overlapping goals, to ensure our framework tracks the project's contributions to those goals. This will include crafting of SOP that stipulates;

Who is responsible for collecting which indicators; Specific questions and distribution channels; Precise flow of M&E data through the program team; Milestones articulating the frequency and nature of M&E reports

4.7.2: Proposed methods:

- Digital Tools: Partners will mine data from relevant digital resources (e.g., mobile tools, Google analytics etc.) to develop a comprehensive picture of user eco-systems.
- Native web and mobile surveys: Our technology team will systematically integrate a brief survey that can be activated remotely at any time by the project management team.
- Most Significant Change (MSC): Partners will apply the MSC, a participatory story-based method of evaluation. MSC captures change that often escapes traditional monitoring and evaluation tools, produces rich findings, encourages reflection, and amplifies learning.
- Use Story Tracking Register: A register of potential use stories that have been spotted or in the process of being drafted, which also depicts the topical areas under study, responsible partner and timelines

4.7.3: Learning, reporting, and dissemination: We will incentivize data and information-sharing among partners by demonstrating how increased collaboration in this area deepens understanding of issues and problems, supports effective investments, and helps to cumulatively build evidence that can act and advocate for change. Dissemination and reporting strategy will include the following activities:

- Internal semi-annual review meetings - These will provide deeper analysis of what has worked, what has not, lessons learned, and best practices to guide future planning and improve performance. Analyses will be based on experiences, observations, and activities, including feedback from beneficiaries.
- Reporting - Successes and failures will be compiled and presented as case studies or "stories" to inform other players in Tanzania and elsewhere. Use cases will demonstrate how Watoto wa Jamii can support more effective investments and encourage collaboration.

Watoto Wa Jamii

APRIL 2025

RESOURCES AND BUDGET

5

WATOTO WA JAMII | **CONCEPT NOTE**

5. Resources and Budget:

5.1: Project Resources:

The resources for the Watoto wa Jamii Project i.e. the essential inputs, assets, and support systems are fundamental to implement, manage, and sustain to achieving the project's objectives and ensuring that it can provide high-quality care and services for Children Living with HIV/AIDS (CLHIVs) who are also battling cancer.

5.1.1: Human Resources:

- Project Team: A team of skilled professionals, including doctors, nurses, psychologists, social workers, educators, vocational trainers, financial analysts and fundraisers who will provide direct services to CLHIVs.
- Community Health Workers (CHWs) and Volunteers: Local health workers and volunteers who will assist in outreach, screening, enrollment, and education efforts in the community.
- Partnerships: The project will rely on collaboration with local and international partners, including government agencies, NGOs, community organizations, and corporate donors, who will provide expertise, resources, and support.
- Caregivers and Foster Parents: Trained caregivers who will be responsible for the day-to-day care and well-being of children within the foster home environment.

5.1.2: Financial Resources:

- Funding: Financial contributions from donors, government grants, corporate sponsorships, and philanthropic organizations that will cover the cost of infrastructure development, medical supplies, staffing, education programs, and other operational expenses.
- Sustainability Fund: Long-term financial planning for the sustainability of the project beyond the initial five years, including potential endowments or fundraising efforts to ensure ongoing service delivery.

5.1.3: Physical Resources:

- Infrastructure: The development of the foster home facility, including housing units, medical clinics, educational spaces, play therapy rooms, and vocational training centers. This includes state-of-the-art medical equipment for cancer care and specialized learning resources for education and skill-building.
- Technology and Digital Resources: Telemedicine systems, digital learning tools, and data management software to monitor health outcomes, education progress, and overall project effectiveness. This includes digital platforms for awareness campaigns and community engagement.

5.1.4: Material Resources:

- Medical Supplies and Equipment: Cancer care medications, antiretroviral therapy (ART), chemotherapy, nutritional supplements, and other healthcare supplies necessary to provide comprehensive treatment for children living with HIV and cancer.
- Educational Materials: Books, educational tools, e-learning platforms, and training materials for both formal education and vocational training programs.
- Recreational and Therapeutic Resources: Materials and equipment for art therapy, music therapy, play therapy, and other recreational activities that support emotional healing and psychosocial well-being.

5.1.5: Social and Community Resources:

- Local Community Support: Engagement with local leaders, community groups, and caregiver networks to ensure the project is culturally relevant and integrates well within the communities it serves.
- Public Awareness and Advocacy Networks: Support from media, advocacy groups, and local activists to increase public awareness and community demand for HIV/AIDS and cancer care, reducing stigma and encouraging participation in the project.

7.6: Knowledge and Expertise:

- Technical Expertise: Access to specialized knowledge in areas such as pediatric oncology, HIV care, mental health, child protection, and vocational training. This will be provided by medical professionals, academics, and specialists in these fields.
- Data and Research: Access to research studies, clinical guidelines, and data-driven insights that help inform the project's strategies and best practices in care, treatment, and child development.

5.2: Project Budget:

The Watoto wa Jamii project is a child-centered, holistic initiative aimed at improving the quality of life for children living with HIV/AIDS (CLHIV) and cancer. The project includes public awareness campaigns, enrollment of CLHIV into support services, and the establishment of a state-of-the-art foster home providing medical, educational, psychosocial, and livelihood support.

This vital program requires a five-year budget of TZS **18,216,558,995** (USD 6,856,062[2]) to establish the Foster Home and fostering care to 1,000 CLHIVs from different localities in Tanzania.

[2] Exchange rate of TZS 2,657/=

Five-Year Comprehensive Budget for Watoto wa Jamii Foster Home Project

Summary Budget Overview

Category	Total Cost (TZS Millions)
Land Acquisition & Construction	**6,594,500,005**
Medical & Cancer Care Services	**2,850,000,000**
Education & Skill-Building Hub	**2,062,800,000**
Foster Home Operations	**5,753,953,500**
Public Awareness & Demand Creation	**955,304,500**
Grand Total (5 Years)	**18,216,558,995**

Budget Breakdown (TZS in Millions)

5.2.1: Land Acquisition and Construction

Item	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Land Acquisition (10 acres @ 3,500,000/=)	35,000,000	-	-	-	-	35,000,000
Infrastructure Development (Buildings, Roads, Utilities)	3,389,000,500	-	-	-	-	3,389,000,500
Green & Sustainable Energy Setup	417,500,000	-	-	-	-	417,500,000
Security & Child Welfare Facilities	893,000,000	-	-	-	-	893,000,000
Furnishing & Equipment (including Ambulance)	1,860,000,000	-	-	-	-	1,860,000,000
Subtotal	**6,594,500,005**	**-**	**-**	**-**	**-**	**6,594,500,005**

5.2.2: Medical & Cancer Care Services for 1,000 CLHIVs

Item	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Comprehensive Health Insurance (tailor made scheme for 1,00 CLHIVs) to access Specialized Pediatric Oncology & HIV Clinic services, Integrated ART & Chemotherapy Services, Immunotherapy & Palliative Care Services, Nutrition & Dietary Support Services, Infectious Disease Prevention, e.t.c @CLHIV 570,000/- annually	570,000,000	570,000,000	570,000,000	570,000,000	570,000,000	2,850,000,000

Subtotal		**2,850,000,000**

5.2.3: Education & Skill-Building Hub for 1,000 CLHIVs

Item	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Accredited Onsite School (K-12)	280,000,000	250,000,000	300,000,000	198,000,000	240,000,000	
Digital Learning & E-Library	65,000,000	33,000,000	29,000,000	22,000,000	18,000,000	
Vocational Training Center	36,000,000	22,000,000	22,000,000	22,000,000	22,000,000	
Adaptive Learning Support	44,000,000	83,900,000	103,900,000	122,000,000	150,000,000	
Subtotal	**425,000,000**	**388,900,000**	**454,900,000**	**364,000,000**	**430,000,000**	**2,062,800,000**

NB: *The Budget includes operational expenses such as equipment, stationeries and teaching aids, staff salaries and/or allowances, utilities and maintenance expenses, e.t.c*

5.2.4 Foster Home Operations

Item	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Enrollment and Logistics Expenses	45,890,000	45,890,000	45,890,000	45,890,000	45,890,000	
Clothing Accessories	31,000,000	31,000,000	31,000,000	31,000,000	31,000,000	
Recreational, Play Therapy & Child-Centered Counseling & Therapy	89,500,000	89,5000,000	89,5000,000	89,500,000	89,500,000	
Staff Salaries (Caregivers, Admin, Security)	78,000,500	78,000,500	78,000,500	78,000,500	78,000500	
Food & Daily Living Expenses	890,000,000	890,000,000	890,000,000	890,000,000	890,000,000	
Utilities & Maintenance	16,400,200	16,400,200	16,400,200	16,400,200	16,400,200	
Subtotal	**1,150,790,700**	**1,150,790,700**	**1,150,790,700**	**1,150,790,700**	**1,150,790,700**	**5,753,953,500**

5.2.5 Public Awareness & Demand Creation

Item	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Listening Campaigns	14,300,000					
Traditional Media (TV/Radio Shows and Opinion Pieces)	144,900,000	144,900,000	144,900,000	144,900,000	144,900,000	
Social Media Campaigns (Content Creation, Ads)	9,000,000	9,000,000	9,000,000	9,000,000	9,000,000	
Community Engagement & Activations	28,500,900	28,500,900	28,500,900	28,500,900	28,500,900	
IEC Materials	19,000,000	19,000,000				
Subtotal	**206,700,900**	**201,400,900**	**182,400,900**	**182,400,900**	**182,400,900**	**955,304,500**

Watoto Wa Jamii

APRIL 2025

MANAGEMENT APPROACH AND INSTITUTIONAL CAPABILITIES

6

WATOTO WA JAMII | **CONCEPT NOTE**

6. Management Approach and Institutional Capabilities

6.1. Core principles. Our team and governance structure are based on the following fundamental principles:

- ***Invest in a versatile pool of high caliber, proven performers***. High performers have the highest chance of producing sustainable impact. This view informs our staffing selection, from key personnel down to the corps of talented, cross-disciplinary Peers who will be deployed to support specific activities across the pillars. Their versatility and agility define our program's ability to be responsive, adaptive, and opportunistic when defining and evolving our activities.
- ***Emphasize complementarity between partners***. Our core partners including the LGA will bring a unique and additive quality to the project. The organizational structure is designed to highlight these respective values in an integrated way.
- ***Leverage partners' experience***. There is unique value to working with a partner who is already engaged in parallel programs on HIV/AIDS and Cancer; will assist to adapt quickly to its management style, expectations, and culture of implementation.
- ***Continuously capturing and publishing 'use stories' from PLHIVs***: i.e. *A "use story" is a high-quality, high-impact demonstration of how CLHIVs accessed, used and benefited from the Watoto wa Jamii Project.* Our team will ensure that all 'use stories' are being captured and published continuously to attract more receptance and participation of other CLHIVs across the country.

Our team offers compelling strengths for the Watoto wa Jamii Project: a configuration of complementary and nimble partners who embrace operating in uncertain contexts; an approach that balances creativity with structure and a focus on tangible results; and an interdisciplinary team of driven, proven, and innovative individuals with unparalleled experience building and leading projects to success.

6.2. Engaging quickly in target areas.

Consortium partners appreciates the strategic importance of rapidly mobilizing in order to develop tangible use cases that demonstrate early positive experiences with using fostering CLHIVs with Cancer from the target communities. The more caregivers of CLHIVs will hear/read a success story of others, will intrigued buy-ins and participations. All activities outlined above can be deployed soon after the project launch date. In all target wards, district and regions all consortium partners have had a long relationship with the LGAs which will ease the work of launching the project.

This process will be undertaken in roughly three-time spans.[3] Regardless of activity length, each will seek to produce a specific positive experience with CLHIVs:

[3] Our team's approach is designed to accelerate these timelines in a shorter time frame to realize 'use stories' or early outcomes. We will do this by building a project team who can rapidly design, develop and engage CLHIVs.

1. **Quick wins** are activities which can be implemented within roughly 20 - 48 weeks. This programming consists primarily of activities which our team and partners are already prepared to implement; in some cases, a light period of engagement will be necessary to secure local ownership over a specific activity; in others, we are ready to begin with the capacity or tools pillar activities. Because our team comes equipped with this runway of quick wins, during the phase 1 implementation we will plan to space out these activities over the course of the implementation period, in order to maintain momentum of 'use stories' over time.
2. **Medium-term wins** are activities which can be implemented within roughly 48 -144 weeks. These activities are deliberately less defined at this point; consortium partners expect them to crystallize during the phase 1 and also throughout the implementation period, as our engagement pillar conducts outreach to identify peers and other stakeholders.
3. **Long-term wins** are activities which can be implemented in at least 240 weeks. Partners have established a specific strategy, called a listening campaign, to conduct engagement activities at the hyperlocal (street) level in order to understand everyday pain points that CLHIVs face, and to distill them into challenges that might be addressed through Watoto wa Jamii project through better access to care, treatment and other livelihood support medical services.[4] This campaign will roll out across every target region and districts over the course of the first 5 years of the project, after which the appropriate capacity or tools pillars will deploy the appropriate teams to address those distilled challenges over the next several years. According to our theory of change, these long-term wins will have the strongest likelihood of lasting impact around continuum of care since they are more firmly rooted in nuanced understanding of everyday pain points and, through the listening campaign, will have fostered more ownership from the caregivers and stakeholders associated with CLHIVs whose pain points stand to be alleviated.

6.3: Partnerships built on complementarities:

In order to start realize the objectives of this program during the short time frame, partners recognize the importance of implementing a program that is not business as usual. To this end, we have assembled a unique team of complementary and nimble partners, who embrace operating in uncertain contexts, who have deep experience in managing HIV/AIDS and Cancer programs, and who feature some of the country's finest creative and innovative talent.

6.3.1: PricewaterhouseCoopers (PwC) Tanzania:

PricewaterhouseCoopers (PwC) Tanzania has been selected and contracted by the prime partner as the **fund management partner** for the Watoto wa Jamii Project. With a well-established reputation for excellence in financial management and auditing, PwC Tanzania will oversee the administration of all funds secured through various channels,

[4] This listening campaign aims at extracting information from the targeted caregivers of CLHIVs to inform the program operations

including funding solicitations, fundraising events, the donation website, public-private partnerships (PPPs), and in-kind contributions. Their expertise will ensure that all financial and non-financial resources are managed efficiently, transparently, and in alignment with the program's objectives, providing a strong foundation for its successful implementation and long-term sustainability. Amongst others, PWC shall

1. **Financial Management & Accountability:**

- Open and manage a dedicated collection bank account for all funds received under the program.
- Provide fiduciary management services to ensure accountability and compliance.

2. **Financial Monitoring & Reporting:**

- Monitor program implementation against the approved work plan.
- Provide monthly financial reports to track fund utilization and program expenditures.

3. **Fund Disbursement & Compliance:**

- Disburse funds in accordance with the approved work plan, subject to written approval from the prime partner/funding organization**.**

4. **Audit & Financial Transparency:**

- Arrange an annual external audit to uphold financial integrity and transparency**.**

6.3.2: Walio Katika Mapambano na AIDS Tanzania (WAMATA):

Walio Katika Mapambano na AIDS Tanzania (WAMATA), meaning *"Those in the Fight Against HIV/AIDS in Tanzania,"* is a pioneering non-governmental organization that has been at the forefront of HIV/AIDS response in Tanzania since its establishment in 1989. With over three decades of experience, WAMATA has played a critical role in supporting people living with HIV/AIDS (PLHIV), including children living with HIV (CLHIV), through a wide range of community-based services and advocacy efforts.

WAMATA's core mission is to engage communities affected by HIV/AIDS in innovative, sustainable solutions that advance health, gender equity, and economic empowerment. The organization envisions a resilient civil society capable of preventing, controlling, and mitigating the impact of HIV/AIDS.

Over the years, WAMATA has expanded its reach across multiple regions, significantly improving the health and well-being of PLHIV. Through its branch offices and outreach centers—particularly in Dar es Salaam and other urban areas—WAMATA has provided voluntary counseling and testing (VCT) services to millions, offered home-based care, and supported hundreds of thousands of orphans and vulnerable children (OVC). Its comprehensive programs include HIV prevention, treatment adherence support, psychosocial counseling, health education, and stigma reduction.

WAMATA's approach is rooted in deep community engagement. The organization works to empower local communities and organizations by building their capacity to deliver effective HIV prevention and care services. It mobilizes communities through awareness

campaigns, peer educator programs, and support groups, fostering an environment of inclusion, dignity, and resilience.

WAMATA's institutional strengths include:

- Extensive experience in community-based HIV prevention, care, and treatment services.
- Proven capacity in psychosocial support for children and families affected by HIV/AIDS.
- Longstanding partnerships with the Ministry of Health and international donors.
- Effective implementation of home-based care models and support group structures.
- Robust HIV testing, counseling, and treatment adherence support programs.
- Strong community presence and trust, especially in urban and peri-urban areas.
- Success in integrating stigma reduction and child protection into HIV interventions.
- Track record in mobilizing women and low-income individuals through economic empowerment initiatives and self-help groups.
- Skilled management of peer educator and outreach programs.
- History of collaboration in national health programming and policy influence.

Through its holistic and community-driven approach, WAMATA continues to be a cornerstone institution in Tanzania's fight against HIV/AIDS, delivering both immediate support and long-term impact.

6.3.3: Ocean Road Cancer Institute (ORCI):

The Ocean Road Cancer Institute (ORCI), based in Dar es Salaam, is Tanzania's national referral hospital for cancer care and operates under the Ministry of Health. As the country's leading institution in oncology, ORCI delivers comprehensive cancer services—including diagnosis, chemotherapy, radiotherapy, surgery, and palliative care—while also playing a central role in the national cancer control strategy. The institute is committed to reducing the cancer burden through clinical service delivery, public education, research, and policy development.

ORCI has established itself as a national center of excellence, not only in specialized care but also in advancing public awareness and early detection of cancer. It conducts nationwide education campaigns and supports community-based initiatives that promote prevention, timely diagnosis, and treatment adherence—critical components in improving cancer outcomes, especially among vulnerable populations such as children living with HIV (CLHIV).

In addition to service delivery, ORCI engages in cutting-edge cancer research and evidence-based programming, contributing valuable insights to national health policy. The institute maintains strong collaborative partnerships with government bodies, international institutions, and NGOs, enhancing its capacity for coordinated, multisectoral responses to cancer-related challenges.

ORCI's institutional strengths include:

- Provision of full-spectrum cancer services: diagnosis, chemotherapy, radiotherapy, surgery, and palliative care.
- National leadership in public education and awareness campaigns on cancer prevention and early diagnosis.
- Specialized pediatric oncology services relevant to CLHIV and other high-risk children.
- Proven capacity in clinical research and development of cancer care policies.
- Well-established collaborations with NGOs and community-based projects, including those focused on vulnerable children.
- Modern infrastructure and equipment for advanced diagnostics and treatment.
- Expertise in community and patient education, enhancing caregiver knowledge and family support systems.
- Strong contribution to multisectoral coordination through partnerships with government and international stakeholders.
- Experience in leading national behavior change and communication campaigns, complementing initiatives such as the *Watoto wa Jamii Listening Campaign*.

With its comprehensive capabilities and national mandate, ORCI stands as a strategic partner in delivering integrated cancer care and public health interventions in Tanzania.

6.3.4: Azam Media – National Multimedia Platform for Social Transformation

Azam Media Limited is one of Tanzania's largest and most influential media houses, recognized for its extensive reach, multimedia versatility, and unwavering commitment to advancing social impact through information, education, and entertainment. With a robust network that spans television, radio, and digital platforms, Azam Media plays a transformative role in shaping public awareness and driving positive change across the country and beyond.

As a homegrown Tanzanian media powerhouse, Azam Media operates flagship outlets including Azam TV, Azam Radio, and a suite of digital media platforms that collectively reach millions of households across East Africa. Its programming is designed to inform, inspire, and empower communities, making it a strategic and impactful partner for national development initiatives such as the Watoto wa Jamii project.

Leveraging its wide coverage and strong public trust, Azam Media excels in delivering high-quality, culturally resonant, and Swahili-language content that connects deeply with Tanzanian audiences. Through its diverse media channels, the organization has the unique ability to integrate storytelling, public service messaging, and interactive engagement mobilizing communities toward collective social action.

Azam Media's institutional capabilities include:

- *Extensive National and Regional Reach:* Broadcasts via terrestrial, satellite, and digital channels, reaching audiences in all Tanzanian regions and across East Africa.
- *Multi-Platform Strength:* Integration of television, radio, and online content to ensure broad accessibility and cross-channel engagement.
- *Cultural and Linguistic Relevance:* Production of Swahili-language programs that reflect Tanzanian values, aspirations, and lived experiences.
- *Health and Social Advocacy Expertise:* Proven record in executing media campaigns on HIV/AIDS, cancer awareness, child protection, and youth empowerment.
- *Social Behavior Change Communication (SBCC):* Skilled in crafting evidence-based and emotionally compelling media interventions that challenge stigma and promote inclusion.
- *Community and Stakeholder Engagement*: Strong collaboration with government institutions, NGOs, and the private sector to coordinate nationwide awareness campaigns.
- *Youth and Family Programming*: Dedicated platforms and segments that address health, education, and empowerment topics through relatable storytelling and dialogue.

Through this powerful combination of reach, credibility, and technical capability, Azam Media stands as a trusted partner in advancing Tanzania's public health and social development agenda. Its involvement in the Watoto wa Jamii initiative will ensure that the stories of children and families affected by HIV/AIDS and cancer are told with dignity, compassion, and purpose, amplifying hope, mobilizing resources, and fostering national unity around a shared vision for change.

6.3.5: Shujaa Cancer Foundation: Championing Survivorship and Holistic Cancer Care in Tanzania

The Shujaa Cancer Foundation (SCF) is a registered non-governmental organization in Tanzania founded with a strong commitment to the long-term well-being of cancer survivors. The name "Shujaa," meaning "warrior" in Swahili, reflects the foundation's core values of resilience, dignity, and hope—anchoring its mission to empower individuals affected by cancer as they transition from treatment to recovery and reintegration.

SCF envisions a future where survivorship is fully integrated into the cancer care continuum, ensuring that individuals affected by breast, cervical, prostate, and childhood cancers receive not only treatment but also post-treatment care that supports emotional healing, social inclusion, and economic recovery. Its mission is to improve the quality of life for survivors through structured survivorship programs, development of national care guidelines, and advocacy for inclusive cancer policies.

The foundation implements a broad portfolio of survivor-centered initiatives, including peer-led support forums, structured reintegration programs, caregiver training, and community education. Its flagship initiative, *Rudisha Tabasamu* (Restore the Smile), promotes emotional renewal through guided conversations, storytelling, and survivor

engagement. SCF also plays a leading role in national advocacy efforts, working to integrate survivorship care into health policies and mobilize resources for childhood and adolescent oncology services.

With a focus on psychosocial support and community engagement, SCF ensures its programs are culturally sensitive, accessible, and tailored to the unique needs of women, youth, and families. The organization's strong grassroots presence and survivor-led structure position it as a credible and trusted voice in Tanzania's cancer landscape.

SCF's institutional capabilities include:

- Survivor-Led Approach: Operated by cancer survivors, ensuring authentic, empathetic, and patient-informed programming.
- Psychosocial Support Services: Provides counseling, peer support groups, and emotional care for children, adolescents, and families affected by cancer.
- Public Awareness and Education: Conducts national campaigns focused on early detection, stigma reduction, and increased cancer literacy.
- Community Engagement: Builds strong connections with urban and peri-urban communities, particularly among women and youth.
- Policy Advocacy: Influences national health policies by advocating for the inclusion of survivorship and pediatric cancer care in national strategies.
- Child-Centered Interventions: Delivers holistic care for children living with or recovering from cancer, including family support and health education.

Through its comprehensive and survivor-driven model, SCF stands as a vital institutional partner in advancing cancer care, improving survivorship outcomes, and strengthening child- and family-centered health interventions across Tanzania.

6.3.6: Infectious Disease Alliance (IDA): Advancing Global Health Through Innovation and Equity

The Infectious Diseases Alliance (IDA) is a global organization committed to reducing the burden of infectious diseases through cutting-edge research, policy leadership, and collaborative community-based interventions. IDA partners with governments, healthcare institutions, and non-profit organizations to strengthen disease surveillance, improve access to prevention and treatment, and foster resilient health systems—particularly in underserved and high-risk populations.

Guided by its mission to advance equitable healthcare access, IDA provides technical assistance, strategic advocacy, and scientific innovation aimed at tackling complex public health challenges. The organization champions an integrated, cross-sectoral approach rooted in the One Health framework, which links human, animal, and environmental health to ensure comprehensive and sustainable responses to infectious diseases.

As a member of IDA, **WAMATA** benefits from access to a global advocacy network, advanced technical expertise, and policy influence—critical assets for expanding the

scope and effectiveness of initiatives like the *Watoto wa Jamii* project. Through this collaboration, IDA strengthens efforts to embed infectious disease prevention, cancer screening, and equitable healthcare access within Tanzania's foster care and child health models.

IDA's institutional capabilities include:

- Policy and Technical Leadership: IDA delivers evidence-based guidance aligned with global health standards, specializing in the development and implementation of infectious disease strategies targeting high-risk groups, such as Children Living with HIV (CLHIV). Its integration of early cancer detection within infectious disease frameworks enhances holistic care.
- Access to Treatment and Diagnostics: Leveraging its international partnerships and advocacy capacity, IDA mobilizes access to affordable medications—including antiretroviral therapy (ART) and cancer drugs—and diagnostic tools. The alliance also connects local partners to global clinical trial networks and emerging technologies that improve treatment outcomes.
- Data-Driven Research and Policy Influence: IDA supports operational research, real-time data systems, and impact evaluations that guide local programming while contributing to global policy platforms. This ensures that evidence from the field directly shapes health strategies at both national and international levels.
- Strategic Communications and Global Advocacy: Through multimedia campaigns, webinars, policy briefs, and engagement in international forums such as the World Health Assembly, IDA elevates the voices of affected communities—particularly children and caregivers—driving awareness and political momentum for inclusive health solutions.

With its comprehensive expertise and global reach, the Infectious Diseases Alliance remains a vital institutional partner in strengthening health systems, accelerating innovation, and ensuring no community is left behind in the fight against infectious diseases.

6.3.7: Raising Up Friendship Foundation (RUFFO):

Raising Up Friendship Foundation (RUFFO) is a registered non-profit organization based in Dar es Salaam, Tanzania. Since its establishment in 2021, RUFFO has been committed to promoting and protecting the rights of children and women, with a strong emphasis on gender equality, empowerment, and the eradication of all forms of abuse against these vulnerable groups.

RUFFO's mission is to advance the dignity, safety, and holistic development of children and women by equipping them with the necessary knowledge, resources, and opportunities to reach their full potential. Its vision is a society in which children's and women's rights are upheld, gender equality is realized, and every individual is empowered to thrive.

The organization has developed a robust portfolio of community-based programs that respond to pressing social challenges, including:

- Advocacy and public education campaigns aimed at preventing abuse and protecting the rights of women and children.
- Menstrual health initiatives that provide sanitary products and education to reduce period poverty and support girls' school attendance.
- Life skills training designed to enhance personal development, emotional resilience, and decision-making in children and adolescents.
- Talent development programs that identify and nurture skills among youth to inspire future aspirations.
- Platforms such as Sauti Zetu that amplify the voices of women and children, promoting civic participation and inclusive decision-making.
- Comprehensive child protection interventions that foster safe, nurturing environments and prevent exploitation and neglect.
- Campaigns like Tumpe Binti Thamani that promote the value, education, and safety of girls in the community.
- Girls 4 Girls (G4G), a mentorship and leadership initiative supporting young women through peer networks and role model engagement.
- Holiday-based life skills camps that offer structured, development-focused activities for youth during school breaks.

Through these integrated and impactful programs, RUFFO has demonstrated substantial institutional capacity in areas such as child protection, gender advocacy, community mobilization, and youth empowerment. Its track record positions it as a valuable and strategic partner in supporting the goals of the Watoto wa Jamii initiative.

6.3.8: Inside Africa Adventures (IAA): Integrating Tourism with Social Impact

Inside Africa Adventures (IAA) is a premier travel and destination management agency in Tanzania, specializing in experiential tourism, corporate travel, and sustainable destination development. With deep-rooted connections in the hospitality and transport industries, IAA is uniquely positioned to offer customized travel experiences that align tourism with social responsibility and community development goals.

IAA's innovative approach integrates corporate social responsibility (CSR) into tourism by designing packages and travel experiences that support vulnerable populations and community welfare programs. By collaborating with corporate clients, international tourists, and local stakeholders, IAA facilitates fundraising, advocacy, and direct engagement with grassroots health and social initiatives, making tourism a powerful platform for change.

The agency also leverages its expertise in digital marketing, travel blogging, and influencer engagement to raise awareness about partner welfare projects among global audiences. Through cultural exchange programs, youth empowerment activities, and

responsible tourism campaigns, IAA actively fosters inclusive participation in community health and development.

IAA's institutional capabilities include:

- Designing tailored tourism packages that allocate a portion of proceeds to support underserved communities.
- Mobilizing international and domestic tourists, businesses, and hospitality partners to fundraise for health and welfare initiatives.
- Facilitating CSR-focused travel itineraries that incorporate visits and contributions to community-based programs.
- Promoting responsible and experiential tourism, including volunteering opportunities and participation in awareness campaigns.
- Providing logistical and promotional support for charity walks, fundraising events, and public health campaigns.
- Utilizing digital platforms and influencer networks to amplify visibility of social impact projects within the travel industry.
- Supporting youth engagement and cultural exchange as tools for social inclusion and health advocacy.

Through its partnership-driven model, Inside Africa Adventures transforms travel into a vehicle for social impact—blending exploration with compassion and making every journey an opportunity to contribute to Tanzania's development.

6.4: Governance and Decision-Making Authority

A clear governance framework will guide decision-making, ensuring multi-sectoral participation, expert input, and operational oversight:

- **Multi-Sectoral Advisory Board**
  A strategic body composed of representatives from government, healthcare, civil society, donor agencies, and PwC. The board will provide guidance on direction, resource utilization, and policy alignment.

- **Executive Committee**
  Senior representatives from the implementing partners will lead operational planning, approve budgets, and evaluate progress against project milestones.

- **Sub-Committees and Technical Working Groups**
  Specialized teams comprising representatives from partner organizations will be established to provide expert guidance and strategic oversight, enhancing both program design and implementation. These groups will include:
    1. **Fundraising, Public Engagement, and Stakeholder Relations Committee**
    2. **Finance, Risk Management, and Audit Committee**
    3. **Governance and Operations Oversight Committee**
    4. **Business Development and Strategic Planning Committee**

- **Escalation and Resolution Procedures**
  A formal mechanism will be in place to address any financial irregularities, operational bottlenecks, or governance issues transparently and efficiently.

6.5: Project Financial Oversight and Accountability Structure

The *Watoto wa Jamii* Project is underpinned by a comprehensive accountability framework to ensure financial integrity, stakeholder engagement, and strategic governance. Implementation will be overseen by qualified professionals and structured institutions, including **PricewaterhouseCoopers (PwC) Tanzania** as the designated fund management partner.

PwC Tanzania will provide fiduciary oversight for all funds received under the project. As a reputable financial management firm, PwC will ensure that all resources—whether monetary or in-kind—are transparently received, allocated, and reported in alignment with the project's goals.

Key responsibilities include:

- **Financial Management & Accountability**
  - Establish and manage a dedicated collection bank account.
  - Provide fiduciary services to ensure compliance with all financial and legal obligations.
- **Financial Monitoring & Reporting**
  - Track implementation progress against approved budgets and work plans.
  - Generate monthly financial reports detailing fund utilization and expenditure patterns.
- **Fund Disbursement & Compliance**
  - Disburse funds based on approved project plans and subject to authorization from the prime partner or funding organization.
- **Audit & Financial Transparency**
  - Conduct annual external audits and share audit summaries with stakeholders to reinforce public trust and donor confidence.

NB: All contributions to the *Watoto wa Jamii* Project will be securely channeled through **PwC Tanzania**, ensuring a centralized system for resource management. This mechanism promotes transparency, safeguards donor investments, and ensures all funds are directed toward interventions benefiting children living with HIV and cancer.

6.6: Stakeholder Engagement

A participatory stakeholder engagement strategy will be employed to ensure transparency, collaboration, and continuous improvement throughout the project cycle. Key strategies include:

- **Regular Progress Reporting**
  Quarterly updates on financials, implementation status, and outcomes will be shared with stakeholders through newsletters, websites, and meetings.

- **Annual Stakeholder Forums**
  PwC and the prime partner will host yearly forums to evaluate progress, address challenges, and gather feedback for strategic adjustments.
- **Beneficiary Engagement**
  Direct input from beneficiaries—including children, families, and caregivers—will be collected through surveys, focus groups, and storytelling initiatives.
- **Public Financial Disclosures**
- A summary of annual financial statements and audit outcomes will be published to reinforce accountability and public trust.

6.7: Project Sustainability

The *Watoto wa Jamii* Project is designed with a robust sustainability framework that leverages a multi-sectoral approach. Long-term viability will be supported through strategic engagement with corporate donors, government bodies, community organizations, and international partners. The initiative will also utilize the **AfyaFund** platform to mobilize domestic resources and increase financial self-reliance.

To ensure ongoing support and continuity of services, project partners will collectively and individually pursue the following sustainability mechanisms:

1. **Grant Applications and Institutional Funding**
   Partners will seek grants from international donors, government agencies, philanthropic foundations, and multilateral institutions to sustain program components and expand reach.

2. **Corporate Partnerships and Sponsorships**
   Strategic partnerships will be pursued with private sector entities to secure financial support, in-kind contributions, and Corporate Social Responsibility (CSR) investments aligned with child health and social impact.

3. **Community and Public Fundraising**
   Public engagement through crowdfunding platforms, charity events, and community drives will be employed to raise funds, increase awareness, and foster ownership at the grassroots level.

4. **Social Enterprise and Revenue-Generating Activities**
   Innovative models such as the sale of health-related products and services will be explored to create a steady income stream that supports key interventions.

5. **Advocacy for Government Budgetary Support**
   Efforts will be made to integrate the project into national and local health budgets through policy advocacy, ensuring sustainability through public financing and government ownership.

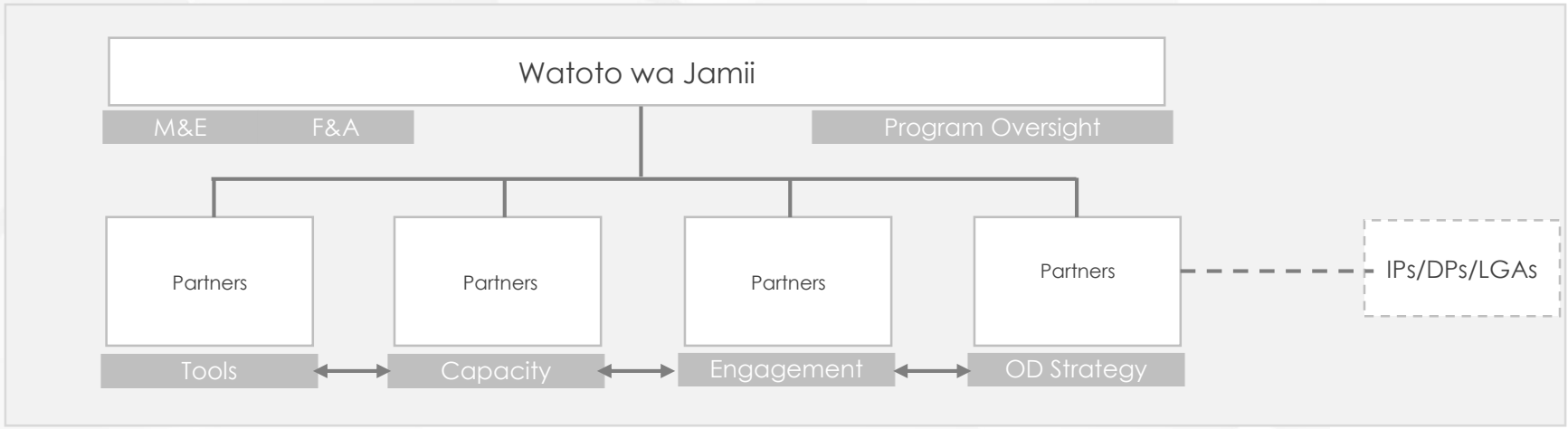



Fig: Management Structure: