



**MINISTRY OF EDUCATION AND CULTURE  
STRATEGIC PLAN FOR HIV/AIDS  
2003-2007**

**MAY 2004**

**MINISTRY OF EDUCATION AND CULTURE  
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## **Abbreviations and Acronyms**

<b>ABC</b>	Abstinence, Being faithful; Condom use
<b>AECU</b>	AIDS Education Coordination Unit
<b>ADAE</b>	Assistant Director Adult Education
<b>ADEM</b>	Agency for Development Educational Management
<b>AE/NFE</b>	Adult Education and Non formal Education
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ASC</b>	AIDS Steering Committee
<b>AMREF</b>	African Medical Research Foundation
<b>ANEIP</b>	Adult Education and Non-Formal Education Implementation Plan
<b>ARV</b>	Anti Retroviral
<b>BEDC</b>	Basic Education Development Committee
<b>BCA</b>	Bagamoyo College of Arts
<b>BASATA</b>	Baraza la Sanaa la Taifa
<b>BAKITA</b>	Baraza la Kiswahili la Taifa
<b>CBO</b>	Community Based Organization
<b>CCITWG</b>	Cross Cutting Issues Technical working Group
<b>CHAMUDATA</b>	Chama cha Muziki wa Dansi Tanzania
<b>CEO</b>	Chief Education Officer
<b>COBET</b>	Complementary Basic Education in Tanzania
<b>COMATAA</b>	Community Mapping and Theatre Against AIDS
<b>CSO</b>	Civil Society Organisation
<b>CWT</b>	Chama cha Walimu Tanzania
<b>DAC</b>	District AIDS Coordinator
<b>DAP</b>	Director of Administration and Personnel
<b>DCD</b>	Director of Cultural Development
<b>DED</b>	District Executive Director
<b>DHS</b>	Demographic Health Survey
<b>DIAE</b>	Director of Institute of Adult education
<b>DPE</b>	Director of Primary Education
<b>DPP</b>	Director of Policy and Planning
<b>DSE</b>	Director of Secondary Education
<b>DTE</b>	Director of Teachers' Education
<b>DTIE</b>	Director of Tanzania Institute of Education
<b>EFA</b>	Education For All
<b>EMIS</b>	Education Management Information System
<b>FBO</b>	Faith Based Organisation
<b>GTZ</b>	German Agency for Technical Cooperation
<b>HIV</b>	Human Immunodeficiency Virus
<b>LGA</b>	Local Government Authority
<b>IAE</b>	Institute of Adult Education
<b>ICBAE</b>	Integrated Community Based Adult Education
<b>IEC</b>	Information, Education, Communication
<b>MDG</b>	Millennium Development Goals
<b>MEUSTA</b>	Mpango wa Elimu ya UKIMWI Shuleni Tanga
<b>MCDGAC</b>	Ministry of Community Development Gender and Children Affairs
<b>MoEC</b>	Ministry of Education and Culture
<b>MOECSP</b>	Ministry of Education and Culture Strategic Plan
<b>MoH</b>	Ministry of Health
<b>MOU</b>	Memorandum of Understanding
<b>MLYS</b>	Ministry of Labour, Youth Development and Sports
<b>M&amp;E</b>	Monitoring and Evaluation

<b>MTEF</b>	Medium Term Expenditure Framework
<b>MTP</b>	Medium Term Plan
<b>NACP</b>	National AIDS Control Programme
<b>NECTA</b>	National Examinations Council of Tanzania
<b>NFE</b>	Non Formal Education
<b>NGO</b>	Non Governmental Organization
<b>NMSF</b>	National Multisectoral Strategic Framework
<b>PEDP</b>	Primary Education Development Plan
<b>PLWHA</b>	People Living with HIV and AIDS
<b>PORALG</b>	President's Office for Regional Administration and Local Government
<b>PRS</b>	Poverty Reduction Strategy
<b>PS</b>	Permanent Secretary
<b>SEDP</b>	Secondary Education Development Plan
<b>SNEU</b>	Special Needs Education Unit
<b>SRH</b>	Sexual and Reproductive Health
<b>STD</b>	Sexually Transmitted Diseases
<b>STI</b>	Sexually Transmitted Infections
<b>RAC</b>	Regional AIDS Coordinator
<b>SWOT</b>	Strength, Weakness, Opportunity, Threats
<b>TB</b>	Tuberculosis
<b>TC</b>	Teachers' Colleges
<b>TEDP</b>	Teacher Education Development Plan
<b>TSD</b>	Teacher's Service Department
<b>TLSB</b>	Tanzania Library Services Board
<b>TSM</b>	Takwimu za Shule za Msingi
<b>TSS</b>	Takwimu za Shule za Sekondari
<b>TVV</b>	Takwimu za Vyuo vya Ualimu
<b>TSA</b>	Takwimu za Shule za Awali
<b>STP</b>	Short Term Plan
<b>TACAIDS</b>	Tanzania Commission for AIDS
<b>TANESA</b>	Tanzania Essential Strategy on AIDS
<b>TIE</b>	Tanzania Institute of Education
<b>TTU</b>	Teachers, Trade Union
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on AIDS
<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>UNDP</b>	United Nations Development Programme
<b>UNGASS – (HIV/AIDS)</b>	United Nations General Assembly Special Session on HIV/AIDS
<b>VCT</b>	Voluntary Counselling and Testing

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## Foreword

The spread of HIV/AIDS poses great danger to men, women and children. Stemming the spread of this deadly virus compels urgent, concerted, comprehensive and sustained action at all levels of government and society. We have all experienced the effects of HIV/AIDS. Responding to HIV/AIDS is a humanitarian and public health issue. HIV/AIDS also carries profound implications for democracy, prosperity and security. It tears social fabrics, robs democracies of the essential contributions of their citizens and saps global growth. HIV/AIDS has the potential to destabilize entire regions. Left to ravage, it can reverse the progress towards good governance, development and peace that nations have worked so hard to achieve.

The Ministry of Education and Culture and her stakeholders and partners have worked to develop the Ministry of Education and Culture Strategic Plan on HIV/AIDS for 2003 to 2007. The Strategic Plan represents a re-organised plan that contributes to the National HIV/AIDS Multisectoral Strategic Framework (2003-2007.) The selection of interventions for inclusion in the strategy was guided by experience of the sector and comparative advantages over others in HIV/AIDS Education interventions in schools and colleges. This strategy therefore puts in place and directs areas that MOEC will serve and also to protect and strengthen itself so that it remains viable to lead the responses to HIV and AIDS.

The MOEC has a large population of children and youth in schools and colleges and employed adults in departments and institutions. They are all at risk and vulnerable to HIV infection. The MOEC is uniquely placed to deliver life skilled based HIV/AIDS education and care services to all these groups through the mainstreamed existing educational system.

The translation of the strategy into activities and services for HIV prevention and care is a challenge to the sector given the magnitude of service required and the impact of the epidemic on the education system itself. The Ministry of Education and Culture has decided to accord the AIDS issue/pandemic as a top priority in its sectoral programmes.

The response of the MOEC requires collaboration and contribution from all sectors so that we can all make a difference in fighting the AIDS epidemic.

Through this strategy the Ministry of Education and Culture is open to learn from others, collaborate and share experiences in the provision of life skilled based HIV/AIDS Education to others.

ACTING PERMANENT SECRETARY  
MINISTRY OF EDUCATION AND CULTURE  
September 2004



## Executive Summary

This is the MOEC Strategic Plan (MOECSP) for HIV/AIDS, 2003 – 2007. It outlines the MOEC plans to address the challenges presented by HIV/AIDS. The plans are situated within the context of the mandate and structure of the Ministry of Education and Culture (MoEC), its on-going response to HIV/AIDS, and national and international commitments to combat HIV/AIDS.

The MOEC encompasses the various departments of the Ministry of Education and Culture and its affiliated institutions. The success of the HIV/AIDS Prevention Education Programme will require full involvement and participation of all of these actors.

**Chapter One** presents an overview of the current state of the pandemic and is followed by a description of the MOEC and how it has been affected by HIV/AIDS. The Ministry has an established AIDS Education Coordination Unit (AECU) which services two supporting bodies, namely, the Technical AIDS Committee (TAC) which provides technical advice, facilitates collaboration and monitors and evaluates implementation of the MOEC plans and the AIDS Steering Committee (ASC) whose mandate is decision making. The Vision, Mission and Goals of the MOECSP as well as its strategic objectives, target population and guiding principles are identified

**Chapter Two** reviews the MOEC response to the epidemic from 1998 to 2002. It summaries the implementation of MTP III (1998 – 2002), identifies achievements and notes lessons learned. During this period it has worked through successive five-year Medium Term Plans (MTP) in collaboration with the National AIDS Control Programme (NACP) under the Ministry of Health and other related sectors, agencies and NGOs. The purpose of the collaboration was to develop and implement comprehensive interventions that cut across different socio-economic and cultural backgrounds to improve delivery of HIV/AIDS /STIs education to the school-going community.

**Chapter Three** describes the development of the MOECSP, provides policy and structural context within which it was developed, summarizes the results of the MOEC SWOT process and results of studies undertaken to review the current status of the sector's response to HIV/AIDS. The MOECSP is guided by the National Multi-Sectoral Framework (NMSF) for HIV/AIDS (2003 – 2007) developed by TACAIDS. Since MoEC's response is to be mainstreamed throughout the MOEC the document was developed in collaboration with MoEC HIV/AIDS Focal Persons from all departments and institutions as well as other stakeholders.

**Chapter Four** presents the institutional and management framework and structures that will oversee implementation of the plan. Roles and responsibilities of different actors are laid out. Advocacy, integration, and participation are essential aspects of the MOECSP. MoEC is the main implementer of the MOECSP. The Ministry will work in partnership with other ministries, agencies and NGOs, both at local and international level, to implement the strategies of the plan. The main purpose of the partnerships is to provide opportunity for sharing of experience and information about quality HIV/AIDS/STIs education in the country and to increase material and financial resources. Mechanisms are required to identify adequate sources of funding, allocation, and channelling of funds for supporting implementation at all levels. Mechanisms will be developed to ensure that NGOs, CBOs and FBOs are coordinated to support the implementation of MOECSP.

**Chapter Five** addresses the critical importance of monitoring and evaluation as well as the need to have access to research to keep up with the pandemic. The MOECSP will put in place mechanisms for monitoring and evaluation necessary to guide implementation of activities and future adjustments in programme design. A series of indicators for each of the thematic areas will guide the development of monitoring and evaluation mechanisms. Research on various aspects of HIV/AIDS has an important role to play in the MOEC strategy. It will provide information and data on policy development, education and health promotion, health care, models for mitigation of impact, demand and supply of education, teaching for effective learning methodologies for effective behaviour change. In this context much of the research will address:

- Socio-cultural behaviour and practices that influence vulnerability and risk;
- Provision of care, support services and coping mechanisms;
- Impact of HIV/AIDS on the MOEC.

**Chapter Six** deals with workplace intervention within the MOEC Sector for the purpose of informing and educating the employees about HIV/AIDS.

**Chapter Seven** focuses the HIV/AIDS challenge. The main focus of the MOECSP is on Prevention, Impact Mitigation, Care and Support and addressing Cross-Cutting Issues. Within each area a strategic objective has been identified and strategies to achieve the objective and their anticipated outputs have been articulated. Chapter Seven provides a justification for the selection of each thematic area as well as the strategic objectives and strategies selected. Opportunities and constraints that will affect the realization of the objective are presented.

Finally **Chapter Eight** presents matrices for implementing a broad range of activities which will be undertaken over the five years of the plan to reach the strategic objectives, as well as projected costs. These will be used to guide the development of coordinated, detailed quarterly and annual work plans by all players within the MOEC and guide resources allocation.

## CHAPTER 1

### BACKGROUND AND CONTEXT

#### 1.0 Introduction

The HIV/AIDS pandemic has become a human, social and economic disaster with far reaching implication for individuals, communities and the nation. It has magnified gender disparity and inequity in access to information and economic opportunities and threatens to destroy protection of and access to basic human rights.

More than 40 million people worldwide are affected with HIV/AIDS. Each day there are some 14,000 new HIV infections, with more than half of these being in young people below 24 years of age. In Tanzania Mainland a total of 14,112 AIDS cases were reported to the Ministry of Health through the NACP from the 20 regions during the year 2001. This resulted in a cumulative total of 144,498 cases since 1983, when the first AIDS cases were reported. (UNAIDS 2003)

The age group most affected by HIV/AIDS is that of 25–34 years. The highest incidence for the females' is in the 25-34 year age group; for males it is in the 30-39 year age group. The pattern suggests that most individuals become infected during adolescence, assuming a median incubation period of about ten years. This underscores the need for preventive education that will promote healthy lifestyle amongst young people while still in schools.

The major mode of HIV transmission is through sexual intercourse which accounts for about 78% of all cases in 2001, mother to child transmission accounts for 5%, blood and blood products about 2%. Mode of transmission for the remaining 15% is not reported.

Sexually transmitted infections (STIs) are a marker for sexual networking and give a clue to the extent of unprotected sex in the community. STIs facilitate sexual transmission of HIV infection up to a factor of 40%. The age group most affected by STIs is 20-30 year olds. STIs are also a major public health problem as they cause serious health outcomes as well as social and economic consequences.

HIV/AIDS is pushing people deeper into poverty as households lose breadwinners, livelihoods are compromised and savings are consumed by the cost of health care services. The epidemic has added strain to many institutions; resources and undermined the social systems that enable people to cope with adversities. In severely affected settings, HIV/AIDS is eroding human security and capacity, threatening the societal fabric as a whole.

Education standards are being affected as more young people are forced to leave school to take care of sick parents, look after siblings, or engage in petty business to supplement dwindling family income or when they become orphans themselves.

Combating the HIV/AIDS epidemic and mitigating its impact requires an expanded and multi- sectoral response that addresses risk and vulnerability issues. A number of risk and vulnerability reduction strategies already in place have shown success and they must be scaled up.

The Ministry of Education and Culture has a crucial and central role to play in addressing the national crisis caused by HIV/AIDS. Only MoEC has the structures and human resources to reach every corner of the nation. The quality of all development depends on the availability of healthy and well – educated citizens. MoEC role in preparing today's children for tomorrow's challenges cannot be understated. President Benjamin Mkapa underlined this in his introduction to the National Policy on AIDS (2001):

**'The impact of HIV/AIDS on Tanzanian society is catastrophic. It is a serious threat to the survival and development of our nation. Our children especially must be protected against HIV infection. They must be adequately informed, counselled and empowered early in their lives on how to avoid infection.'**

The challenge to the MOEC is to play a leadership role in the national collaboration to respond to this catastrophe – to prevent new infections, mitigate the impact of the pandemic on the sector and model care and support for those affected and infected. In the short term, education has the potential to provide knowledge, skills, to influence behaviour to reduce infection, strengthen coping and reduce stigma and discrimination. In the longer term, it can reduce vulnerability to risk situations and alleviate conditions such as poverty, ignorance and gender discrimination that facilitate the spread of HIV/AIDS. Young people are the **"Window of Hope"**. The MOEC must do everything in its power to keep that window open.

### **1.1 The Current Education System**

The overriding goal of the United Republic of Tanzania is that of eradicating poverty under the framework of Tanzania Development Vision, 2025 and the Poverty Reduction Strategy 2015. Both of these identify education as a priority. The Ministry of Education and Culture therefore recognised the need to develop the Primary Education Development Plan (PEDP), 2002 – 2006 and Adult and Non-formal Education Strategy and Implementation Plan (ANEIP), 2003/04 – 2007/08.

Both the PEDP and ANEIP have been developed within the context of the Education and Training Policy (1995) and the Education Sector Development Programme (ESDP 2000). PEDP aims to provide Universal Primary Education (UPE). It is expected that all school age children (7-13 years old) will be enrolled in primary schools by year 2006. This translates into a total of 6.5 million children. The key components of PEDP are:

- Enrolment Expansion,
- Quality Improvement,
- Capacity Building,
- Institutional Arrangements,
- Finance and Resource Allocation.

Those who missed basic education for various reasons are being absorbed into non-formal education centres under the approved AE/NFE strategy and plan, developed after five-years of experience in piloting the Complementary Basic Education in Tanzania (COBET) and the Integrated Community Based Adult Education (ICBAE).

The ANEIP is expected to contribute to the creation of lifelong learning mechanisms, to improve people's livelihood and to be used for the creation of awareness of prevention of HIV/AIDS. ANEIP will also contribute to creation of a conducive environment to address gender issues, sustained socio-economic development, good governance and poverty

reduction. The plan targets to enrol 3.5 million adults and almost a million out-of-school children and youth.

Secondary education does not currently absorb all primary school leavers. In 2002 a total of 497,688 pupils completed Standard VII. Out of 497,688 only (107,282) 21.7% were admitted to secondary education in both public and private schools. The age range in ordinary level secondary schools is 14-17 and in advanced level is 18-19. In the real situation however, there is a wide range of age groups in both Ordinary and Advanced levels depending on age at first enrolment in primary schools and other factors.

Although initial enrolment in primary education is almost equal between girls and boys, fewer girls than boys complete primary and secondary levels or attain higher-level education. There are a number of reasons for this disparity: gender relations, pregnancy at young age, and parental preference for boys to continue with education.

### **1.1.1 Population in the Ministry and Affiliated Institutions**

The MOEC has a total workforce of about 140,000 employees. The total enrolment in secondary education from Form 1 to Form 6 is 345,448 (2003). Teachers' colleges have a total enrolment of 15,283 in the Certificate in Education and 2,458 in the Diploma in Education programmes. Primary Schools have a total population of 6,531,769 pupils (2003).

## **1.2 The HIV/AIDS Impact on the MOEC**

The Ministry of Education and Culture consists of many departments and a number of affiliated institutions. These institutions operate in an inter-related and intertwined system to provide an environment conducive for learning and advancement in education. This environment is slowly and constantly being eroded, leaving a weak human resource base for the MOEC and the country at large. The MOEC is a supplier of trained and educated human resources for all social and economic development. Society is being deprived of this potential. Teachers and other education personnel are slowly and irreversibly being depleted, leaving a weak base not only for the MOEC but also for the entire social and economic development system.

### **1.2.1 Demand for Quality Education**

The high incidence of HIV/AIDS is affecting the demand for education, as the number of school-aged children declines as a result of fewer children being born due to early death of childbearing-age members of the society. In addition, many of those being enrolled are not able to maintain school attendance when they become too sick or are pulled out of school to attend sick family members or engage in petty business to support other family members, too often as household heads in their teen-age years.

Death of parents will result in an increased number of orphans who often have no one to provide them with care or support. Many orphans are failing to attend school or have miserable school lives because of wide spread stigma and discrimination which affects their performance. Erratic school attendance of orphans and sick children is likely to result into lower achievement among the affected children and the schools.

### **1.2.2 Supply of Quality Education**

Though there is currently little available data to support the claim that provision of education and training is negatively affected by HIV/AIDS, the impact on the supply of education and training may be seen first through the constraints on human and financial resources available for education. This may result in lack of equipment, classroom materials and books for education and training.

Increase in teacher attrition and drain is expected as other sectors seek personnel to replace those lost to AIDS, as the teaching profession can serve as a preparation for many other professional careers in society. Moreover, there are increased losses in productivity in the education system due to AIDS-related sickness and absenteeism of teachers and major problems of finding replacement for qualified teachers and other staff. Furthermore, it is expected that there will be diversion of financial resources away from education to other areas in an attempt to address immediate demands such as drugs and other HIV/AIDS-related expenses.

The impact of HIV/AIDS will have effects on the quality of education since it is unlikely that learning achievement will remain unaffected by factors such as frequent teacher absenteeism because of repeated bouts of sickness, caring for sick family members and repeated occasions for grief and mourning within the school, families and in the community. There will be increased reliance on less qualified teachers. In addition low morale and fear from stigmatisation and discrimination towards both teachers and students infected or affected by HIV/AIDS will influence quality.

### **1.2.3 Planning of Education and Training**

The impact of AIDS in the education system presents a serious challenge for the planning of education and training. The system will not only have to take into account the profile of the MOEC clients like orphans, dropout children, teacher attrition and their personal needs as a result of HIV/AIDS but also the role, process and the content of education and training. The challenges of impact of AIDS on the education system will therefore have to be addressed through its teaching activities and programmes, as well as through its systematic institutional and management responses.

### **1.2.4 AIDS Orphans**

The MOEC is already alarmed at the growing number of orphans currently in schools and the implication of this on the future generation and development of the nation as a whole. The number of orphans (0 -14 years) in Tanzania is estimated to be 810,000 children.<sup>1</sup>

This number has implications in terms of schooling, premature entry to the labour market and quality of life for these children, many of whom are likely to join the growing number of children living under difficult circumstances created by socio-economic hardships.

### **1.2.5 Stigma and Discrimination**

Educators and learners encounter problems of stigmatisation due to lack of knowledge about HIV transmission and how to deal with people living with HIV/AIDS. School children suffer psychologically due to peer pressure and exposure to AIDS- related death. This situation creates demand for the school system to provide counselling services for children to mitigate poor academic performance and welfare. The education and training sector has to deal with the challenges of providing counselling services in schools.

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<sup>1</sup> UNICEF: State of the World's Children, 2003

### **1.3 The Vision, Mission, and Goals of the MOECSP**

1.3.1 The Ministry of Education and Culture's vision is:

***A well-educated nation, sufficiently equipped with knowledge and skills needed to competently and competitively solve the development challenges which face the nation.***

1.3.2 **The vision, mission and goals of the MOECSP are based on this central vision.**

#### **Vision**

All members of the MOEC are sufficiently equipped with knowledge, skills and attitudes to protect themselves and others against HIV/AIDS/STIs and provide care and support to infected and affected people.

#### **Mission**

To provide life skills based education that will empower learners, teachers and the MOEC employees to cope with the HIV/AIDS/STIs epidemic including: prevention, care and support and impact mitigation, taking into account gender and vulnerability issues foremost.

#### **Goal**

To build institutional capacity to respond to and control the spread of the HIV/AIDS epidemic and reduce its impact on the MOEC.

### **1.4 Education Sector Strategic Objectives**

- a. Improve response mechanisms for better management and coordination of AIDS Education Programme in the MOEC.
- b. Strengthen implementation of comprehensive, inclusive gender balance SRH/HIV/AIDS/STI preventive education in schools, non-formal education centres and teachers' colleges.
- c. Establish mechanism to mitigate impact of HIV/AIDS in the MOEC.
- d. Increase provision of inclusive gender responsive care and support services.

### **1.5 Target Population**

The target of the MOECSP includes:

- a. Pre-primary children
- b. Primary school pupils
- c. Secondary school students
- d. Adult and Non formal Education participants/learners
- e. Teacher trainees, at Certificate and Diploma levels
- f. Teachers, Cultural Officers and other employees of the MOEC and its institutions.

## **1.6 Guiding Principles**

The effectiveness and sustainability of the MOEC response will be enhanced by the following overriding principles:

- a. The MOEC has a crucial responsibility with regard to provision of preventive education, mitigation and care and support to children, youth and workers.
- b. Respect for basic human rights and equal protection of all persons is ensured irrespective of age, sex and religion
- c. Support for and implementation of the preventive education programme through Human Rights Approach is assured.
- d. Engagement in high level advocacy for preventive education through effective ownership, leadership, mobilisation and coordination at all levels of the sector is promoted
- e. Fostering and engaging in partnership with other related sectors, NGOs, Agencies, the Civil Society is critical.
- f. Capacity building will be emphasised to accelerate HIV/AIDS prevention and measures for care and support.
- g. Full community and PLWHA participation in prevention and care shall be developed and fostered.



## CHAPTER 2

### THE MINISTRY OF EDUCATION AND CULTURE RESPONSE TO THE HIV/AIDS EPIDEMIC 1998 - 2002

#### 2.0 Introduction

The MOEC encompasses the Ministry of Education and Culture headquarters and the various departments at this level, as well as 12,815 Primary Schools, 1,083 Secondary Schools, 41 Teachers' Colleges (2003) and 9 affiliated institutions. Affiliated institutions include:

- The Tanzania Institute of Education (TIE),
- Institute of Adult Education (IAE),
- National Examinations Council of Tanzania (NECTA),
- National Arts Council (BASATA),
- National Kiswahili Council (BAKITA),
- Tanzania Library Services Board (TLSB)
- Bagamoyo College of Arts (BCA)
- Agency for Development of Educational Management (ADEM)
- Teachers' Service Department (TSD)
- Language and Cultural Development (LCD).

Implementation of the HIV/AIDS prevention programme in the MOEC will require full involvement and participation of all schools in the country as well as the institutions named above at all levels in collaboration with various partners working with the sector.

The HIV/AIDS strategy for the MOEC will be built on what the Ministry has been implementing in response to the HIV/AIDS epidemic from 1998 up to 2002. During this period it has worked in collaboration with other sectors, particularly the Health Sector and other agencies and NGOs. The purpose of these collaborations was to develop a comprehensive plan that cut across different socio-economic and cultural backgrounds to improve delivery of HIV/AIDS and reproductive health education to the school-going community. Collaboration with these partners has enabled the MOEC to build a strong foundation for scaling up best practices and models in HIV/AIDS and reproductive health education to cover the entire country. The strategy will make use of these experiences to improve the quality of the current SRH/HIV/AIDS/STIs education in schools, which is now incorporated into the existing education curricula and syllabi.

As is the case in other sectors, the MOEC Strategic Plan (MOECSP) for HIV/AIDS has been developed within the context of the National Multisectoral Strategic Framework (NMSF) on HIV/AIDS laid down by the Tanzania Commission for AIDS (TACAIDS) for 2003-2007. The Framework translates the National Policy on HIV/AIDS by providing strategic guidance to the planning of interventions by various sectors and other stakeholders. Specifically it:

- a. Spells out the basic approaches and principles to guide the National Response on the HIV/AIDS epidemic.
- b. Upholds the institutional framework and identifies goals, objectives and strategies for the period 2003-2007.
- c. Outlines a Monitoring and Evaluation system to ascertain the attainment of main goals.
- d. Focuses strongly on the community through the Local Government Authorities (LGAs).

- e. Puts emphasis on collaboration and working closely with NGOs, Civil Society Organizations (CSOs), including Faith Based Organizations (FBOs).
- f. Emphasizes technical and organizational capacity building for Local Government Authorities (LGAs) and communities to respond to the epidemic in a participatory and transparent manner.
- g. Recognizes and addresses the need to be gender responsive and inclusive.

## **2.1 MoEC Response to HIV/AIDS – MTP III**

The Ministry of Education and Culture has been implementing HIV/AIDS interventions in the framework of the Multisectoral concept adopted since 1991. The 1998 – 2002 Third Medium Term Plan (MTP III) was formulated with an expanded multi-sectoral concept, calling for a wider participation of both the public sector and the private sector including NGOs, FBOs and CBOs. During this period the MOEC worked with a variety of other partners, particularly in primary schools and surrounding areas, for the prevention and control of HIV infection and STIs in pupils. Many of the interventions were intended for implementation at the school level. In some areas the Ministry has worked in collaboration with such partners as Gtz in Mbeya Region, MEUSTA in Tanga Region, TANESA in Mwanza Region, Magu District, and AMREF's MEMA kwa VIJANA project in pilot schools in Kwimba, Sengerema, Geita and Misungwi Districts in Mwanza Region. Increasingly some interventions also focused on impact mitigation issues as well as care and support for infected and affected individuals – particularly orphaned children.

The multi-sectoral approach emphasizes the notion of collective responsibility of individuals and community groups at different levels for the prevention of the spread of HIV/AIDS. It also emphasizes building and strengthening organizational and institutional capacities at all levels of the Ministry to collaborate with partners in order to enhance and sustain HIV/AIDS Education Programmes especially in schools.

The Ministry established an AIDS Education Coordinating Unit with two supporting bodies, the AIDS Steering Committee and the Technical AIDS Committee, to address the HIV/AIDS Education Programme and other issues of coordination. The Strategic Plan for HIV/AIDS for the MOEC in the 1998-2002 period (MTP III) was developed and implemented in priority areas. A summary of these priority areas and objectives as well as achievements is shown below:

### **2.1.1 Priority Area 1**

*Strengthen management and coordination of programme activities*

#### **Objective**

To strengthen the capacity to manage, organise and coordinate the implementation of HIV/AIDS activity plans.

#### **Achievements**

- a. Circulars and Guidelines on HIV/AIDS Education Programme were developed and distributed.
- b. Sectoral Steering and Technical AIDS Committees were strengthened and functional at national level.
- c. HIV/AIDS component was included in the MOEC development plans.
- d. Coordination Meetings with stakeholders and partners have been convened to harmonise implementation of school interventions.

## 2.1.2 Priority Area 2

*Reduce vulnerability of school youth to HIV/AIDS/STIs*

### Objective 1

To expand the use of HIV/AIDS/STIs and life skills education in school curriculum

### Achievements

#### Core curricular component

##### a. Integration of HIV/AIDS Education curriculum component

SRH/HIV/AIDS/STIs and Life skill education curriculum components have been integrated as topics into syllabi of carrier subjects –Science and Social Studies for Primary Education, Biology and Civics for Secondary Education; Civics, General Studies, Educational Psychology, Guidance and Counselling for Certificate in Education, Advanced Levels and Diploma in Education. AIDS education component is not a separate subject.

##### b. Training of subject teachers

A number of teachers and tutors were trained to teach SRH/HIV/AIDS/STIs and Life Skills education in schools in primary, secondary and teachers' colleges respectively.

- i. 80 Tutors in TCs have been trained since 2000/2001.
- ii. Training of secondary school teachers was conducted in May 2002. 1,460 teachers were trained.
- iii. Last major training of primary school teachers was in 1994 when about 21,000 teachers were trained. Training of primary school teachers started again in May 2003. A total of 620 teachers were trained in four districts namely: Kibaha, Ukerewe, Makete and Mafia.

##### c. Instructional materials and manuals

- i. Teaching and learning materials were produced in sufficient quantities for Teachers' colleges. All TCs have teaching and learning materials for Certificate in Education and Diploma in Education Programmes (5,000 tutor's guidebooks and 10,000 students workbook for certificate in education printed and 500 tutors and 5,000 student workbooks for diploma in education were printed and distributed)
- ii. 60,000 teachers' guides printed and distributed to primary schools (about 5 each and some to TCs.)

##### d. Other Instructional materials

- i. Training manuals (in English and Kiswahili) for training tutors, primary and secondary school teachers have been developed and in use. 100 copies of each were produced.
- ii. Peer Educator's Activity Workbooks have been produce by TANESA/MoEC intended for class seven (8000 copies printed)
- iii. TANESA/MoEC has produced the Guardian Manual to help/support school based guardians conduct sessions to address specific problems in schools. The same have produced a Training Manual for School Counselling and AIDS Education Committees and A Guide – How to Establish School SRH/HIV/AIDS/STI and Life skills Education Interventions in a District. A thousand copies of each instructional material were printed.
- iv. MEMA kwa Vijana has developed primary school instructional materials for class 5, 6 and 7.

- v. GTZ Mbeya has developed Peer Educators' Workbooks for Classes 5 and 6.

**Extra Curricula component**

**a. Peer Education Initiative**

Peer education was confined to standard 5 to 7. The peer education initiatives are a mix of teacher led or out reach programmes. Teacher led initiatives are in Magu, Misungwi, Sengerema, Kwimba and Mbeya Municipal primary schools. These were established in collaboration with TANESA, MEMA Kwa VIJANA (MKV) Projects, and Mbeya AIDS Control Project/GTZ. Peer outreach initiatives spearheaded by Student Partnership Worldwide is confined in Iringa Region secondary schools.

**b. School based Counsellors**

Counselling services in schools was gradually strengthened by re-orienting existing school guardians in primary and secondary school throughout the country. There are claims of its existence in teachers colleges and some secondary schools. Primary schools in Magu District have school counsellors in operation. They have constraints though of over working. Services of school counsellors is expected to play the major role in provision of care and support and also establishing foundation for friendly school environment.

**c. School Committees**

Some schools have established School Counselling and AIDS Education Committees (SCAEC) to oversee the implementation of the HIV/AIDS Education and Counselling Programme in schools. Magu primary schools have SCAEC in operation and are supported by the district education office.

**2.1.3 Priority Area 3**

*Reduce unprotected sex among men and women with multiple sex partners*

**Objective**

To reduce the percentage of men and women practising unsafe sex and having multiple sex partnership (by 25% by the year 2002)

**Achievements**

- a. Sensitization of leaders and workers was conducted in November 2002. Workplace intervention in the sector has been established.
- b. Seventy workplace peer educators from different cadres have been trained to conduct workplace education sessions in the departments and institutions.

**2.1.4 Priority Area 4***Improve education opportunities for girls***Objective**

To promote secondary education and higher education for girls to reach 50% of total enrolment by 2002.

**Achievements**

Gap between boys and girls enrolled for secondary education has narrowed down as follows:

Year 2002			Year 2003		
Boys	Girls	Ratio	Boys	Girls	Ratio
52,062	45,632	1:0.87	51,638	48,106	1:0.93

*Source: Ministry of Education and Culture Budget Speech 2002-2003*

**2.1.5 Priority Area 5**

Reduce vulnerability of women in adverse cultural environments

**Objective**

*To promote the cultural norms and values in the Tanzanian society that encourage positive attitudes and decision - making about sexual matters.*

The strategic intention was to revive the use of cultural norms and values that encourage positive attitudes and decision-making about sexual matters. The key implementer in this field is the Department of Cultural Development with its affiliated bodies of BAKITA, BASATA and Bagamoyo College of Arts.

**Achievements****a. Bagamoyo College of Arts**

Production of Video plays with the following titles *Zawadi*, *Rama and Nawaachieni* with GTZ Repro Support and *Dhoruba* with TGNP support. Members of the College with the support of TACAIDS and UNAIDS conducted Community Mapping and Theatre Against AIDS (COMATAA) in 2002 which aimed at promoting a national initiative to facilitate local communities to plan and thus own their strategic plans for the fight against HIV/AIDS. COMATAA combines two methodologies: Community Theatre for Development and Mapping, a component of District Response Initiative (DRI).

**b. BASATA**

Conducted participatory research using community theatre in the following districts: Kisarawe, Masasi, Musoma Rural in 1999, and Bagamoyo in 2001.

**c. BAKITA**

In order to enhance understanding and capacity to use Kiswahili, BAKITA Has initiated standardization of HIV/AIDS Kiswahili technical terms. BAKITA has also translated various HIV/AIDS related documents from English to Kiswahili at the request of TACAIDS. These include among others, *The National Policy on HIV/AIDS* and the *National Multisectoral Strategic Framework on HIV/AIDS*.

### **2.1.6 Priority Area 6**

#### *Research*

**Objective 1:** To appraise the impact of HIV/AIDS in the MOEC

**Objective 2:** To identify need for social behaviour and Communication on HIV/AIDS/STIs

**Objective 3:** To promote the use of Health and Social Services on HIV/STIs

#### **Achievements**

The plan of the priority area identified three strategic objectives for operational research for mitigation of impact and provision of care and support to infected and affected school youths.

- A pilot study on the impact of HIV/AIDS on the MOEC is being conducted.
- Instruments to capture effects of HIV and AIDS in schools have been developed and are being piloted in schools in Tanga and Morogoro regions.
- The AECU conducted a follow-up on HIV/AIDS education interventions in selected schools in May 2003.<sup>2</sup> Respondents represented 126 schools (primary and secondary) and teacher colleges in 13 administrative regions. Results suggest that an average of 2.8 teachers per school were identified as teaching HIV/AIDS. A third of these had received training from MoEC. A large part of the HIV/AIDS education was being supported and done by NGOs. Forty three schools had a total of 464 peer educators – an average of 11 per school.

### **2.2 Lessons Learned**

These earlier responses have highlighted the following lessons that have been learned to date as a result of activities undertaken that have shown impact:

- a. Coordination of activities at national, regional, district and at community level as well as at departmental and institutional level is essential for harmonization and synchronization of activities.
- b. Annual stakeholders' meeting harmonizes priorities of different players and promotes partnership in implementation of school interventions.
- c. Promotion of multi-pronged intervention provides wider avenue for influencing reduction of risky behaviour and vulnerability among youth.

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<sup>2</sup>ACU/MoEC: Follow-up on HIV/AIDS Education Interventions in Selected Schools

## CHAPTER 3

### THE DEVELOPMENT OF THE MOEC'S STRATEGIC PLAN FOR HIV/AIDS (2003 – 2007)

#### 3.0 Introduction

The Ministry of Education and Culture has completed implementation of a five-year strategic plan to address prevention and control of HIV/AIDS. This was in line with the *National Third Medium Term Plan (MTP III), 1998 – 2002*, which was coordinated by the Ministry of Health through the National AIDS Control Programme. Each ministry was required to develop and implement strategic plans according to its specific sectoral roles, responsibilities and comparative advantages.

The coordination role for the national response to HIV/AIDS is now under the Tanzania Commission for AIDS (TACAIDS), which is under the Prime Minister's Office. Its mandate is to facilitate and strengthen the expanded response to the epidemic.

TACAIDS has developed the *National Multi-Sectoral Strategic Framework 2003 – 2007* (NMSF) to provide strategic guidance to the planning of programmes, projects and interventions by all stakeholders in the fight against HIV/AIDS. It spells out the basic approaches and principles that guide the National Response and identifies goals, objectives and strategies for the five-year period. The NMSF is derived from the *National AIDS Policy* (2001), which stresses multi-sectoral participation and involvement. Each sector is required to develop and implement a strategic plan in accordance with this national mandate.

The *MOEC Sector Strategic Plan* (MOECSP) is based on the principles laid down in the *National Multi-Sectoral Framework*. Its key elements focus on four thematic areas: prevention, care and support and impact mitigation and crosscutting issues, in line with the NMSF. Specific objectives in the thematic areas are to be achieved through strengthening various departments and institutions in the MOEC to operate in a more coordinated, participatory approach, thus mainstreaming the Ministry response.

The MOECSP is also developed within a broader national and international policy context.

#### 3.1 International Policies

Tanzania is an active participant in the international community. Her commitment to international education development targets include:

- a. 1990 Jomtien *Education for All (EFA)* and 2000 Dakar *Declaration Framework for Action*. In addition to re-affirming a commitment to universal primary education and expanding adult literacy, the Dakar Framework also has a specific strategy, which contributes to combating HIV/AIDS/STIs and reducing stigma and discrimination.
- b. The *Millennium Development Goals* (MDG), 2000, which have specific relevance to education, gender equality and HIV/AIDS, the attainment of which are dependent upon full participation of the education sector to counter HIV/AIDS and its impact.

- c. The *UNGASS Declaration of Commitment to HIV/AIDS* which sets the target of reducing HIV/AIDS infection among 15 – 24 year olds by 25% in the most affected countries by 2005 and globally by 2010. It calls on governments to develop and implement national strategies to provide a supportive environment for orphans and children infected and affected by HIV/AIDS. It also calls for vastly expanded access to the information, education – including peer education and youth-specific education – and services necessary to develop life skills required to reduce risk and vulnerability.
- d. *UN Convention on the Rights of the Child* (UNCRC) 1989. Tanzania has also ratified the *UN Convention on the Rights of the Child* (1989) which identifies survival, development, protection and participation rights of children.

The MOEC, National and International policy context provides a rich basis from which to develop the MOECSP.

### **3.2 National Policies**

- a. The *Tanzania Development Vision 2025* envisages the elimination of poverty by 2025 and accords high priority to the MOEC, which is considered pivotal in bringing about social and economic transformation.
- b. The *Poverty Reduction Strategy Paper* (PRSP) identifies HIV/AIDS as a crosscutting issue and includes specific budgetary priorities for multi-sectoral response activities. It recognizes that a lack of education undermines efforts to improve health and to address the impact of HIV/AIDS. It re-emphasizes that education is at the heart of development and has prioritised MOEC development in the effort to alleviate poverty. It has identified specific indicators related to HIV/AIDS. PRSP sets the context for all national development programmes.
- c. The *National HIV/AIDS Policy* outlines the nation's commitment to combating HIV/AIDS. An Act of Parliament established the Tanzania Commission for AIDS (TACAIDS) under the Prime Minister's Office in 2001.

### **3.3 MOEC's Policies and Plans**

- a. The *Education and Training Policy* (ETP) of 1995 guides the provision of education in Tanzania Mainland. Its focus is on increasing enrolments, quality improvement, equitable access and optimum utilization of available resources. All MOEC policies are formulated within the context of the ETP.
- b. The Education Sector Development Plan (ESDP) of 2001 has as one of its priorities - to control the spread of HIV/AIDS /STI through the education system at all levels. It recognizes that, 'HIV/AIDS places the education system at risk of demographic, economic and equity problems due to higher teacher turnover, loss of experienced teachers at a higher rate, more orphans with special needs, fewer resources and problems of ostracism in the classroom. HIV/AIDS education is an essential aspect of teacher education and re-training as well as a critical issue to be taught in all Tanzania's classrooms.'
- c. The Primary Education Development Plan 2002 – 2006 (PEDP) is the start-up plan for achieving the goals of ESDP. It states that all planning will take into account the impact of HIV/AIDS on the education system and that the crosscutting issues of HIV/AIDS, gender and governance will be mainstreamed into all management training. It commits to improving quality of education by enabling teachers – to



acquire and develop appropriate pedagogical skills that are academically sound, child friendly and gender sensitive, together with individual life skills which take into account the current HIV/AIDS crisis.

- d. The Adult and Non-Formal Education Strategy, 2003 – 2007, (AE/NFE) identifies HIV/AIDS as a central priority in its operationalization through the Adult Education and Non-Formal Education Implementation Plan (ANEIP). This plan is consistent with PEDP and reflects the same overall priorities.
- e. The Secondary Education Development Plan (SEDP), currently under development, will build on the experience of PEDP and will intensify efforts to prevent HIV/AIDS and mitigate its impact at the secondary level
- f. The Teacher Education Development Plan (TEDP), currently under development, will build on the experience of PEDP and will intensify efforts to prevent HIV/AIDS and mitigate its impact through teacher training.
- g. The Culture Policy (1997) provides a comprehensive guideline on the revival and promotion of culture as a potential component in the socio-economic development process. It identifies and defines some of the basic concepts relating to the culture sub-sector, including culture itself, traditions, customs, the languages and the arts. It highlights key stakeholders of culture and apportions roles and responsibilities to affiliated government institutions and such other stakeholders. The policy particularly encourage programmes of artistic and language competitions and festivals at various levels in the country as appropriate fora for wider public participation in cultural activities. These programmes are seen as effective transmission media of positive forms of traditional cultures to the young generations as well as organs for the inculcation of indigenous skills, appropriate social ethics and acceptable moral behaviour patterns values and attitudes.

### **3.4 MOEC's Implementation Structures**

The Basic Education Development Committee (BEDC) is charged with the responsibility for overseeing the development of pre-primary, primary, secondary, non-formal, teacher and adult education and ensuring that it complements the goals of the wider sector development programme. The committee is co-chaired by the Permanent Secretaries of MoEC and PORALG. Membership includes a MoF representative, directors of MoEC and PORALG and representatives of NGOs, the Teachers Trade Union and donors' active in education.

Technical Working Groups have been established to translate the priorities of PEDP into practice. Working under the direction of the Basic Education Development Committee (BEDC) through the BEDC Task Force, the Cross-Cutting Issues Technical Working Group (CCITWG) is mandated to work and network with all other technical working groups to ensure the incorporation of the cross-cutting issues of HIV/AIDS, gender and environment into their respective plans and activities.

The structures specific to implementation of the MOECSP are the Aids Education Coordinating Unit (AECU), the Technical AIDS Committee (TAC) and the AIDS Steering Committee (ASC), each of which is described in Chapter 4.

### **3.5 Institutional Mandate**

The Ministry of Education and Culture has the mandate:

- a. To guide all structural practices to ensure access, equity and quality services delivery at all levels through an efficient management system of education and training.
- b. To promote the acquisition and appreciation of culture, customs and traditions of the people of Tanzania Mainland.

### **3.6 The Focus of the MOEC Strategic Plan (MOECSP) for HIV/AIDS**

The MOEC is the largest government employer. It is also responsible for all children in schools and non formal centres and training institutions, a population which is at risk for and vulnerable to HIV and STIs infection.

To expand the response to HIV/AIDS several challenging plans will have to be prioritised and focused. Implementation of the strategic plans will have to move simultaneously, as they complement each other. For example there has been success in using a risk-reduction approach which still needs strengthening in ways that suit local needs. Needs may change with the evolving epidemic and interventions may no longer be effective. Risk reduction interventions have to be complemented with a focus on reduction of vulnerability.

The main focus of the MOEC Strategic Plan for HIV/AIDS will be on four main areas or themes that will address risk and vulnerability reduction for both school and workplace populations, namely:

- Prevention
- Impact Mitigation
- Care and Support
- Addressing Cross Cutting Issues

### **3.7 MOEC SWOT (Strengths, Weaknesses, Opportunities and Threats)**

For the development of the MOEC Response an analysis of various departments' and institutions' comparative advantages, strengths and weaknesses is important. Such an analysis was undertaken as a starting point for developing the MOEC SP. Below are a number of salient features of this analysis that informed the strategic approaches and the activities selected for the sectoral response to HIV/AIDS.

#### **Strengths**

- a. Presence of a Ministry Directive on establishment of HIV/AIDS Education Programme and Guidelines that are backed by the 2001 National HIV/AIDS Policy.
- b. Commitment by Ministry of Education and Culture Management to the HIV/AIDS Education Programme which was demonstrated by support for a strengthened AIDS Education Coordinating Unit supported by an AIDS Management/Steering and Technical AIDS Committees to provide overall guidance in the Ministry and multi-sectoral response strategy.
- c. The Ministry has well educated human resource personnel at all levels as well as trained personnel who are able to mould and influence behaviour of children and adolescents before they develop fixed behavioural patterns.
- d. The Ministry has well-established departments and institutions with expertise needed to effectively implement the activities of the strategic plan.

- i. Tanzania Institute of Education (TIE) capable of designing appropriate educational programmes, curricula and instructional materials for schools and training institutions.
- ii. Institute of Adult Education (IAE) capable of conducting national campaigns, building capacity of facilitators for HIV/AIDS education and producing appropriate IEC materials.
- iii. Special education Unit capable of providing policy guidelines; coordination and monitoring of activities pertaining to persons with disabilities.
- iv. Adult Education Unit capable of providing policies, guidelines, coordination and monitoring.
- v. School Inspectorate Department able to monitor and evaluate AIDS programme activities in schools, colleges and non-formal centres in both public and private sector.
- vi. Well-established Bagamoyo College of Arts able to produce video and theatrical plays, drama and songs to communicate HIV/AIDS preventive education messages. The college is also able to conduct research by using participatory methodology such as Community Theatre for Development.
- vii. Strong Department of Cultural Development with affiliated cultural institutions such as BASATA and BAKITA. BASATA manages artists nation wide, through whom strategic activities of the plan can be implemented. BAKITA deals with language, ensuring that standardized Kiswahili terms are readily available to enhance communication.
- viii. Butimba Teachers College capable of training teachers in theatre art, music and fine arts which will be important in implementing the strategic activities of the plan.
- ix. Tanzania Library Services Board (TLSB) capable of disseminating information and knowledge, distributing books, journals and periodicals and of making reading materials for easily accessible.
- x. National Examinations Council of Tanzania (NECTA) capable of designing, assessing and evaluating of acquisition of HIV/AIDS prevention and life skills education through the carrier subjects in Certificate of Secondary Education Examinations (CSEE), Advanced Certificate of Secondary Education Examinations, Certificate and Diploma in Education.
- xi. Teachers Services Department (TSD) can collect basic statistics on teachers including registration, confirmation, promotion, termination and death benefits.
- xii. Agency for Development of Education Management (ADEM) capable of training educational managers and leaders who can become change agents.

### **Weaknesses**

- a. Inadequate programme monitoring mechanisms.
- b. Inadequate cooperation between education and non-governmental organizations that could otherwise provide complementarily to efforts aimed at combating HIV/AIDS.
- c. Lack of relevant instructional support materials in schools.

### **Opportunities**

- a. Development of strategic plan for the PORALG and the Health Sector thus strengthening coordination by the district AIDS committees from which educational structures will get support.
- b. Presence of educational structures/posts that if strengthened can be used for coordination and support of HIV/AIDS programmes at all levels.

- c. Presence and willingness of NGOs, CBOs and agencies to offer financial and technical support for educational interventions in districts and schools.
- d. Willingness of government and donor agencies to offer financial support for HIV/AIDS Education Programmes in Schools and Teachers' Colleges.
- e. Willingness of school youth to participate in the process of developing and implementing HIV/AIDS educational activities and also in the development of forums for participation in schools.
- f. Willingness of parents and communities to support HIV/AIDS Education Programme in Schools.

### **Threats**

- a. Lack of proper training for teachers can lead to inadequate handling of sexuality and HIV/AIDS education issues in the curriculum.
- b. Lack of understanding among educational leaders and implementers on their roles and responsibilities in the HIV/AIDS education programme.
- c. Competing priorities among NGOs and CBOs and those of the MOEC Sector.
- d. Lack of knowledge, understanding and skills among youths to deal with decisions about their sexuality and use of preventive measures.
- e. Inadequate capacity of the MOEC to provide care and support service to infected and affected children, teachers and other employees.
- f. Inadequate capacity of the MOEC to support the education of the orphans.
- g. High rate of infections, illness and deaths that are resulting in desperation and hopelessness.
- h. Inadequate capacity to provide youth friendly health services.
- i. Lack of proper coordination, collaboration and exchange of information about good practices.
- j. Lack of community dialogue on traditions, which contribute to the spread of HIV/AIDS and lack of support to orphans.
- k. Lack of commitment of district authorities to follow up and support HIV/AIDS preventive education programme activities.

## **3.8 Current Status of Response to HIV/AIDS in the MOEC**

### **3.8.1 Status of Response to HIV/AIDS in the MOEC**

It was important to have a broad picture of the state of the Ministry's response to the epidemic. A nation-wide baseline study<sup>3</sup> undertaken by MoEC in June 2003 provides a broad-based report of the status of HIV/AIDS education in the country. District Education Officers and District Chief Inspectors of Schools from all districts were asked to provide information on a variety of issues related to this important mission. NGOs were also asked about programmes they are providing in collaboration with schools. In addition interviews were conducted with HIV/AIDS focal persons from other ministries as well as bi-lateral and multi-lateral donors and other agencies supporting HIV/AIDS education. Case studies in six regions also attempted to get a more detailed picture by interviewing district officials, pre-school, primary and secondary school personnel, NGOs and other stakeholders

The study reviewed available documentation on HIV/AIDS programmes, including programme documents, evaluation reports and materials in use. This review revealed a lack of hard data to support anecdotal reports of impact of HIV/AIDS on the education system in terms of factors such as absences and deaths of teachers. Nor is it clear yet how the epidemic has affected school attendance by pupils/students, although this is

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<sup>3</sup> MoEC: Baseline Study: Status of the Response to HIV/AIDS in the Education Sector. 2003

considered to be an important indicator. Both of these dimensions are currently being investigated. Data collected included population reached by current programmes, teachers trained, focus taken by the various institutions, types of interventions, interventions judged by district officials to be most effective, types of interventions to promote and suggestions as to where MoEC should focus its attentions. Respondents were also asked to identify strengths in addressing HIV/AIDS at each of the levels and many had difficulty doing so.

According to reported information there is disparity in distribution of interventions across the country. In addition to the MOEC HIV/AIDS mandated programme, implementation of which varies considerably, there is also a wide range of fragmented, dependent on local initiative and largely unevaluated interventions being implemented by NGOs, CBOs and partners.

The study identified monitoring and evaluation as a serious gap. It suggests the need for a system that goes beyond providing information about what exists to determine how programmes are functioning and how effective they are.

The study made the following recommendations:

On programme content:

- a. The curriculum should be reviewed to ensure adequacy of the course content for equipping pupils with knowledge and skills necessary for protecting them against HIV/AIDS at any level of their school career. To this end it is further recommended that Life Skills should be adequately infused into the programme content.
- b. The appropriate curriculum concerning HIV/AIDS should be developed to cater for early primary school.
- c. The teachers' training programme should be reviewed to ensure its adequacy for equipping teachers with knowledge and skills for engendering attitudinal change necessary for taking HIV/AIDS seriously. It is further recommended that an enabling environment in the school, including availability of teaching and learning materials and supportive school leadership should be put in place to ensure that teachers do what is expected of them.
- d. MoEC should make a clear distinction between basic text books which have to go through the approval process before they can be introduced in schools and supplementary materials which should not have to go through the approval process.
- e. MoEC through TIE should undertake an operational research to determine the relative effectiveness of different peer education modalities being implemented in schools. This should form the basis for issuing guidelines for implementing Peer Education in schools in Tanzania.
- f. It is advisable to commission further researches related to AIDS in the MOEC. Additional research information will further facilitate creating a more comprehensive data base on HIV/AIDS in the MOEC.

On implementation of the School HIV/AIDS Education Programme:

- a. The framework for programme implementation should clearly specify the linkages of the structures of MoEC and PORALG, and the roles of all players right from the HIV/AIDS Education Coordinating Unit at the MoEC headquarters to the carrier subject teachers. And, as Districts and councils develop their comprehensive HIV/AIDS programmes which will invariably encompass school-based interventions, MOEC should cede to them the

responsibility for implementing and monitoring the school HIV/AIDS education programme.

- b. MoEC should organize seminars for district education managers with a view to enabling them to be informed about the school HIV/AIDS programme and their role in its implementation.
- c. MoEC should similarly normalize the provision of resources for HIV/AIDS education among all stakeholders within the MOEC (e.g. School Committee members, teachers, pupils and whenever possible parents).
- d. More efforts are required to concentrate additional resources to HIV/AIDS education at pre-school and primary schools.
- e. Alternative mechanisms should be found for getting circulars, guidelines and other materials into schools, and for making sure that they are read and used by all the concerned parties.
- f. MoEC should identify and document the positive cases of mutually satisfactory collaboration and coordination between the school HIV/AIDS education programme and NGO school-based interventions. Such cases should form the basis for issuing guidelines for NGO involvement in school-based interventions.
- g. Consultation should be initiated with NGOs implementing school-based interventions with a view to documenting best practices and ensuring that best practices are adopted widely and for optimizing the effectiveness of those interventions.
- h. The HIV/AIDS Education Coordination Unit should be strengthened both in terms of personnel and resources to enable it to discharge its coordination mandate and in particular to be able to oversee and support the implementation, monitoring and periodic evaluation of the school HIV/AIDS programme.

On monitoring and evaluation:

- a. An appropriate M&E system should be developed. This should be able to track the routine data limited to key input, process and output elements, and to handle periodic surveys and assessments of the outcomes of the programme
- b. Realistic costed plans for implementing the school HIV/AIDS education programme should be developed. These should include costs for:
  - i. pre and in- service training of carrier subject teachers and for orientation of all teachers;
  - ii. producing and disseminating teaching and learning materials in adequate quantities, including audio and video materials and the necessary equipment;
  - iii. supportive supervision by district education managers
  - iv. monitoring and evaluation

These costs should be used as a basis for mobilizing resource allocation to the education sector so that it can make the contribution expected of it in the fight against HIV/AIDS

- a. MoEC should similarly engage in added efforts in follow-up on the implementation of the following:
  - i. attending or supporting orphan pupils in primary schools;
  - ii. mainstreaming of HIV/AIDS in the MoEC curriculum
  - iii. up-scaling of Peer Education approach
  - iv. provision of instructional skills on how to teach HIV/AIDS education to all teaching staff.
  - v. Up-scaling of workplace intervention in the sector.

The MOECSP takes these recommendations into account in the articulation of specific strategies and activities.

### **3.8.3 Study on the Impact of HIV/AIDS in the MOEC in Tanzania**

In an on-going multi-national study<sup>4</sup>, MoEC, in collaboration with IIEP-UNESCO, is examining the impact of HIV/AIDS in the MOEC. A preliminary report (Study1) noted the absence of a Ministry-specific policy on HIV/AIDS and recommended that such a policy should be formulated within the structure of the Education and Training Policy. It also addressed leadership issues critical to successful implementation of HIV/AIDS activities at all levels and made recommendations regarding the provision of adequate instructional and IEC materials, staff training and replacement to take into account the impact of HIV/AIDS, improvements to the education management information system. It noted that some MOEC leaders are not well informed about the importance of HIV/AIDS education in their respective areas and about the framework for multi-sectoral response to HIV/AIDS. It recommended that the effectiveness of current avenues used by the Ministry to advocate for prevention and control of HIV/AIDS be assessed. It also recommended that the MoEC management information system needs to be improved to make it HIV/AIDS sensitive. This should include improving the skills, equipment and focus of the system to include HIV/AIDS indicators. The improved education management information system will then be able to respond to the impact of HIV/AIDS in the MOEC.

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<sup>4</sup> MoEC/IIEP-UNESCO. The Impact of HIV/AIDS in the Education Sector in Tanzania: Study 1 – Exploring Policy, Leadership and Advocacy Response. 2003

## CHAPTER 4

### INSTITUTIONAL AND MANAGEMENT FRAMEWORK

#### 4.0 Introduction

The achievement of the objectives of the MOEC Strategic Plan critically depends on the existence of an appropriate and efficient programme management mechanism. The role of the management mechanism is to facilitate the implementation of the programme through its regular cycle of strategic planning and operational plans, implementation, monitoring and evaluation and re-planning. The strategic plan need flexibility and requires shorter-term feasible actions plans within which responsibilities for each level and outputs are clearly noted.

#### 4.1 Management and Coordinating Structures

The management mechanism will consist of the AIDS Education Coordinating Unit which service the Technical AIDS Committee and the AIDS Steering Committee of the MOEC. The committees will deal with the management and coordination demands of multi-sectoral and sector wide response, including programme implementation focused at department and institutional levels and those implemented by partners. The output of the AECU and TAC will be channelled to the ASC for approval. The viability of the management mechanism depends on the will, commitment and efficiency of every player at all levels.

#### 4.2 Institutional Framework

The AIDS Steering Committee (ASC) is the highest programme management body with respect to the implementation of the MOEC Strategic Plan. The committee is composed of all the Heads of Departments and Institutions of the Ministry of Education and Culture. The Permanent Secretary chairs the committee. The second body is the Technical AIDS Committee (TAC) composed of focal persons selected by the Directors of Departments and Institutes. The two committees are served by a secretariat, the AIDS Education Coordination Unit (AECU) located in the Office of the Chief Education Officer. The AECU is responsible for coordination of the implementation of the overall MOEC Plan and its activities.

Departments and institutions are connected to the AECU directly through the TACs. Other partners must sign a memorandum of understanding (MOU) before formal collaboration is established. The effectiveness of the framework is expected through the Ministry directive of establishing and operationalizing TACs in departments, institutions, educational zones, districts and at schools and other training institutions.

The current ministerial infrastructure will be used to facilitate implementation of the MOEC Strategic Plan. The institutional infrastructure consists of the departments and institutes of the Ministry of Education Culture at all levels. The scope of management and implementation will vary with proximity to the target group. At the National level it will focus on the ministerial management and coordinating structures. There will be the ASC and the TAC that shall guide and maintain the overview of the direction, pace, intensity and sustainability of the sector response. This will require a standardized regular reporting and documentation of experiences from the decentralized levels, departments and institutions. It will also ensure integration of the national level planning and the



decentralized implementation through Technical AIDS Committees at different levels in the Ministry structures.

#### **Roles and Functions of the AIDS Steering Committee**

- a. To advise on the HIV/AIDS/STIs preventive education policy.
- b. To solicit leadership will and commitment to support the MOECSP.
- c. To provide overall guidance on the implementation of the MOECSP.
- d. To approve plans and budget for the MOEC activities.

#### **Roles and Functions of the Technical AIDS Committees**

- a. To provide information and technical advice to the MOEC.
- b. To facilitate inter-sectoral and inter-departmental collaboration.
- c. To monitor and evaluate implementation of the sector strategic plan activities.

#### **Roles and Functions of the AIDS Education Coordinator Unit**

- a. To serve as the secretariat to the TAC and ASC.
- b. To initiate and coordinate planning for HIV/AIDS/STIs activities.
- c. To initiate and harmonize MOEC strategic plan activities.
- d. To coordinate the implementation of the MOECSP by the different stakeholders.
- e. To conduct regular supervision and follow-up of AIDS Education implemented by the departments and institutions and collaborators.
- f. To prepare consolidated quarterly, mid-year and annual progress report for eventual submission to appropriate authorities.
- g. To mobilize resources.
- h. To identify areas where research is needed and coordinate research related to HIV/AIDS on the MOEC.

#### **Roles and Functions of Focal Persons**

- a. To provide information and technical advice to the Department and Institute.
- b. To serve as the secretariat to the department and institutional TAC.
- c. To initiate and coordinate planning, implementation and monitor HIV/AIDS/STIs activities in the departments and institutions.
- d. To prepare consolidated quarterly, mid-year and annual progress report for eventual submission to the TAC.

### **4.3 Implementation Approaches**

The strategic plan will be implemented through three major approaches: **advocacy, mainstreaming and participatory.**

#### **4.3.1 Advocacy**

Advocacy will aim at enhancing strong commitment and participation at all levels to scale up best practices and improve quality of HIV/AIDS education in schools and colleges. Commitment will entail more resource allocation for the programme mobilised from national and local levels and more material production and distribution to support the different actors at school level and colleges. It will seek support from many stakeholders in the MOEC including Faith Based Organisations and other interested parties. It will also seek legitimacy of the programme from the various authorities at different levels, including school/parents committees and boards, putting in place opportunities for the creation of a strong and sustainable resource base.

#### **4.3.2 Mainstreaming Approach**

The HIV/AIDS/STIs education programme will be integrated into the overall planning and development process. This means that HIV/AIDS activities are automatically considered components in all MOEC plans. All resources (human, finance, materials and equipment) for HIV/AIDS related activities are to be included in the budgets of the MOEC.

#### **4.3.3 Participatory Approach**

Target groups and key stakeholders including communities will be at the centre of the programme development and implementation. Key people from all the levels of the education system, faith leaders, parents, teachers, students/pupils will be involved in the design, development, implementation and monitoring of the programmes.

The level of implementation is the most critical responsibility and function. This function applies to personnel at national as well as decentralised levels, including the departments and institutes where management and implementation is a shared function while complementing but differing in both level and scope.

The Ministry of Education and Culture is the main implementer of the strategic plan.

The Ministry will work in partnership with other Ministries and with Non-Governmental Organisations (NGO) and Agencies, both at local and international level to implement the programme. The main purpose of the partnerships is to increase material and financial resources for the programme. They will also provide an opportunity to share experiences and information about quality HIV/AIDS/STIs education delivery in the country.

#### **4.4 Implementation Arrangements**

Each department and institution of the Ministry of Education and Culture will develop annual work plans in line with the fiscal year for implementation based on this strategic plan. These will be mainstreamed into the MTEF of the Ministry of Education and Culture.

The implementation of HIV/AIDS/STI components will be the responsibility of the District/Municipal councils for Primary and Non-Formal Education. Therefore the districts and Municipal councils will have to incorporate HIV/AIDS interventions into their comprehensive strategic plan. This is critical in order for the HIV/AIDS Education Programme to be included in the district MTEF resource envelope. The Ministry of Education and Culture in collaboration with PORALG will develop and provide implementation guidelines. The District Technical AIDS Committee will be responsible for planning, implementing, and monitoring and evaluating district AIDS Education Programme activities. The district will involve all relevant stakeholders at the district level. The Regional AIDS Committee will provide support and coordination to districts to help them carry out their mandate.

#### **4.5 Collaboration with Partners**

The Ministry of Education and Culture Strategic Plan is broad based. The MOEC is mandated to ensure delivery of quality education while PORALG has the administrative responsibility at the district level.

The Ministry of Education and Culture and PORALG will initiate the development of Memoranda of Understanding for collaboration with NGOs, CBOs and FBOs

defining and clarifying roles and responsibilities in the implementation of programme interventions.

Just as there is a need to co-ordinate interventions they must be monitored to:

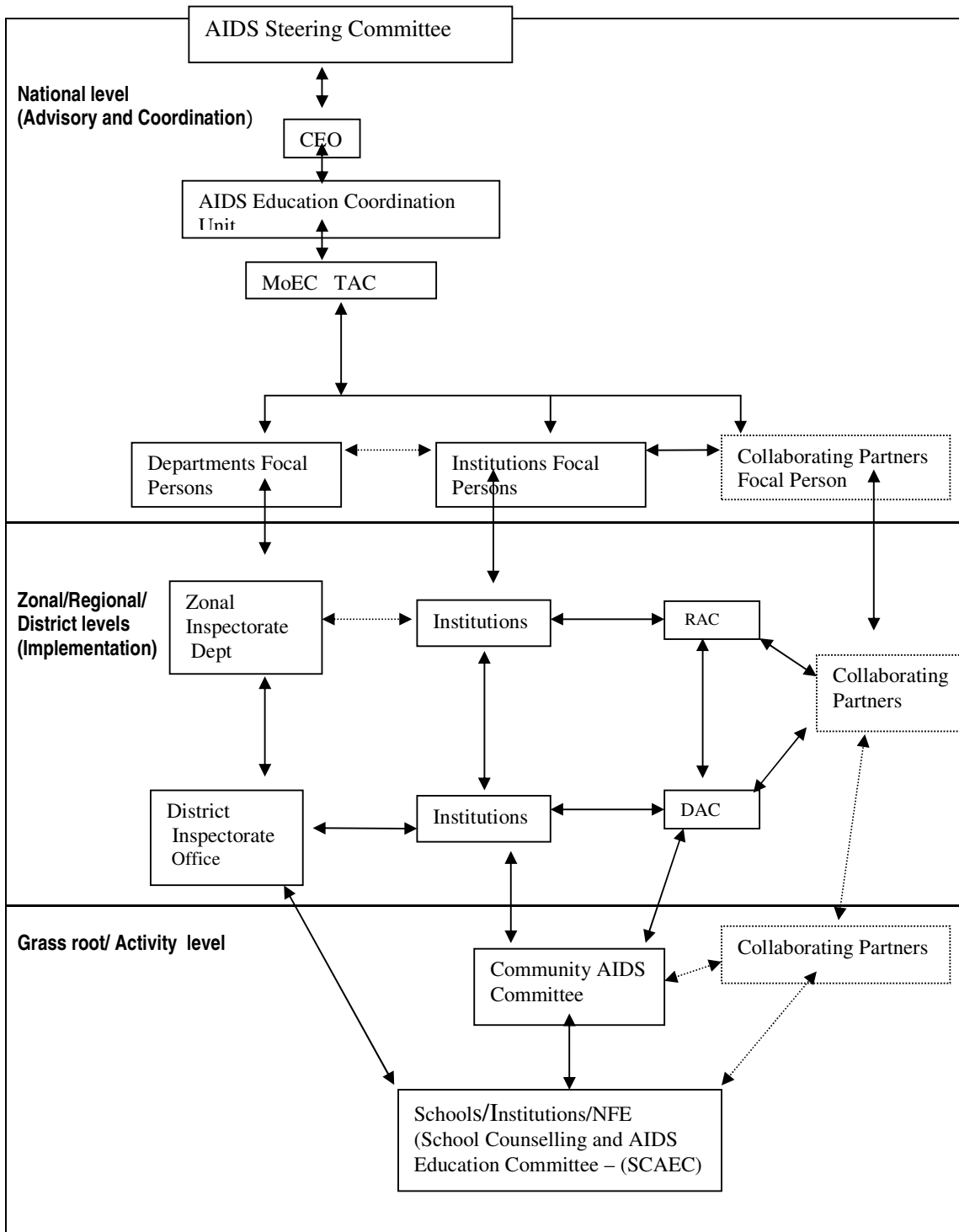
- a. Ascertain their relevance to the objectives of the MoEC guidelines and strategies in the strategic plan.
- b. Identify gaps and weaknesses for appropriate action.
- c. Assess their impact in schools and in the community.
- d. Ensure proper allocation of resources and accountability.
- e. Give an overview of the existing programme status in the schools and colleges and the school community.

#### **4.6 Financing mechanisms**

Adequate financing is crucial for implementing the MOECSP. Mechanisms are required to identify sources of funding, allocation and channelling the funds to support implementation.

At National level funding comes from Government Budget and at the district and municipal level through subvention and local government authorities' budgets. Plans will be developed to identify and mobilize alternate funding sources to support HIV/AIDS interventions at different levels of the Ministry. Mechanisms will be developed to ensure NGOs, CBOs and FBOs will be coordinated in an organized manner.

**Figure2: Education Implementation and Reporting Organogram for HIV/AIDS**



## CHAPTER 5

### MONITORING, EVALUATION AND RESEARCH

#### 5.0 Introduction

Monitoring and Evaluation (M&E) is a critical and integrated task of the MOECSP Response on HIV/AIDS. The MOECSP will put in place a comprehensive M&E system to guide implementation from the national to the school level.

The M&E framework is important in order to:

- a. Determine the progress in implementing the MOECSP.
- b. Continuously identify and resolve any problems arising in the course of implementation of MOECSP.
- c. Track outcomes of the MOECSP.
- d. Establish the impact of the MOECSP.

Coordination of the M&E of the MOECSP is one of the main responsibilities of the AECU. To make M&E effective and efficient, resources and capacities must be strengthened.

The M&E system must be directly linked to the goals, indicators and targets of MOECSP and the expected outcomes of the strategic objectives.

#### 5.1 Objective

The objective of the monitoring and evaluation component of the MOECSP is to measure the achievement of the strategic objectives, and identify the problems experienced so that managerial decisions for necessary adjustments can be made.

#### 5.2 Monitoring

Monitoring is the systematic follow-up of course of events and ensuing results on the basis of identified performance indicators over a period of time. Analysis of the data generated and reporting regularly will facilitate decision making on the progress of the MOECSP.

##### 5.2.1 National Level

In order to effectively monitor the results of the interventions, it is essential for the Ministry to have a clear national picture of the geographical and functional distribution of HIV/AIDS interventions and their implementers. The information will assist in the coordination of the programme and formulation of appropriate policies and also reduce overlaps and duplication of efforts. Monitoring reports from departments, institutions and partners will be submitted to the AECU. To facilitate systematic reporting the AECU will provide guidelines.

##### 5.2.2 District Level

The MOECSP at district level is integrated into the district comprehensive HIV/AIDS plans. The district authorities will collect information on progress towards attainment of HIV/AIDS Education objectives included in the district plans from schools, wards, and civil society organizations. This information will be used to identify necessary adjustments to the interventions in a district programme. It will also be forwarded via the regional secretariat to the AECU at the national level.

Monitoring and reporting from grass root level will follow guidelines developed by the Ministry.

### **5.3 Evaluation**

Evaluation is the systematic assessment of the results of the MOECSP including, among other issues, the relevance, adequacy, efficiency, effectiveness and impact of programme and activities.

There will be a mid-term programme evaluation, which will be organised by the Ministry of Education and Culture in collaboration with PORALG and partners. At the end of the programme period there will be an overall evaluation which will include impact aspects of the MOECSP.

### **5.4 Logical Framework Analysis for MOECSP**

The following Logical Framework Analysis is as a structure from which a comprehensive monitoring and evaluation system is developed to track and assess the implementation of the MOECSP.

### **5.5 Research**

Research into various aspects of HIV/AIDS continues to play a critical role in the MOEC strategy. Research on HIV/AIDS will provide information on issues related to HIV/AIDS education which in turn will play a vital role in informing policy development, education, health promotion and care, models for mitigation of impact, teaching, and learning methodology effective in influencing behaviour change and demand and supply of education.

#### **5.5.1 Research Priority Areas**

The MOECSP focuses on four thematic areas that provide an overall MOEC response. The thematic areas touch on educational inputs needed to reduce risk and vulnerability factors that reduce further spread of HIV/AIDS/STI, provide care and support services and impact mitigation. In this context much of the research will address:

- a. Socio-cultural behaviour and practices that influence vulnerability and risk factors,
- b. Provision of care and support services and coping mechanisms,
- c. Impact of HIV/AIDS on the MOEC

### Logical Framework Analysis for MOECSP

<b>Narrative Summary</b>	<b>Expected Results</b>	<b>Performance Measurement</b>
<b>Goal</b>	<b>Impact</b>	<b>Performance Indicators</b>
To build institutional capacity to respond to and control the spread of the HIV/AIDS epidemic and reduce its impact on the MOEC	HIV/AIDS epidemic is controlled and its impact on the MOEC is reduced.	<ul style="list-style-type: none"> <li>▪ Decreased rate of new infections</li> <li>▪ Mechanisms to address and monitor impact of HIV/AIDS on the MOEC at all levels are institutionalized</li> </ul>
<b>Purpose</b>	<b>Outcomes</b>	<b>Performance Indicators</b>
To identify roles, responsibilities, strategies and planned activities to address HIV/AIDS epidemic and its impact on the MOEC	1. Strengthened capacity of MoEC to develop and implement comprehensive, gender and inclusive responsive SRH/HIV/AIDS/STIs prevention education in schools, non-formal education centres, teachers' colleges and workplaces	<ul style="list-style-type: none"> <li>▪ Level of capacity of MoEC departments and Institutions to develop and implement SRH/HIV/AIDS/STI and life skills education interventions</li> </ul>
	2. Mechanisms to mitigate the impact of HIV/AIDS on the MOEC established	<ul style="list-style-type: none"> <li>▪ Mechanisms to address impact mitigation developed and implemented</li> </ul>
	3. gender and inclusive sensitive care and support services for the HIV/AIDS affected and infected in schools and workplaces available	<ul style="list-style-type: none"> <li>▪ Care and support services available in school, non-formal centres, colleges and workplaces</li> </ul>
	4. Mechanism for management and coordination of the HIV/AIDS/STI prevention education programme in place	<ul style="list-style-type: none"> <li>▪ mechanisms for management and coordination of HIV/AIDS education programmes by AECU mainstreamed in all departments and institutions and at all levels</li> </ul>
	<b>Outputs</b>	<b>Performance Indicators</b>
1. HIV/AIDS/STIs mainstreamed throughout curricula at all levels, appropriate teaching and learning and training materials developed and in use	<ul style="list-style-type: none"> <li>▪ Syllabi and curricula at all levels include appropriate SRH/HIV/AIDS/STI and life skills education content and teaching strategies</li> <li>▪ Teaching/Learning materials are available and in use in schools, non-formal centres and teachers' colleges</li> <li>▪ Trained personnel in every school, non-formal centres, college and workplace</li> </ul>	
2. Strategies for impact mitigation identified and implemented	<ul style="list-style-type: none"> <li>▪ EMIS is HIV/AIDS sensitive</li> <li>▪ MoEC plan on supply and demand is based on data on impact of HIV/AIDS</li> </ul>	
3. Care and support services developed and implemented within MoEC and in collaboration with other service-providing agencies/partners.	<ul style="list-style-type: none"> <li>▪ Guidelines for provision of care and support in schools, centres, colleges and workplaces and services-providing agencies</li> <li>▪ Affected and infected individuals have access to care and support services they need</li> <li>▪ Stigma and discrimination is decreased</li> </ul>	
4. Well-defined institutional arrangements for management and coordination of the MOEC response to HIV/AIDS	<ul style="list-style-type: none"> <li>▪ Arrangements for management and coordination in place</li> <li>▪ Monitoring and evaluation mechanism on HIV/AIDS in place in the MOEC</li> <li>▪ Mechanism for coordinating HIV/AIDS research in the MOEC sector in place</li> </ul>	

**Priority Area 1: Socio-cultural behaviour and practices that influence vulnerability and risk factors**

<b>Research issues</b>	<b>Justification</b>	<b>Research Questions</b>
Gender and HIV/AIDS and STIs	<ul style="list-style-type: none"> <li>The existence of differences in social and sexual relationships between men and women.</li> <li>The need to empower girls and women, boys and men in decision making in matters related to sex</li> </ul>	<ul style="list-style-type: none"> <li>What factors are involved in gender behaviour variations?</li> <li>Investigation of opportunities for the development of decision making, life skills in sexual relationship among men, women in HIV/AIDS prevention</li> </ul>
Responses to health care seeking behaviour	<ul style="list-style-type: none"> <li>Poor health seeking behaviour among youth, men and women</li> <li>Continuing unsafe sex practices among boys and girls, men and women</li> </ul>	<ul style="list-style-type: none"> <li>What is the linkage of HIV/STIs to behaviour change?</li> <li>Does knowledge of having STIs influence sexual habits?</li> <li>What makes people with STIs seek or not seek treatment and care services?</li> <li>How and why do specific groups respond to STIs infection (women, mobile population, youth, orphans and vulnerable children and CSW)</li> </ul>
Inadequate/Inappropriate HIV/AIDS/STI education for different target groups	<ul style="list-style-type: none"> <li>Need for appropriate designs/packages for intervention in different target groups</li> <li>Increased number of education delivery agents</li> <li>Constraints of co-ordination and communication between the delivery agents</li> <li>Early pregnancies</li> <li>Increase of HIV infection among youths</li> <li>Lack of life skills (psychosocial)</li> </ul>	<ul style="list-style-type: none"> <li>A training needs assessment tailored for different target groups in the community (PLWHA, schools, workplaces, NFE and youth)</li> <li>An investigation of the use of youth groups as change agents in HIV/AIDS education</li> <li>Rationale and content of sexual and reproductive health education for pupils in lower grades.</li> <li>Assessment of the quality of HIV/AIDS education being delivered by different agents in different settings.</li> <li>What are appropriate methods and techniques for delivering HIV/AIDS education to different groups in the MOEC.</li> <li>Identify underlying factors which will improve education opportunities for girls.</li> </ul>
Barriers to addressing issues of safer sex in children, teachers and other workers	<ul style="list-style-type: none"> <li>Unprotected multiple sexual behaviour identified as major determinant fuelling HIV and STIs.</li> </ul>	<ul style="list-style-type: none"> <li>What are the dynamics of stigma in the context of transmission and prevention of HIV/AIDS/STIs?</li> <li>What (social, cultural) policy, ethical factors, are barriers to condom use among school children, teachers and workers?</li> <li>What are the social, cultural and economic factors which influence risky sexual practices among school children teachers and workers?</li> <li>How best can we promote mutual faithfulness and/or abstinence among school children teachers and workers?</li> </ul>



<p>Role of socio-cultural and sexual practices in the spread of HIV/AIDS (female circumcision, wife inheritance, widow cleansing, dry sex, wet sex, initiation and polygamy).</p>	<ul style="list-style-type: none"> <li>▪ Certain socio- cultural sexual practices in different population groups are HIV/STIs epidemic determinants.</li> </ul>	<ul style="list-style-type: none"> <li>• Patterns of sexual practices and behaviour in different community settings, which influence HIV/STIs transmission (e.g. initiation, FGM, cleansing, inheritance, Polygamy etc.)</li> <li>• The role of socio-cultural and sexual practices of traditional healers associated with their service delivery in the spread of HIV/AIDS.</li> <li>• The role of modern media (TV and magazines) and folklore media on risk sexual behaviour in young people.</li> <li>• What socio-cultural norms and values encourage positive attitudes and decision making about sexual matters and how can these be promoted?</li> </ul>
<p>Indicators for behavioural change</p>	<ul style="list-style-type: none"> <li>• The need to measure impact and behavioural change</li> </ul>	<ul style="list-style-type: none"> <li>• What are the base line levels of behavioural practices leading to HIV/AIDS/STIs?</li> <li>• What are the trends of these practices over time?</li> <li>• What are the appropriate indicators for behavioural change?</li> </ul>

**Priority Area 2: Provision of care and social services**

<b>Research issues</b>	<b>Justification</b>	<b>Research Questions</b>
<ul style="list-style-type: none"> <li>• Appropriate methods for Provision of counselling services to meet the AIDS related needs of learners, and workers in the MOEC</li> </ul>	<ul style="list-style-type: none"> <li>• New needs resulting from increasing numbers of infected and affected learners, educators, employees in the MOEC by HIV/AIDS requires the development of alternative responses</li> </ul>	<ul style="list-style-type: none"> <li>• What are new needs of the infected and the affected persons in the MOEC?</li> <li>• How can guidance and counselling best respond to the new needs of infected and affected children and adults?</li> </ul>
<ul style="list-style-type: none"> <li>• Access to Voluntary Counselling and Testing (VCT) Services for HIV</li> </ul>	<ul style="list-style-type: none"> <li>• Through VCT you can identify individuals who are infected and hence can prevent HIV transmission.</li> <li>• May empower people to make informed decision related to their reproductive health.</li> <li>• It enables people to cope and reduces stigma</li> </ul>	<ul style="list-style-type: none"> <li>• What are the determinants of utilisation and provision of voluntary counselling and testing services? (VCT)?</li> <li>• How should VCT be organised and financed?</li> <li>• What is the role of stigma in VCT?</li> </ul>

<p>Provision of care and support children orphaned, learners and workers infected and affected by HIV/AIDS</p>	<ul style="list-style-type: none"> <li>Orphan-hood introduces a whole range of difficulties which interfere with children's education.</li> <li>With the growing size of the impact of HIV/AIDS communities may not be able to cope with the problem.</li> <li>Learners and employees affected and infected due to AIDS are stigmatised and may require special needs.</li> </ul>	<ul style="list-style-type: none"> <li>What are the mechanisms to keep up to date inventory and data of learners (including orphans) and employees affected and infected by HIV/AIDS?</li> <li>What are the medical, social, physical, psychological and educational needs of orphaned children?</li> <li>How to overcome obstacles in the provision of care in relation to stigma in schools, family and community?</li> <li>How are the families, communities, government, and non-governmental and religious organisations coping with the problem of orphans?</li> </ul>
<p>Provision of youth friendly health and social services</p>	<ul style="list-style-type: none"> <li>Youth present a vulnerable group</li> <li>65% of Tanzanian are under the age of 25 years</li> <li>Economic force</li> <li>Highly sexually active group</li> <li>Force for change</li> </ul>	<ul style="list-style-type: none"> <li>What is the magnitude of HIV/AIDS/STIs among the learners?</li> <li>What constraints do learners face in using existing health and social services?</li> <li>What are the determinants of rural, urban migration among learners?</li> </ul>

### Priority Area 3: Impact of HIV/AIDS on the MOEC

<b>Research issues</b>	<b>Justification</b>	<b>Research Questions</b>
<p>Tracking impact of AIDS pandemic in the MOEC</p>	<ul style="list-style-type: none"> <li>HIV/AIDS pandemic is having a devastating effect on all areas of the MOEC</li> </ul>	<ul style="list-style-type: none"> <li>What are the specific impacts on the MOEC?</li> <li>How does it affect the quality of education?</li> <li>What responses can the Ministry of Education develop?</li> </ul>

## CHAPTER 6

### WORKPLACE INTERVENTION

#### 6.0 Introduction

Over 80% of the reported HIV/AIDS cases are among people aged 15-45, of whom the majority are adults and parents. This age group constitutes the potential and productive labour force.

HIV/AIDS-related sickness, absenteeism and eventual death reduce the family labour force, income, food security and children's opportunity for education.

The MOEC comprises a huge workforce with well over 180,000 employees, the majority of whom are teachers. Teachers have a dual responsibility. First they are responsible for looking after school children: secondly they are responsible for looking after themselves.

In addition to teaching children on how to cope with HIV/AIDS they must also be role models for responsible sexual behaviour. Teachers also need to acquire survival skills in the endeavour to protect themselves and cope with effects of HIV/AIDS. Owing to the unique position of teachers and non-teaching staff in the school system they need knowledge and skills to be able to provide caring and support services to school children and each other.

The MOEC is a human institution: the health status of its labour force predetermines the quality of education and sustainability of education system. The increasing morbidity and mortality rates of the workforce lead to serious loss of manpower and productivity. Teachers and non-teaching staff must be encouraged to use preventive measures, which suit them personally within their own environment.

Equally as important is the encompassing ethical and human dimension of dealing with PLWHAs. Eliminating stigma and discrimination among learners and between learners and teachers and among all workers is critical.

Given that HIV and STIs affects both the young and the adults alike, the MOECSP needs to address both groups separately as they have different survival needs.

The purpose of workplace intervention is to address the unique needs of the education employees at workplaces so as to create a supportive environment for those infected and affected with HIV/AIDS and promote responsible sexual behaviour and practices. The MOECSP workplace intervention is being put in place to increase competency of the workforce to take preventive measures against HIV/AIDS and be able to mitigate the impact of HIV/AIDS at individual, family, community levels and at working places.

A systematic workplace intervention has been initiated in the Ministry of Education and Culture which has included the training of peer educators for different categories of employees. Some peer education sessions have taken place for some categories of employees at MOEC headquarters.

Challenges faced by the MOEC include the huge number of persons working in the MOEC scattered all over the country, and limited time available for conducting peer education sessions at workplaces.

MoEC does however have advantage in having a large number of trained teachers. Furthermore graduating teachers from TCs will have undergone training on HIV/AIDS education. In addition the rise in infection and early death among children and adults has created demand for HIV/AIDS Education by society.

## **6.1 Approaches**

The workplace intervention will be developed with full participation of management and staff in various department and institutions. The main strategic approach for the workplace intervention will be through establishing peer educators for different categories of workers. These will be trained to organize and deliver:

### **6.1.1 Peer Education Programme**

Peer education will take place in informal workshop settings, so the participants can feel comfortable in openly asking question and discussing issues. It is envisaged that the workers will work together, without discriminating, victimising or stigmatising those who feel able to disclose their status and work with others without fear. The emphasis of the education will be on sharing information and understanding beliefs, attitudes and feelings.

### **6.1.2 Condom Education**

To provide education on the use of condom and to promote the values of ABC.

### **6.1.3 Care and Support**

Counselling services will be available within departmental or institutional premises or by referral to outside agencies.

### **6.1.4 Universal Precaution Procedures**

At workplace and at learning institutions accidents are inevitable. Hence accidental transmission of HIV in the workplaces, schools, non-formal centres and colleges can occur as a result of blood spillage. Education and skills for applying universal infection control procedures are important in containing spread of HIV and also in control of other dangerous infections, for example tuberculosis.

### **6.1.5 Monitoring and Evaluation**

Monitoring and evaluation have an important role to play in ensuring that the workplace intervention is appropriate and effective.

## CHAPTER 7

### JUSTIFICATION OF STRATEGIES

#### 7.0 Introduction

The MOECSP identifies how the MOEC intends to translate its commitment to combating HIV/AIDS into practice. The responses are organized according to four thematic areas:

- Prevention
- Impact mitigation
- Care and support
- Addressing Cross-Cutting Issues

Within each thematic area a strategic objective has been identified and strategies to achieve the objective and their outputs have been articulated. Specific activities, key actors and collaborators, indicators and how they will be verified and necessary inputs have been identified for each strategy. A brief description of each theme and justification for the selection of strategic objectives and strategies/expected outputs is followed by an overview of the constraints and opportunities affecting each thematic area, as well as activities and target indicators identified to address the issues identified.

It is important to note that there are several areas of overlap between and among the themes. Thus development of detailed work plans for implementation will take this into account thus avoiding duplication.

#### 7.1 Theme 1: Prevention

Education to prevent HIV/AIDS/STIs and related stigma and discrimination is designed to help children and youth in formal and non-formal sub-sectors and the personnel who support education to acquire knowledge, skills, beliefs and attitudes to enable them to make informed decisions, practice healthy behaviours and create conditions conducive to quality teaching and learning.

##### 7.1.1 Strategic Objective

**Strengthen the implementation of comprehensive, gender responsive and inclusive HIV/AIDS/STIs Prevention Education in Schools, Non-Formal Education Centres and Teachers' Colleges**

##### 7.1.2 Strategies and Outputs

1. Integrate SRH/HIV/AIDS/STIs education into the curricula used by Schools, Non-formal Education Centres and Teachers' Colleges.

##### **Expected Output**

Gender responsive and inclusive curricula with SRH/HIV/AIDS/STIs components integrated.

2. Build capacity for educators to effectively deliver gender-sensitive inclusive SRH/HIV/AIDS/STIs prevention education in Schools, Non-formal Education Centres and Teachers' Colleges

##### **Expected Output**

Educators capacity to deliver gender-sensitive inclusive SRH/HIV/AIDS/STIs education through participatory methodologies enhanced

**3. Supply gender responsive SRH/HIV/AIDS/STIs instructional materials to Schools, Non-formal Education Centres and Teachers' Colleges**

**Expected Output**

Variety of gender responsive SRH/HIV/AIDS/STIs instructional materials (texts, teacher guides, support materials) available in schools, NFE centres and TCs

**4. Develop comprehensive and inclusive gender-sensitive SRH/HIV/AIDS/STI education intervention at workplaces**

**Expected Outputs**

- a. Infection rates among employees lowered.
- b. Stigma and discrimination among employees reduced.
- c. A comprehensive SRH/HIV/AIDS/STIs intervention implemented at workplaces.

**5. Utilize available cultural events to combat HIV/AIDS/STIs and address gender issues and stigmatisations**

**Expected Output**

Entertainment areas and festivals utilized to communicate HIV/AIDS/STIs messages.

**7.1.3 Justification**

SRH/HIV/AIDS/STIs education is an important part of the school programme at all levels and must be integrated into curricular and extra-curricular components. Carrier subjects (Standard 5-7, Ordinary Levels, Advanced Levels and Teacher Education) have been adapted to include life skills based SRH/HIV/AIDS/STIs learning objectives. Further integration at lower primary levels is required. The COBET programme has also begun to include SRH/HIV/AIDS/STIs components. Similarly there has been initiative to integrate HIV/AIDS in the Integrated Community Based Adult Education (ICBAE).

HIV/AIDS education interventions currently being implemented vary widely. Some schools have excellent programmes, while in many others little or nothing is being done and between these two extremes there is great variation. While guidelines and circulars have been developed, inadequate distribution has contributed to disparities in implementation.

Availability of sufficient SRH/HIV/AIDS/STIs teaching and learning materials is also a significant issue to be addressed. The level of training among staff also varies significantly, with most having had little or no training to prepare them to handle this crucial but sensitive area. Need for training has been identified as a major requirement for effective implementation and scaling up of SRH/HIV/AIDS/STIs education interventions.

Studies have shown that young people get much of their sexual and reproductive health information from their peers. They are sensitive to peer pressure and exert a strong

influence on one another. Thus promoting peer education as a strategy for promoting SRH/HIV/AIDS/STIs education is viewed as an important strategy. This situation calls for a variety of interventions to expand and strengthen the implementation of a comprehensive SRH/HIV/AIDS/STI education programme in schools, non-formal education centres, teachers colleges and workplaces. The importance of gender-related factors in all HIV/AIDS planning and intervention as well as the need to identify and address the special learning needs of people with disabilities must be taken into account throughout, thus the need to specifically highlight them. In addition to being the institution in society responsible for moulding the nation's children, the MOEC is also a major employer, the bulk of whose employees are teachers. The special workplace needs of these as well as all other employees must be addressed. HIV/AIDS education interventions must address issues of stigma and discrimination in schools and workplaces.

This Strategic Plan includes interventions to strengthen implementation of a comprehensive, gender-responsive HIV/AIDS/STIs prevention programme in schools, non-formal education centres and teachers colleges and workplaces. The Ministry of Education and Culture will take the lead to operationalize the identified interventions in collaboration with NGOs, CBOs and other agencies.

#### **7.1.4 Opportunities**

- a. Heightened recognition of the extent of the pandemic has underlined the urgency for action and opened the door to increased SRH/HIV/AIDS/STIs education interventions in schools and workplaces.
- b. Increasing availability of funding will facilitate implementation of SRH/HIV/AIDS/STIs programmes in schools, non-formal education centres and teachers colleges.
- c. SRH/HIV/AIDS/STIs learning objectives have already been integrated into some carrier subjects
- d. There are Intervention models that have proven effective at both primary and secondary levels. Both these areas need to be expanded.
- e. Cultural activities provide a powerful medium through which to channel important messages. Use of modern and traditional media will enhance the dissemination of information about SRH/HIV/AIDS/STIs.

#### **7.1.5 Constraints**

- a. The nature of SRH/HIV/AIDS/STIs makes its inclusion in curricular and extra-curricular programmes and activities challenging.
- b. Cultural pressures and taboos as well as individual reluctance to discuss sex openly all make delivery of SRH/HIV/AIDS/STIs education challenging.
- c. SRH/HIV/AIDS/STIs education must go beyond imparting knowledge to shape attitudes and change behaviour.
- d. Inadequate access to appropriate teaching and learning materials.
- e. Limited access to in-service training.
- f. Guidelines for workplace intervention are yet to be developed.
- g. Guidelines for implementing HIV/AIDS education interventions in schools and colleges are not widely disseminated.

### **7.1.6 Activities**

- a. Review, revise curricula at all levels to ensure maximum integration of SRH/HIV/AIDS/STIs education.
- b. Develop curricula for inclusion at the pre-primary and Std. 1-4.
- c. Review peer education programmes.
- d. Train teachers at all levels to effectively provide gender-responsive, inclusive SRH/HIV/AIDS/STIs education.
- e. Produce and distribute sufficient quantities of gender-balanced SRH/HIV/AIDS/STIs instructional materials including Braille transcribed and signed video materials to schools, non-formal education centres and Teachers' Colleges.
- f. Develop appropriate workplace preventive education interventions
- g. Train artists to develop and produce cultural works bearing HIV/AIDS/STIs prevention messages.
- h. Include HIV/AIDS information in the ESDP quarterly newsletter.

### **7.1.7 Target Indicators**

- a. By 2005 curricula of carrier subjects are reviewed, revised, printed and distributed 2004
- b. By 2007 primary and secondary schools, non-formal education centres and Teacher Training Colleges have revised curricula and teaching and learning materials.
- c. By 2005 100% of master trainers trained at Zonal, District and TRC levels
- d. By 2007 90% teachers at all levels trained.
- e. By 2007 effectiveness of training programmes evaluated.
- f. By 2007 mechanisms for collaboration with other sectors to provide care and support for employees are developed.
- g. By 2007 a variety of cultural productions addressing HIV/AIDS/STIs are produced and distributed.
- h. By 2007 HIV/AIDS programme information included in every ESDP newsletter issue.

## **7.2 Theme 2: Impact Mitigation**

An effective education system is an important factor in ensuring sustainable human development in any society. Its effectiveness can be assessed both in terms of the quality and quantity of education services provided and outputs. Factors on both the supply and demand sides can work to enhance or reduce this effectiveness. As the HIV/AIDS pandemic continues to erode human resources on both sides the very foundation of the education system is threatened.

### **7.2.1 Strategic Objective**

**Establish a mechanism to mitigate impact of HIV/AIDS on the MOEC**

### **7.2.2 Strategies and Outputs**

1. **Develop and/or promote programmes to support the health and social needs of orphans and other vulnerable children, and workers in the MOEC affected by HIV/AIDS**

#### **Expected Output**

Youth and workplace social and economic support mechanisms are developed and available to meet needs created by HIV/AIDS in the instruments

2. **Strengthen data collection mechanisms by incorporating issues of HIV/AIDS**



### **Expected Output**

Comprehensive mechanism and data collection addressing the impact of HIV/AIDS/STI in the MOEC

### **3. Develop mechanisms to identify models for assessing HIV/AIDS impact and at all levels**

#### **Expected Outputs**

- a. Impact assessment and planning models and mechanisms are developed and implemented.
- b. Mechanisms for mainstreaming HIV/AIDS interventions in all education plans are in place.
- c. Mechanism for protecting and stabilizing the quality and supply of education developed and implemented.

### **7.2.3 Justification**

Mitigation of impact requires that deliberate and planned actions be undertaken by the education system to identify and address problems caused by the HIV/AIDS/STIs pandemic. Among the manifestations of the impact of HIV/AIDS are the increasing number of children whose learning is affected by their own ill-health or whose schooling is jeopardized by frequent absences or complete withdrawal necessitated by their need to provide care and sometimes economic support for sick family members. There are also growing numbers of orphans who cannot access to education. Frequent absenteeism and deaths of teachers also play a significant role in both supply and quality of education.

These challenges threaten the quality of education, management of the MOEC and the support services required to keep it running effectively. No area of the Ministry is left untouched. As a result the country is unlikely to attain the goal of Education for All by 2015 and Tanzania Vision 2025.

Before impact can be mitigated it must be understood. Accurate information upon which to base planning and develop services is currently scarce. Furthermore impact of HIV/AIDS must be considered from both individual and institutional perspectives.

The activities identified in this section of the MOEC SP are intended to enable the MOEC to identify and monitor the impact of HIV/AIDS, build capacity to deal with issues arising from the pandemic and to mobilise adequate resources for mitigating impact. Mitigation at individual and institutional levels is equally important: activities to address both are included. It is expected that by focussing on these areas, the Ministry will establish a mechanism for addressing the impact of HIV/AIDS in the MOEC by the end of 2007.

### **7.2.4 Opportunities**

There are a number of factors, which contribute to the growing concern about the effects of HIV/AIDS in the MOEC. These include:

- a. The MOEC has considerable experience in addressing HIV/AIDS.
- b. Leadership committed to reducing the impact of HIV/AIDS on the MOEC.
- c. Establishment of an AIDS Education Coordination Unit.
- d. Some personnel trained in HIV/AIDS/STIs education and Guidance and Counselling
- e. Increasing multi-sectoral collaboration
- f. Increasing openness to HIV/AIDS interventions as public awareness of the national threat is heightened

### **7.2.5 Constraints**

There are number of factors which challenge effective the mitigation of HIV/AIDS impact. These include:

- a. Availability of accurate data on infection and death rates within the MOEC is limited.
- b. Models for planning that take into account the impact of HIV/AIDS are not fully developed.
- c. Social and cultural pressures prevent disclosure of infection of HIV.
- d. Insufficient adequately trained personnel.
- e. High absenteeism due to HIV/AIDS-related illness is compromising quality of education.

### **7.2.6 Activities**

- a. Develop and/or adapt models for determining HIV/AIDS impact on supply and demand.
- b. Adapt data collection mechanisms (EMIS) to incorporate HIV/AIDS information and make information available to decision makers.
- c. Prepare guidelines for determining new needs and developing appropriate services for orphans and other vulnerable children as well as MOEC employees.
- d. Establish structures and activities to address needs of children and adults in the MOEC resulting from HIV/AIDS.
- e. Organize activities at all levels to address issues of stigma and discrimination.
- f. Include impact mitigation component in all education plans.
- g. Conduct advocacy seminars/workshops, theatre and video plays.
- h. Identify good practices and models of mitigating impact of HIV/AIDS.
- i. Develop and disseminate generic guidelines for mitigating the impact of HIV/AIDS on education quality and supply.
- j. Develop and implement mechanisms for protecting and stabilizing the quality and supply of education.
- k. Mobilize financial and material resources for orphans and vulnerable children.

### **7.2.7 Target Indicators**

- a. By 2007 impact assessment and planning models are developed and in use.
- b. By 2004 EMIS is adapted to incorporate HIV/AIDS data.
- c. By 2004 improved data base for the MOEC is available in districts.
- d. By 2004 policy guidelines to support orphans and vulnerable children, are prepared and disseminated.
- e. By 2004, 85% of key partners for collaboration in provision of support to orphans and vulnerable children and MOEC employees are identified.
- f. By 2004 assessment of needs of orphans and other vulnerable children has been done in all schools.
- g. By 2007 all departments, Institutions, Schools, Teachers' Colleges will have established good practices and models for mitigating impact of HIV/AIDS.
- h. By 2007 at least 70% of the workers, 50% of students (Primary and Secondary schools), 60% of Teachers have seen the theatre and video plays which address HIV/AIDS prevention and discrimination and stigma reduction.
- i. By 2007 all planned advocacy seminars/workshops held.
- j. By 2007 activities to support youth and employee needs are established at all levels in the MOEC.
- k. By 2007 all planned supervision and follow-up activities have been done at all levels.

### **Theme 3 Care and Support**

A major focus of the on-going battle against HIV/AIDS, particularly in the MOEC, is on devising strategies to prevent new infections. However we must not lose sight of the increasing numbers of infected and affected children and adults whose lives have already been turned up side down by HIV/AIDS. For these individuals care and support is the most pressing need.

#### **7.3.1 Strategic Objective**

**Increased the provision of care and support services.**

#### **7.3.2 Strategies and Outputs**

1. **Develop appropriate guidelines for services for provision of care and support in schools and MOEC workplaces**

##### **Expected outputs**

- a. Guidelines formulated, disseminated and in use.
- b. Care and support services in schools, NFE centres, TCs and at workplaces provided.

2. **Ensure the standardization and dissemination of appropriate HIV/AIDS/STIs Kiswahili technical terms to facilitate communication**

##### **Expected outputs**

- a. A comprehensive list of HIV/AIDS/STIs technical terms standardized and in use.
- b. Appropriate HIV/AIDS/STIs messages to learners available.

#### **7.3.3 Justification**

The onset of the HIV/AIDS has exacerbated the already-constrained extended family fabric, which can no longer provide the care and support needed by its infected and the affected persons. As needs increase new ways of providing care and support must be explored. This area is one, which can only be addressed by sharing experiences: collaboration among several line ministries and with NGOs, CBOs, FBOs and other partners is critical.

The MOEC has a somewhat different mandate from many others in that it has a dual responsibility: to act *'in loco parentis'* in providing appropriate and high quality educational services for the nation's children and also to address the needs of its employees. HIV/AIDS has added a new dimension and challenging circumstances to an already struggling system.

There is an alarming increase in the number of children in our schools whose lives are intimately touched by the pandemic. Both infected and affected children need support and for many school is the only place where they have any hope of finding it. Although accurate statistics are not available reports from across the country claim dramatically increasing numbers of orphans and other vulnerable children in or dropping out of school. The impact on a child living in a family with AIDS can be devastating. Stigma

and discrimination exacerbate the debilitating effects of coping with grief at a young age, of having to grow up far too soon.

Adults in the education system are also increasingly affected. Teachers particularly may well be in the position of having to provide care and support to their students while being in serious need of similar support themselves.

HIV/AIDS care and support has thus reached a new era in terms of the accumulated knowledge of the illness and its management. Currently services in the MOEC are very minimal. Circular No. 11 of May 2002 on establishment of guidance and counselling in all schools and colleges has been issued and circulated but as yet little training has been provided to equip teachers with the knowledge and skills they need. Yet recent information from district and schools underline the importance of school-based guidance and counselling in response to HIV/AIDS. And all teachers need to know how to deal on a day-to-day basis with children whose pain is overwhelming.

While NGOs, CBOs and FBOs in collaboration with MoEC are attempting to provide care and support in some districts, many other areas have no such presence. The MOEC intends to establish/strengthen these services in all MOEC institutions. Many of the needs vulnerable children have cannot be addressed by the MOEC alone. Therefore collaboration with other sectors and agencies must be developed.

The care and support needs of the adults in the MOEC must also be taken into account and addressed. Again a multi-sectoral approach will be essential in the design and delivery of comprehensive care and support.

The MOECSP identifies how the Ministry intends to address these very complex challenges.

#### **7.3.4 Opportunities**

Factors, which contribute to provision of care and support in the MOEC, include:

- a. Guidelines for establishment of guidance and counselling services have been developed.
- b. MoEC and NGOs have trained some school-based counsellors/guardians.
- c. The School as an organised community can be reached easily.
- d. A culture of care is integral to African life.

#### **7.3.5 Constraints**

There are number of factors which challenge the provision of care and support in the MOEC. These include:

- a. Teachers and other MOEC staff not adequately equipped to deal with care and support needs to school children and each other.
- b. Access to support e.g. home based support services, VCT and ARV is limited.
- c. Insufficient counselling services in schools and workplaces.
- d. Insufficient training materials for guidance and counselling.
- e. Poor network/linkage between ministries, departments, institutions and NGOs.

#### **7.3.6 Activities**

- a. Review/formulate and disseminate policy guidelines on care, support, guidance and counselling and welfare at workplaces.

- b. Develop policies and implementation mechanisms for providing care and support and reducing stigma.
- c. Identify and produce modules appropriate for provision of care and support services for children, orphans and workers.
- d. Conduct advocacy for counselling services (Care and Support) in schools and teacher colleges.
- e. Establish counselling, care and support services at workplaces.
- f. Develop guidance and counselling manuals to take SRH/HIV/AIDS/STI and gender into account.
- g. Develop mechanisms for collaboration with other sectors and agencies to access care and support services for MOEC employees.
- h. Conduct workshops to develop training manuals for various target groups and training schedule.
- i. Conduct training workshops for TOTs to train school based counsellors.
- j. Conduct workshops to train school based counsellors.
- k. Provide supplying guidance and counselling materials to MoEC's Institutions.
- l. Monitor provision of care and support services.
- m. Establish referral system for VCT, ARV and others services.
- n. Conduct field and library research to compile list of HIV/AIDS of Kiswahili technical terms used.
- o. Conduct standardization workshops on Kiswahili technical terms.
- p. Identify select, procure and distribute appropriate publications on HIV/AIDS for libraries.

### **7.3.7 Target Indicators**

- a. By 2004 guidelines for provision of care and support services for schools and at workplace are available.
- b. By 2007 care and support services in school communities and workplaces are in place.
- c. Kiswahili technical terms on HIV/AIDS are available by 2005.

## **7.4 Theme 4 Addressing Cross-Cutting Issues**

In implementing this programme cross cutting issues need to be addressed. These include:

- a. Mechanisms for management and coordination
- b. Resource mobilization
- c. Collaboration and networking
- d. Monitoring and evaluation
- e. Research

### **7.4.1 Strategic objective**

**Improved response mechanism for better management and coordination of the HIV/AIDS Education Programme**

### **7.4.2 Strategies and Outputs**

- 1. **Strengthen programme management and coordination of the MOEC response to HIV/AIDS pandemic**

#### **Expected Output:**

Management and Coordination capacity to respond to HIV/AIDS epidemic strengthened.

**2. Strengthen collaboration and networking for effective implementation of HIV/AIDS Programme**

**Expected Output:**

Partners and collaborators identified, experience shared and complementarity promoted.

**3. Establish monitoring and evaluation mechanism for HIV/AIDS in the MOEC**

**Expected Output:**

Monitoring and evaluation mechanism in place and operational.

**4. Establish clear mechanisms for coordinating research to support the MOEC response to HIV/AIDS**

**Expected Outputs**

- a. Mechanisms established for coordinating HIV/AIDS research in the MOEC.
- b. Research results inform planning and implementation of HIV/AIDS interventions in the MOEC.

**5. Establish clear mechanism for resource mobilization for HIV/AIDS Education Programme**

**Expected Output:**

Resources available for implementation of HIV/AIDS education programme

**7.4.3 Justification**

The success of the MOECSP implementation will depend to a large extent on the existence of appropriate and efficient response mechanisms for management and coordination of the HIV/AIDS education programme. Implementation will of necessity involve many beneficiaries and actors from the national to the school and community level. Beneficiaries include children and youth in schools and non-formal education centres, trainees in teachers' training colleges and their teachers and tutors as well as all other MOEC employees. For effective implementation of the programme there must be a close collaboration between and among all the MOEC departments and institutions, stakeholders and partners including PORALG, MOH, MLDYS, MCDGCA, NGOs and CBOs and FBOs. Clearly none of these can operate in isolation if sustainable change is to result. The MOEC needs to scale up management and coordination processes.

The AIDS Education Programme has shifted from solely addressing HIV/AIDS education in schools towards mainstreaming HIV/AIDS across the MOEC. This shift in emphasis requires effective and efficient communication mechanisms and also requires significant strengthening of the AECU to assure that departments and institutions work together towards common goals.

Currently implementers working in schools include NGOs, CBOs, FBOs and other agencies. While it is clearly acknowledged that civil society organizations are making a major contribution to SRH/HIV/AIDS/STIs education in parts of the country their activities are not well synchronized and often not linked to the MOEC. Uncontrolled entry of NGOs and CBOs into intervention areas led to duplication of efforts and wastage of resources. In response to these shortfalls the MoEC plans to develop comprehensive memoranda of understanding to ensure that there is an effective linkage and

collaboration with the CSOs in the delivery of SRH/HIV/AIDS/STIs education in schools, NFE centres and Teachers' Colleges.

Another crosscutting issue of major importance is that of monitoring and evaluation. Development and implementation of a comprehensive monitoring and evaluation system is an important priority in the management of the HIV/AIDS education programme.

The HIV/AIDS landscape is constantly evolving, and on-going research must inform programme development. MoEC needs to coordinate research done in the MOEC and ensure that results are used to improve interventions.

Implementation is completely dependent on availability of resources. Accessing funds to support SRH/HIV/AIDS/STIs education has been challenging. Mechanisms to mobilize resources effectively are needed.

The MOEC SP has identified steps to be taken to address these all-important crosscutting issues.

#### **7.4.4 Opportunities**

Improvement on management and coordination will be build on the following:

- a. Existence of MOEC management and coordination structures, which will provide mechanisms to facilitate the implementation of the programme. These include:
  - i. AIDS Steering Committee composed of all heads of Departments and Institutions under MoEC that meets quarterly.
  - ii. Technical AIDS Committee composed of focal persons from all Departments and Institutions within MOEC that meets quarterly.
  - iii. AIDS Education Coordinating Unit under the office of the Chief Education Officer, which coordinates ongoing activities of the MOEC HIV/AIDS programme.
  - iv. District AIDS Committees.
  - v. Community AIDS Committees.
  - vi. Schools/Institutions/NFE centre AIDS Committees.
- b. Willing and committed leadership within the MoEC.
- c. Policy circulars and guidelines have been produced and distributed.
- d. HIV/AIDS research is being conducted.
- e. Existence of Educational Management of Information System (EMIS) within MoEC.

#### **7.4.5 Constraints**

Constraints affecting management and coordination of HIV/AIDS programme include:

- a. Insufficient coordination, collaboration and exchange of information to support the HIV/AIDS programme.
- b. Insufficient advocacy among educational leaders and understanding on the part of implementers of their roles and responsibilities with regards to the HIV/AIDS education programme.
- c. Inadequate linkages and networking between departments, institutions and the AIDS Education Coordination Unit.
- d. Inadequate communication between top level and grass-root level leaders in the implementation of HIV/AIDS programme.
- e. Ineffective mechanisms for mobilizing financial resource to support the MOEC HIV/AIDS Programme.
- f. Inadequate coordination of research and use of findings to inform programme development.

#### **7.4.6 Activities**

- a. Conduct information, planning, feedback and decision-making meetings for the identified committees as scheduled (ASC and TAC.)
- b. Conduct training to build capacity for members of different HIV/AIDS Committees taking into account gender and vulnerability.
- c. Produce an inventory of actors providing HIV/AIDS intervention in the MOEC.
- d. Organize fora for exchange of experiences, sharing of information and identification of areas of complementarity among stakeholders and development partners.
- e. Establish and maintain a mechanism for collecting and exchanging information on HIV/AIDS/STIs education activities in the MOEC.
- f. Organize study tours, exchange visits for all focal persons.
- g. Develop a mechanism for monitoring and evaluation of the HIV/AIDS programme consistent with EMIS.
- h. Develop and disseminate instruments for monitoring and evaluation of HIV/AIDS programme.
- i. Develop and implement a mechanism for dissemination of monitoring and evaluation reports.
- j. Conduct annual review of the HIV/AIDS education programme.
- k. Prepare and implement an efficient mechanism for mobilizing funds.
- l. Develop mechanism for managing HIV/AIDS research information.

#### **7.4.7 Target Indicators**

- a. By 2007 information, planning, feedback and decision-making meetings for the identified committees are held as scheduled.
- b. By 2004 all members of different HIV/AIDS committees in the MOEC are trained.
- c. By 2004 all actors providing HIV/AIDS interventions in the MOEC identified.
- d. By 2007 fora and seminars for exchanging information and experience sharing are held annually.
- e. By 2007 all focal persons have participated in organized study tours or exchange visits.
- f. Monitoring and evaluation mechanism consistent with EMIS established by 2004.
- g. Monitoring and evaluation tools developed and disseminated by 2005.
- h. By 2007 monitoring and evaluation is conducted annually.
- i. By 2007 annual reviews of the HIV/AIDS programme are been done.
- j. By 2007 a mechanism for dissemination of monitoring and evaluation reports is in place and being used.
- k. By 2004 an effective mechanism for resource mobilisation is in place.
- l. By 2004 mechanism to deal with research are established.



## CHAPTER 8

### IMPLEMENTATION MATRICES

#### 8.1 THEMATIC AREA 1: PREVENTION

**STRATEGIC OBJECTIVE:** STRENGTHEN THE IMPLEMENTATION OF COMPREHENSIVE INCLUSIVE GENDER BALANCED SRH/HIV/AIDS/STI PREVENTION EDUCATION IN SCHOOLS, NON-FORMAL EDUCATION CENTERS AND TEACHERS' COLLEGES

**STRATEGY 1:** INTEGRATE SRH/HIV/AIDS/STI EDUCATION INTO SCHOOL, NON-FORMAL EDUCATION AND COLLEGE CURRICULA

**EXPECTED OUTPUT:** GENDER-BALANCED CURRICULA WITH SRH/HIV/AIDS/STI COMPONENTS INTEGRATED

ACTIVITIES	KEY ACTORS	COLLABORATORS	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	INPUT RESOURCES	COST (Total in thousands TSh.)		TIMEFRAME										REMARKS						
						TOTAL	SOURCE	2003				2004				2005	2006		2007					
								1	2	3	4	1	2	3	4									
1. Review, and revise integrated SRH/HIV/AIDS/STI education content in the syllabi of carrier subjects	DTIE IAE	NECTA NGOs Teachers Tutors DPE, DSE, ADAE, DSIS, SP Ed.	Number of sets of syllabi Reviewed and revised	Availability of curricula in schools, NFE Centres and TC	Human and financial resources	90,000																	Ongoing	
2. Print, transcribe into Braille and distribute revised integrated syllabi	CEO	As above	Numbers of curricula printed transcribe into Braille and distributed	Distribution list, delivery report	Printing Transportation	100,000																		
3. Develop SRH/HIV/AIDS/STI curricula for Pre- primary – STD 1-4	DTIE	As above	Curricula developed for each level	Curricula for each level available	Human and financial resources	50,000																		
4. Review Peer Education programmes	CEO	DPE, DSE, ADAE, NGOs Teachers IAE	Report of review	Reviewed Peer Education documents Available		15,000																		Need is to identify best model of peer education in practice in primary schools

**STRATEGY 2: BUILD CAPACITY FOR EDUCATORS TO EFFECTIVELY DELIVER GENDER-SENSITIVE, INCLUSIVE SRH/HIV/AIDS/STI PREVENTION EDUCATION IN SCHOOLS, NFE CENTRES AND TEACHERS COLLEGES**

**EXPECTED OUTPUT: EDUCATORS CAPACITY TO DELIVER GENDER-SENSITIVE INCLUSIVE SRH/HIV/AIDS/STI EDUCATION THROUGH PARTICIPATORY METHODOLOGY ENHANCED**

ACTIVITIES	KEY ACTORS	COLLABORATORS	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	INPUT RESOURCES	COST (Total in thousands TSh.)		TIMEFRAME												REMARKS				
						TOTAL	SOURCE	2003				2004				2005	2006	2007						
								1	2	3	4	1	2	3	4									
1. Revise, print, transcribe to Braille and distribute training manuals	CEO SPEd.	NGOs, CBOs FBOs LGA  All dept and Institutions	Revised training materials available	Report of training programme,  Copy of training programme	Human and financial resources	40,000						x	x	x	x									Revised outline of the training manual available
2. Train 500 master trainers at Zonal district and TRC level to conduct gender-sensitive, inclusive training of educators in schools, NFE Centres and colleges	CEO	LGA, DEO, DSI, DTIE NGOs DTE, DSE, DPE, DAE, DSE	Number of male and female master trainers trained at each level	Gender disaggregated list of people trained  Training report	Human and financial resources	250,000						x	x											Ongoing
3. Conduct training workshop for pre-primary, primary, secondary, NFE teachers and TC tutors in participatory gender-sensitive, inclusive SRH/HIV/AIDS/STI & life skills methodologies	CEO	Inspectorate NGOs LGA DTIE, DSE DIAE, DSP Ed.	Number workshops conducted at each level  Number of female and male teachers trained at each level	Gender disaggregated list if teachers trained  Training programme	Human and financial resources	2,000,000,				x	x	x	x	x	x	x	x	x	x					
4. Monitor implementation of training programmes.	CEO,	NGOs, CBOs FBOs, LGA All departments	Number of training programmes monitored	Monitoring report Results	Human and financial resources	150,000						x	x	x	x	x	x	x	x					





8. Review/ Duplicate and disseminate posters with messages promoting positive sexual behaviour in entertainment places.	DCD	BASATA, IAE DTE/Butimba BCA	Number of posters produced and distributed	Report of poster production  Distribution list	Human and financial Resources	80,000							x	x		x	x	x	x	x	
9. Review/ develop and print Guardian/ Counsellors Manual/handbook to include gender-sensitive, inclusive SRH/HIV/AIDS/STI for school-based counsellors	DTIE	CEO, DPE, DSE, DTE, ADAE, DSE Guidance and Counseling and Gender unit	Type of manual reviewed and developed	Manual is available in the schools	Human and financial Resources	100,000							x	x	x						Guardian/ Counselors manual for primary school available for scaling up.  None available for secondary Schools

**STRATEGY 4: DEVELOP COMPREHENSIVE AND INCLUSIVE GENDER RESPONSIVE AND SENSITIVE SRH/HIV/AIDS/STI EDUCATION INTERVENTION AT WORKPLACES**

- EXPECTED OUTPUT:**
1. LOWERED INFECTION RATES AMONG EMPLOYEES
  2. STIGMA AND DISCRIMINATION AMONG PEOPLE REDUCED
  3. A COMPREHENSIVE HIV/AIDS INTERVENTION IMPLEMENTED AT WORK PLACES

ACTIVITIES	KEY ACTORS	COLLABORATORS	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	INPUT RESOURCES	COST (Total in thousands TSh.)	TIMEFRAME												REMARKS		
							TOTAL	SOURCE	2003				2004				2005	2006		2007	
									1	2	3	4	1	2	3	4					
1. Conduct HIV/AIDS/STI participatory gender-sensitive and inclusive awareness and advocacy workshops for all categories of employees and all levels	PS DAP IAE	Heads of all MOEC Departments, units and institutions LGAs, NGOs IAE	Number of workshops conducted.  Number of participants by category and sex  Training materials used.	Workshop reports Lists of participants	Human and Financial resources	150,000						x	x	x	x	x	x	x	x	x	Ongoing
2. Prepare/procure gender-balanced, inclusive peer education HIV/AIDS training packages to address needs of different categories of employees	PS DAP IAE	Heads of all MOEC Departments, units and institutions LGAs, NGOs IAE	Number of and type of training packages	Copies of training packages available	Human and Financial resources	100,000						x	x	x							
3. Conduct TOT workshops for different categories of employees	PS CEO DAP	Heads of all MOEC Departments, units and institutions LGAs, NGOs	Number of workshops lists of male and female participants by category	Report of workshop activities	Human and Financial resources	60,000						x	x	x	x	x	x				Ongoing
4. Train workplace peer educators on gender-sensitive, inclusive participatory methodologies to conduct peer sessions	DAP Special ED. Unit	Heads of all MOEC Departments, units and institutions LGAs, NGOs	Number of workshops conducted  list of male and female participants by category	Report of training activities	Human and Financial resources	80,000				x	x			x	x			x	x		Ongoing
5. Monitor implementation of work place intervention in the sector	PS DAP CEO	Heads of all MOEC Departments, units and institutions LGAs, NGOs	No. of workshops No of workshops conducted	Monitoring activity report  Gender disaggregated list of participants	Human and Financial resources	30,000								x	x	x					

6 Formulate policy and develop implementation mechanisms for providing care and support and reducing stigma and discrimination among employees	PS, CEO,	Heads of all MOEC Departments, units and institutions LGAs, NGOs DPP	Policy developed Implementation mechanisms developed	Policy document Available Mechanisms documents available	Human and Financial resources	20,000									x	x	x	x			
7 Formulate mechanisms for collaborating with other sectors and agencies to access care and support for employees of the Education Sector	PS, CEO DAP	Heads of all MOEC Departments, units and institutions, heads of other sectors, LGAs, NGOs	Mechanisms for collaborations are developed	Access to services available	Human and Financial resources	20,000						x	x	x	x						

**STRATEGY 5: UTILIZE CULTURAL EVENTS, TO COMBAT HIV/AIDS/STIs AND ADDRESS GENDER ISSUES, STIGMATISATION and DISCRIMINATION**

**EXPECTED OUTPUTS: 1. ENTERTAINMENT AREAS, EVENTS AND FESTIVALS UTILIZED TO COMMUNICATE HIV/AIDS EDUCATIONAL MESSAGES**

ACTIVITIES	KEY ACTORS	COLLABORATORS	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	INPUT RESOURCES	COST (Total in thousands TSh.)	TIMEFRAME												REMARKS					
							TOTAL	SOURCE	2003				2004				2005	2006		2007				
									1	2	3	4	1	2	3	4								
1. Conduct survey to identify type of entertainment centres, location, audiences and their needs	CEO DCD	BASATA/ CHAMUDATA BCA  DTE/Butimba	Number of identified entertainment centres, audiences and needs	Survey findings	Human and Financial resources	40,000									x	x								
2. Conduct workshops to develop gender-responsive HIV/AIDS messages for behaviour change	CEO DCD	BASATA/ CHAMUDATA	Number of workshops conducted Number of messages developed	Workshop report List of messages Target audience	Human and Financial resources	100,000									x	x	x	x	x	x				
3. Conduct workshops for artists to develop enter-educative performances using the developed messages	CEO DCD	BASATA TAC DTE/Butimba	Number of and type of performances created	Scripts of works created; Workshop report	Human and Financial resources	200,000									x	x	x	x	x	x				
4. Conduct enter-educative performances by artists at entertainment centres identified to communicate HIV/AIDS/STI preventative messages to targeted audiences	CEO DCD	BASATA/ CHAMUDATA	Number of performances held, locations of performances type audience	Activity monitoring report	Human and Financial resources	100,000									x	x	x	x	x	x				
5. Conduct Art festivals Exhibitions (Fine Arts /Drama and Traditional dance) to communicate preventive messages for behaviour change in the population	CEO DCD	BASATA/ CHAMUDATA	Number of and type of festivals, Exhibitions conducted Number of artistic works produced	Reports of festivals, venues where held, types of audiences	Prizes Human and Financial resources	200,000												x	x	x	x			
6. Mobilize financial and logistic support for entertainment groups to facilitate production of performances and to enable them to be mobile	PS CEO	BCA BASATA TACAIDS NGOs, IAE DTE/Butimba	Groups and performances supported venues	Record of financial support	Financial resources	200,000												x	x	x	x	x		







**STRATEGY 2: STRENGTHEN DATA COLLECTION MECHANISMS THROUGH INCORPORATING ISSUES ON HIV/AIDS/STIs**

**EXPECTED OUTPUT: COMPREHENSIVE MECHANISM IN DATA COLLECTION ADDRESSING THE IMPACT OF HIV/AIDS/STIs IN MOEC SECTOR**

ACTIVITIES	KEY ACTORS	COLLABORATORS	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	INPUT RESOURCES	COSTS (Total in thousands TSh.)	TIMEFRAME												REMARKS					
							TOTAL	SOURCE	2003				2004				2005	2006		2007				
									1	2	3	4	1	2	3	4								
1. Develop instruments for data collection	CEO DPP	All departments and Institutions	Revised TSM 1-2 TSS 1-7 TVU 1-5	Copy of revised TSM, TSS, TVU forms	Human Financial Materials Transport	12,000								x	x	x								
2. Pilot new instruments for data collection	CEO DPP	NGOs, CBOs All departments and Institutions	Monitoring and Evaluation conducted	Report of pilot	Financial Human Materials Transport	100,000								x	x	x	x							
3. Develop data base for HIV/AIDS in the MOEC (EMIS)	CEO DPP	NGOs CBOs All departments and Institutions	Improved data base for all MOEC in all districts.	Reports Monitoring	Human Financial Material	150,000									x	x	x	x						
4. Conduct research on the impact of HIV/AIDS/STIs in the MOEC	CEO DPP	NGOs, CBOs All departments and Institutions Research institutions	Research conducted	Reports	Financial Human Materials Transport	200,000								x	x	x	x	x		x				







**STRATEGY 2: ENSURE THE STANDARDIZATION AND DISSEMINATION OF APPROPRIATE HIV/AIDS/STI KISWAHILI TECHNICAL TERMS TO FACILITATE COMMUNICATION**

- EXPECTED OUTPUTS:**
1. A COMPREHENSIVE LIST OF HIV/AIDS/STIs TECHNICAL TERMS STANDARDIZED AND USED
  2. APPROPRIATE HIV/AIDS/STIs MESSAGES TO LEARNERS AVAILABLE

ACTIVITIES	KEY ACTORS	COLLABORATORS	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	INPUT RESOURCES	COST (Total in thousands TSh.)	TIMEFRAME										REMARKS			
							TOTAL		2003				2004					2005	2006	2007
								SOURCE	1	2	3	4	1	2	3	4				
1. Conduct field and library research to compile HIV/AIDS Kiswahili technical terms used.	Executive Secretary BAKITA	NACP TACAIDS NGO	A list of Kiswahili terms on HIV/AIDS in place	Research reports	Human Financial Material Venue Transport	30,000						x	X	X	X	X	X			Ongoing
2. Conduct standardization workshops on Kiswahili technical terms on HIV/AIDS	Executive Secretary BAKITA	MOEC	Number of workshops held	Workshop report Monitoring report	Human Financial Material Venue Transport	30,000								X	X	X	X	X		
3. Edit, transcribe and print HIV/AIDS dictionary manuscript	Executive Secretary BAKITA	NACP TACAIDS NGO	HIV/AIDS Dictionaries printed	Number of Dictionaries printed	Human Financial Material Venue Transport	100,000										X	X	X		
4. Organise reading tents for Adults and Youth in order to disseminate information on HIV/AIDS	TLSB Director General	MOEC HIV/AIDS Unit TACAIDS NACP IAE NGOs	Number of children participating Number of libraries participated	Reading tent Reports available	Human Financial Material Venue Transport	120,000								X	X	X	X	X	X	
5. Identify select procure and distribute appropriate publications on HIV/AIDS to libraries.	TLSB Director General	MOEC - HIV/AIDS Unit TACAIDS IAE PUBLISHERS TANESA GTZ MEMA	A list of HIV/AIDS publications Publications distributed to libraries	Distribution list Monitoring report	Human Financial Material Venue Transport	200,000				X	X	X	X	X	X	X	X	X		

### 8.4 THEMATIC AREA 4: ADDRESSING CROSS CUTTING ISSUES

STRATEGIC OBJECTIVE: IMPROVED RESPONSE MECHANISM FOR BETTER MANAGEMENT AND COORDINATION OF AIDS EDUCATION PROGRAMME

STRATEGY 1: STRENGTHEN PROGRAMME MANAGEMENT AND COORDINATION OF THE EDUCATION RESPONSE TO HIV/AIDS PANDEMIC

EXPECTED OUTPUT: MANAGEMENT AND COORDINATION CAPACITY TO RESPONDED TO HIV/AIDS EPIDEMIC STRENGTHENED

ACTIVITIES	KEY ACTORS	COLLABORATORS	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	INPUT RESOURCES	COST (Total in thousands TSh.)	TIMEFRAME												REMARKS		
							TOTAL	SOURCE	2003				2004				2005	2006		2007	
									1	2	3	4	1	2	3	4					
1. Conduct HIV/AIDS Steering Committee Meetings for Heads of Departments and Institutions	PS	CEO  Directors of Departments and Institutions	Number of meetings conducted  Number of committee members	Reports of ASC meetings	Human Financial Materials Transport Venues	20,000						x	x	x	x	x	x	x			
2. Conduct Technical HIV/AIDS Committee Meetings for Focal persons of the Departments and Institutions	CEO	Focal persons from departments and institutes, Bilateral, Multilateral Organizations NGOs, CBOs FBOs	Number of meetings held	Reports of TAC meetings	Human Financial Materials Transport Venues	50,000					x	x	x	x	x	x	x	x			
3. Train members of different Committees, in management and coordination of HIV/AIDS	PS CEO	Heads of departments, Institutions, NGO/CBOs and development partners	Number of Committee members trained	Seminar reports.  List of trained personnel	Human Financial Materials Transport Venues	30,000								x	x	x	x	x	x	x	



**STRATEGY 2: STRENGTHEN COLLABORATION AND NETWORKING FOR EFFECTIVE IMPLEMENTATION OF HIV/AIDS PROGRAMME**  
**EXPECTED OUTPUT: PARTNERS AND COLLABORATORS IDENTIFIED, EXPERIENCE SHARED AND COMPLIMENTARITY PROMOTED**

ACTIVITIES	KEY ACTORS	COLLABORATORS	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	INPUT RESOURCES	COST (Total in thousands TSh.)	TIMEFRAME												REMARKS					
							TOTAL	SOURCE	2003				2004				2005	2006		2007				
									1	2	3	4	1	2	3	4								
1. Undertake and produce an inventory of actors providing HIV/AIDS interventions in schools and colleges	CEO	Heads of Department and Institutions, partners; Bilateral and Multilateral Organizations, NGOs, PORALG	Number of actors	List of actors identified	Human Financial Materials Transport	10,000								x	x	x	x							
2. Conduct Forums (workshop/ Meeting and seminar) for exchanging information, and share experience to identify areas of complementarity	CEO	Department Institutions and development partners, NACP/MOH TACAIDS NGOs/CBOs	Number of activities made	Reports on activities conducted	Human Financial Materials Transport Venues	100,000										x			x	x	x			
3. Establish and maintain a mechanisms for collecting and exchanging information on HIV/AIDS/STIs in the MOEC	CEO	Department, Institutions; schools and colleges heads and (NFE)	Database collection Mechanism in place	Copy of database document	Human Financial Material Transport	50,000								x	x	x	x	x	x	x	x			
4. Carryout Study tour/ exchange visits for experiential learning	PS	Heads of Departments Institutions and Development partners	Number of visits/tours made	Reports on visits/tours	Human Financial Materials Transport	100,000										x	x	x	x	x	x			

**STRATEGY 3: ESTABLISH MONITORING AND EVALUATION MECHANISM FOR HIV/AIDS IN THE MOEC SECTOR****EXPECTED OUTPUT: MONITORING AND EVALUATION MECHANISM IN PLACE AND OPERATIONAL**

ACTIVITIES	KEY ACTORS	COLLABORATORS	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	INPUT RESOURCES	COST (Total in thousands TSh.)	TIMEFRAME												REMARKS			
							TOTAL	SOURCE	2003				2004				2005	2006		2007		
									1	2	3	4	1	2	3	4						
1. Develop a mechanism for monitoring and evaluation of HIV/AIDS programme	CEO	Heads of Departments and Institutions, NFE, development partners.	M&E Mechanism established	Report on developed M&E mechanism	Human Financial Materials Transport	15,000									x	x	x	x	x			
2. Develop and disseminate instruments for monitoring and evaluation of implementation of HIV/AIDS programme in MOEC	CEO	Heads of Departments and Institution; partners; NACP (MOH) TACAIDS	M&E tools in place	Copy of M&E tools	Human Financial Materials Transport	20,000									x	x	x	x	x	x	x	
3. organize and Conduct Community visits for verification of implementation of HIV/AIDS, programme	CEO	Heads of Departments Institutions, and partners	Number of visits conducted	Reports on community visits	Human Financial Materials Transport	25,000									x	x	x	x	x	x	x	
4. Conduct quarterly, annual, mid-term and end of term reviews of the HIV/AIDS programme implementation	CEO	Directors of Departments Institutes and Development and Partners	Number of reviews conducted	Reports on reviews conducted	Human Financial Materials Transport	100,000									x	x	x	x	x	x	x	
5. Establish mechanism for dissemination of monitoring and evaluation reports	CEO	Development Partners, NACP (MOH), TACAIDS, Heads of Depts, Institutes Schools and Colleges	Dissemination mechanism in place  Number of dissemination workshops conducted	Reports on dissemination mechanism workshops  Dissemination workshop report	Human Financial Materials Transport Venues	20,000									x	x	x	x	x	x	x	

**STRATEGY 4: ESTABLISH CLEAR MECHANISMS FOR COORDINATING RESEARCH TO SUPPORT THE MOEC RESPONSE TO HIV/AIDS**

- EXPECTED OUTPUT:**
1. MECHANISMS ESTABLISHED FOR COORDINATING HIV/AIDS RESEARCH IN THE MOEC
  2. RESEARCH RESULTS INFORM PLANNING AND IMPLEMENTATION OF HIV/AIDS INTERVENTIONS IN THE MOEC

ACTIVITIES	KEY ACTORS	COLLABORATORS	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	INPUT RESOURCES	COST (Total in thousands TSh.)		TIMEFRAME												REMARKS		
						TOTAL	SOURCE	2003				2004				2005	2006	2007				
								1	2	3	4	1	2	3	4							
1. Establish mechanism for coordinating all HIV/AIDS research activities conducted within the MOEC sector are developed and applied	DPP AECU	All researchers doing school-based research	Mechanism which includes all steps from initial permission to submission of final reports	Documentation of mechanism provided to potential researchers  All research is coordinated Research results are submitted to MoEC	Human and financial resources	100,000							x	x	x	x	x	x	x			
2. Establish mechanism for managing HIV/AIDS information, including research reports, is developed	PS AECU	Departments, agencies, research institutions	list of available HIV/AIDS information	List of available information including research reports  HIV/AIDS information is accessible	Human and Financial resources	100,000									x	x	x	x	x	x		



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