The United Republic of Tanzania

Ministry of Education and Vocation Training

An addendum for Higher Education and Technical and Vocational Education and Training to the HIV and AIDS Strategic Plan-2008/2012

November 2010

Process of developing an addendum

1.0 An overview

The development of addendum of the Education Sector Strategic Plan (ESSP-HA) involved participatory and interactive process that it involved the stakeholders in the Education Sector. This consensus building process ensured buy-in and ownership of the strategic plan by the key stakeholders who will be involved in implementing the ESSP-HA response to HIV and AIDS.

The technical process was carried out in three inter-related phases:

    a. Documenting evidence for the ESSP-HA;

    b. Consultations with district education officials, heads of schools and teachers colleges, departmental and institutional focal persons; school teachers and counsellors and learners

    c. Drafting the ESSP-HA.

2.0 Taskforce

A Task Force of selected Focal Persons from Higher Education, TVET, UDSM, UNESCO, Policy and Planning, Department Ministry Agencies, Department of Personnel and Administration; the Guidance and Counselling Unit and the AIDS Coordinating Unit provided guidance and technical assistance to a Task Team Leader that worked intensively and responsibly to produce the strategic plan document.

3.0 Thematic areas

The four thematic areas were reviewed and agreed up on as shown on the ESSP-HA, these include:

- Prevention Education,
- Care and Support,
- Impact Mitigation and Crosscutting/
- Enabling Environment and Supporting Systems.

4.0 Purpose

The purpose of writing the addendum is to give visibility of Higher Education and Technical and Vocational Education Training in the ESSP - HA (2008 – 2012)

5.0 Inputs

1.1.3 Time Period for the addendum ESSP-HA

The addendum ESSP-HA 2008-2012 covers the period from November 20, 2010 to 30 June 2012.

1.1.4 ESSP-HA Implementation Structures

The structures specific to implementation of the ESSP-HA 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. (**Refer chapter 4 for more information**)

Target Population of the addendum of ESSP - HA

In 2008/9 HE have an estimated population of 95,529 learners and TVET 117,693 (EDSC Performance report 2008/09)

Institutions forming the education sector

- National Council for Technical Education (NACTE)
- Tanzania Education Authority (TEA)
- Higher Education Student Loan Board (HESLB)
- Tanzania Commission for Universities (TCU)

Target population

- Students from Colleges and Universities,
- Employees from all education workplaces

Section Two

Challenges and Response of Higher Education and TVET on HIV and AIDS

Summarize the Challenges and responses

A thorough understanding of the nature, dynamics and characteristics of an epidemic is critical in informing strategies that can be reviewed and adapted to fit local conditions.

Challenges:

- Inadequate Coordination and Management of HIV and AIDS Program
- Inadequate mainstreaming of HIV and AIDS education into colleges and university curriculum
- Lack of health related services (some of the colleges do not have health centre)
- Lack of HA strategic plan for some of the colleges and universities
- Learners who are coming from poor family (Most Vulnerable Learners)
- Inadequate care and support services for infected and affected learners and staff
- Inadequate of accommodation or un arranged accommodation for students
- Economic related hardship resulted from delay of loan funds imbursement to learners and minimal amount given as loan to cover their necessities
- Lack of fund to support implementation of planned intervention
- Peer education program: rollout of peer educators is very higher (learners' pass out each year)
- Peer educators at work place is very diversify
- Low risk perception
- Research agenda not tailored to respond to the needs of university in addressing HIV and AIDS

Opportunity:

- Research unit in place and access of funds for varies researches
- Policy document and strategic plans are on place (in some colleges and universities only)
- Presence of health unit/facilities in all learning institutions
- Defined and well established management structure in place

Section Three

3 The Strategic Framework for HIV and AIDS 2008 - 2012

3.1 Introduction

TACAIDS has developed the National Multi-Sectoral Strategic Framework 2008 – 2012 to provide strategic guidance to the planning of programmes, projects and interventions by all stakeholders in the fight against HIV and AIDS. It spells out the basic approaches and principles that guide the National Response. Furthermore it 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 framework

The Education Sector Strategic Plan (ESSP-HA) is based on the principles laid down in the National Multi-Sectoral Framework 2008 – 2012. Merging of ESSP HA sub-sector (i.e. HE and TVET) necessitate development of an addendum of ESSP-HA Nov. 20, 30 June 2012.

The key elements to focus in addendum are the four thematic areas:
- prevention,
- care and support and
- impact mitigation and
- enabling environment,

Specific objectives in the thematic areas are to be achieved through strengthening various departments and institutions in the HE and TVET to operate in a more coordinated, participatory approach, thus mainstreaming the sector wise response include HE and TVET

3.2 Rationale and Assumptions for addendum of ESSP-HA (2008-2012)

The review of ESSP-HA aming at integrating HE and TEVT strategy and secter –base police into EDSC Strategy

Make visibility and align secter-based policy and strategy with the EDSC HA strategy

Recognize ongoing initiatives and role of HE and TVET in addressing HIV and AIDS in the learning institution

The new ESSP-HA is developed to adhere into HE and TVET policy based on the key challenges that emerged from the Situation and Response Analysis of the ESSP-HA 2003-2007. Greater effort is needed to achieve universal access and new strategies are required to reduce new infections and to respond to the new sources of infections and continuing impact of the pandemic.

The ESSP-HA dwells to new challenges that are substantially different from the earlier plan. Meanwhile, many of the imperatives of the earlier plan are still retained and emphasised. In addition, a number of assumptions are made that legitimize the need for new strategy imperatives and define key implementers to the success of the ESSP-HA.

Assumption includes the following:
- Strengthened the department of HL and TVET to support the expected demand for trained tutors and counselors on colleges and higher learning able to supply services and access to preventive education

3.3 Guiding principles in developing the ESSP-HA

A number of guiding principles summarized below has driven the conceptualization of the ESSP-HA:

a. The MoEVT has a crucial responsibility with regard to provision of preventive education, mitigation and care and support to children, youth and young adults and adults in education workplaces;

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. Adherence to the "**Three Ones Principle**" by all stakeholders;

g. Capacity building will be emphasised to accelerate HIV/AIDS prevention and measures for care and support; MOEVT Strategic Plan for HIV/AIDS 2008-2012

h. Full community and PLWHA participation in prevention and care shall be developed and fostered;

3.4 The Focus of the ESSP for HIV and AIDS

Focus of this addendum is HE and TVET institutions, a population which is at risk for and vulnerable to HIV and STIs infection.

The main focus of the addendum will be on four main areas or themes that will address risk and vulnerability reduction for both school and workplace populations, namely:

- Prevention Education
- Care and Support Services
- Impact Mitigation
- Enabling Environment

3.5 The Vision, Mission, and Goals of the Education Sector Strategic
Plan – HA

The vision, mission and goal of the ESSP-HA is based on this central vision of the Ministry of Education and Vocational Training:

To have a Tanzanian who is well educated, knowledgeable, skilled and culturally mature to handle national and international challenges in various political and social economic fields.

Vision

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

Mission

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

Overall Goal

To build institutional capacity of the education sector to respond to and control the spread of the AIDS pandemic and reduce its impact.

MOEVT Strategic Plan for HIV/AIDS 2008-2012

Specific Goals

Goal 1: To reduce new HIV infection among learners and workers in all education workplaces by 2012

Outcome: Rate of new infections among learners and workers in all Education Workplaces reduced.

Goal 2: To improve attendance and participation in learners and workers in education workplaces by 2012

Outcome: Better access of care, and support services to vulnerable learners, infected and affected persons by HIV and AIDS at education workplaces

Goal 3: To mitigate adverse social, cultural and economic effects, of HIV and AIDS at education workplaces

Outcome: Changed/improved quality of life among vulnerable learners infected and affected education providers to attend and participate in education at education workplaces.

Goal 4: To improve response mechanism for better management and coordination that ensures quality, equitable and timely service delivery.

Outcome: Management and Coordination capacity to respond ESSP HIV and AIDS pandemic strengthened through informed decisions for quality education.

GROUP WORK

3.6 Justification of Thematic Areas and Strategies

The Education Sector Strategic Plan - HA identifies how the MoEVT intends to translate its commitment to combating STIs, HIV and AIDS into practice. The responses are organized according to four thematic areas:

    a. Prevention Education

    b. Care and support

    c. Impact mitigation

    d. Enabling Environment

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 to address the identified issues. 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. This Strategic Plan includes interventions to strengthen implementation of a comprehensive, inclusive, human right & gender-responsive HIV/AIDS/STIs prevention programme in all education workplaces.

3.6.1 Thematic Area 1: Prevention Education

Education to prevent STIs, HIV and AIDS and related stigma and discrimination is designed to help learners and workers in education workplaces to acquire knowledge, skills, beliefs and attitudes to enable them make informed decisions, practice healthy behaviors and create conditions conducive to quality teaching and learning.

3.6.1.1 Justification

Skills based AIDS prevention education is an important part of the HE and TVET prevention program. Prevention education intervention in both HE and TVET vary widely. In HE, prevention program are extra-curricula and donor funded (externally funded and run), this makes them less sustainable. Thus there is a need to mainstream prevention in HE curricula. In TVET mainstreaming of HIV and AIDS prevention have been done to the certain extend with internal support, however, there are intervention that are collaborated with external agencies such as NGOs and CBOs.

In both HE and TVET availability of supplement educational materials in both curricula and extra-curricula activities and level of training among staff varies with most having little or no training.

Workplace program for staff in both HE and TVET are weak and need strengthening (capacity building) and setting the intervention in the institutions.

3.6.1.2 Opportunities

a. Research unit in place and access of funds for varies researches
b. Policy document and strategic plans are on place (in some colleges and universities only)
c. Presence of health unit/facilities in all learning institutions
d. Defined and well established management structure in place
e. There are intervention models (health clubs, peer education etc) that have proven effective at HE and TVET and at workplaces. These areas need to be expanded.
f. Availability of library services in higher learning and TVET institutions

g. 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.

h. Accessibility to voluntary counselling and testing (VCT) centres in some HLIs

i. Presence and well established student based association e.g. religion based association, students academic association and students board.

3.6.1.3 Constraints

j. Inadequate Coordination and Management of HIV and AIDS Program

k. Inadequate mainstreaming of HIV and AIDS education into colleges and university curriculum

l. Lack of health related services (some of the colleges do not have health centre)

m. Lack of HA strategic plan for some of the colleges and universities

n. Learners who are coming from poor family (Most Vulnerable Learners)

o. Inadequate care and support services for infected and affected learners and staff

p. Inadequate of accommodation or un arranged accommodation for students

q. Economic related hardship resulted from delay of loan funds imbursement to learners and minimal amount given as loan to cover their necessities

r. Lack of fund to support implementation of planned intervention

s. Peer education program: rollout of peer educators is very higher (learners' pass out each year)

t. Peer educators at work place is very diversify

u. Low risk perception

v. Research agenda not tailored to respond to the needs of university in addressing HIV and AIDS

w. Missed opportunity

x. Inadequate access to appropriate teaching and learning materials and its poor distribution.

y. Capacity building to implementers is limited in both public and private HE and TVET institutions.

z. Guidelines for workplace intervention for the education sector are yet to be developed.

Guidelines for implementing HIV and AIDS education interventions in HE and TVET are not widely disseminated.

- Inadequate understanding and involvement of integration of AIDS curriculum.
- Negligence/ not showing commitment/concerned by some member of academic staff at HE and TVET.

3.6.1.4 Strategic Plan

Goal 1: To reduce new infections among learners and workers in Technical and Vocational Education and Training Centers, Colleges and Universities by 2012

Strategic Objective

To increase the levels of gender responsive and inclusive HIV and AIDS skills based education among learners and workers in both TVET and HE workplaces by December 2012.

Strategies

1. Ensure maximum integration and provision (teaching) of skills based SRH/HIV/AIDS/STIs education to learners through the core curriculum approach.
2. Facilitate skills based SRH/HIV/AIDS/STIs education to learners and education service providers through extra-curricular approach (peer approach)
3. Improve utilization of multimedia educational materials for behavior change to learners and education service providers in both HE and TVET Institutions
4. Ensure ABC is promoted and strengthened among learners and workers in both HE and TVET institutions.

Target Indicators

a. By 2012 curricula of carrier subjects are reviewed, revised, printed and distributed to all HE and TVET learning institutions.

b. By 2012 both Higher Education and Technical and Vocational Education and Training Institutions have revised appropriate teaching and learning materials for HIV and AIDS.

c. By 2012 appropriate policy guidelines for HIV and AIDS interventions in HE and TVET institutions respectively will be in place.

d. By 2012, 100% of master trainers trained and at institution levels

e. By June, 2012 TVET Training Centre (Morogoro TTC) strengthened to deliver HIV and AIDS related courses to pre and in-service TVET institutions tutors.

Key Implementers

MOVET (NACTE, VETA, TIE, TLSB, TEA, HESLB, TCU, Universities and Colleges)

3.6.2   Thematic Area 2: Care and Support Services

There is some overleaping in the goal 2 and goal 3 essentially they intent to improve quality of life. A deliberate separation is made to ease visibility and implementation of strategic objectives and planned interventions. The goal 2 in Thematic Area 2 looks at the Psychosocial Support, Protection and Human Rights whereas Goal 3 in Thematic Area 3 looks at treatment, care, social support and protection of rights of PHAs and affected individuals and families including prevention and treatment of opportunistic infections, antiretroviral (ARV) treatment, paediatric AIDS, palliative and home-based care.

Justification

Some progress has been registered in care, support, counseling in education workplaces in both HE and TVET. Large part of support has been from NGOs and international agencies to support the interventions. TVET is trying to mainstream in its internal structures whereas in HE the

services is health sector driven. A number of Universities have a well established health centers with provision of services.

Despite the achievements noted by the "Fact finding mission and review of the available policies form HE and TVET" and summarized above, progress in psychosocial support, protection and human rights is being constrained by a number of factors that require attention. These include limited knowledge and guidance for the actors involved in psychosocial support; little financial support by government in this area; the lack of a comprehensive manual on the provision of social and spiritual support for learners; absence of a comprehensive listing of AIDS care, counseling and spiritual support needs for vulnerable (PHAs and vulnerable learners and workers); failure of the government (tertiary institutions) to support HBC outreach services to their communities.

Major challenges noted in provision of psychosocial and spiritual support relate to the inadequate number of agency personnel to serve the numbers of vulnerable learners and workers, and other groups affected /infected by HIV and AIDS who require help; difficulties in mobilizing funds. 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.

HIV and 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 MoEVT 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 and AIDS. And all teachers need to know how to deal on a day-to-day basis with children whose pain is overwhelming.

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.

The care and support needs of the adults in the HE and TVET Institutions must also be taken into account and addressed. Again a multi-sector approach will be essential in the design and delivery of comprehensive care and support services.

Opportunities

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

    a. NGO and international agencies ready to support provision of services

    b. The HE and TVET institutions are an organized community that can be reached easily.

    c. Learning Institutions have knowledgeable manpower for rendering care and support services.

    d. A culture of care is integral to African life.

    e. Research unit in place and access of funds for varies researches

    f. Policy document and strategic plans are on place (in some colleges and universities only)

    g. Presence of health unit/facilities in all learning institutions

Constraints

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

    a. Tutors and instructors/staff in both HE and TVET Institutions are not adequately equipped to deal with care and support needs to learners and workers.

    b. Inadequate mechanism to access to support services e.g. home based support services, VCT and ARV inadequate.

    c. Insufficient counseling services in HE and TVET workplaces.

    d. Insufficient training materials for guidance and counseling.

    e. Poor network/linkage between ministries, departments, institutions and NGOs.

    f. Social and cultural pressures prevent disclosure of infection of HIV

Strategic Plan

Goal 2:

To improve attendance and participation for learners and workers at education workplaces by 2012

Strategic Objective

To increase access to learners and education providers to care and support services in all education workplaces by 2012.

Result

Better access of care, and support services to vulnerable learners, infected and affected persons by HIV and AIDS at education workplaces

Strategies

1. Review/formulate and disseminate policy guidelines on care and support at HE and TVET workplaces.
2. Strengthen capacity for provision of comprehensive care and support to learners and workers, infected and affected persons in all education workplaces.

Target Indicators

a. Guidelines for provision of care and support services for HE and TVET workplace available by end of 2012
b. By end of 2012 care and support services is provided in most of the HE and TVET institutions.
c. By end of 2010 most of the HE and TVET institutions have trained counselors and providing counseling, care and support services.

Key Implementers

VETA, TEA, HESLB, TCU, NACTE, Universities and Colleges

3.6.3 Thematic Area 3: Impact Mitigation

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

3.6.3.1 Justification

Mitigation of impact requires that deliberate and planned actions be undertaken by the education system to identify and address problems caused by the AIDS pandemic. Among the manifestations of the impact of HIV/AIDS are the increasing numbers of leaners whose learning is affected by their own ill health.In some cases schooling is jeopardized by frequent absences or complete withdrawal necessitated by their need to provide care and sometimes economic support for sick family members. Frequent absenteeism and deaths of Educators also play a significant role in both supply and quality of education.

These challenges threaten the quality of education, management of the MoEVT sector and the support services required to keep it running effectively. As a result, the country is unlikely to attain the goal of Education for All by 2015, Tanzania Vision 2025, MDG 2000.

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 ESSP-HA intended to enable the MoEVT
sector 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 Education Sector will have established a mechanism for addressing the impact of HIV/AIDS .

3.6.3.2 Opportunities

These include:

    a. The MoEVT has considerable experience in addressing HIV and AIDS issues.

    b. Leadership committed to reducing the impact of HIV/AIDS sector level.

    c. Establishment of Aids commetee in HEand TVET institutions.

    d. Personnel trained in provision of skill based AIDS education and Guidance and Counselling services.

    e. Increasing multi-sector collaboration

    f. The Government have issued a Circular Number 2 of 2006 and Guidelines for Control of HIV and AIDS in the Public Services of 2007.

3.6.3.3 Constraints

There are number of constraints, which challenge effective mitigation of HIV and AIDS impact. These include:

    a. Availability of accurate data on infection and death rates within the education sector is limited.

    b. Availability of reliable identification mechanisms is limited.

    c. Few or non existence of reliable financing mechanism to provide social support.

    d. Models for planning that take into account the impact of HIV/AIDS are not fully developed.

    e. Social and cultural pressures prevent disclosure of infection of HIV.

3.6.3.4 Strategic Plan

Goal 3: To mitigate adverse social, cultural and economic effects of HIV and AIDS to learners and employees

Strategic Objective

To identify and use coping mechanisms to reduce adverse effects of HIV and AIDS in learners and workers in education workplaces

Outcome: Changed/improved quality of life among vulnerable learners infected and affected education providers to attend and participate in education at education workplaces.

Strategy 3

Facilitate access to coping mechanisms impacts of AIDS to learners and education service providers.

Target Indicators

a. By 2012, 85% of key partners for collaboration in provision of support to vulnerable learners and employees identified.
b. By 2012 policy guidelines to support and vulnerable learners, are prepared and disseminated.
c. By 2012 impact assessment and planning models are developed and in use.
d. By 2012, all planned advocacy seminars/workshops held.
e. By 2012 activities/mechanisms to support learners and staff coping needs are established and functioning in at least 60% of education workplaces

Key Implementers

CE, AECU, TIE, VETA, MoHSW, TLSB, DAHR, ADEM, TEA, HESLB,TCU, NECTA, NACTE, IAE, Universities and Colleges.

3.6.3   Thematic Area 4: Enabling Environment

The success of the ESSP-HA implementation depends largely on an enabling environment that is supposed to touch upon the following elements (as outlined in NMSF 2008-2012):

- Advocacy (strong leadership)
- Fighting stigma, denial and discrimination (public awareness, addressing the challenge of stigma)
- Regional, District and Community Response (HIV response structure, strengthening managerial and technical skills)

- Mainstreaming HIV and AIDS (MDAs)

- HIV and AIDS and MKUKUTA Poverty reduction strategy (interdependence of HIV and poverty, lack of integrated planning at district level) These elements or enabling factors have to be understood by the decision makers. They have to be identified and addressed otherwise expected change in the process of implementing the interventions could be difficult and end in failure.

3.6.4.1 Justification

The success of the ESSP-HA implementation will depend largely on the existence of appropriate and efficient response mechanisms for management and coordination of the HIV and AIDS education programme.

Implementation will of necessity involve many beneficiaries and actors from the national to the school and community level. Beneficiaries include learners of education institution and employees of the education workplaces. For effective implementation of the programme there must be a close collaboration between and among all the MOEVT departments and institutions, stakeholders and partners including TACAIDS, PMORALG, MOHSW, MLDYS, MCDGCA, NGOs and CBOs and CBOs. Clearly none of these can operate in isolation if sustainable change is to result.

The Education Sector needs to scale up and accelerate management and coordination processes, including its work place programme.

The AIDS Education Programme has shifted from solely addressing HIV and AIDS education in schools towards mainstreaming HIV and AIDS across the sector. This shift in emphasis requires effective and efficient communication mechanisms and requires significant strengthening of the AECU to assure that departments and institutions work together towards common goals. Strengthening the human resource capacity of MoEVT at all levels is a key element, to assure an effective response to HIV and AIDS.

Currently implementers working in schools include MDAs, NGOs, CBOs, and FBOs. While it is clearly acknowledged that CSOs 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 MoEVT. Uncontrolled entry of NGOs and CBOs into intervention areas led to duplication of efforts and wastage of resources.

In response to these shortfalls, the MoEVT 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 to learners of education institution and employees of the workplaces.

Another supportive 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 and AIDS education programme.

The HIV/AIDS landscape is constantly evolving, and on-going research must inform programme development. MoEVT needs to coordinate research done in the MoEVT 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 ESSP-HA has identified steps to be taken to address these all-important crosscutting issues.

3.6.4.2 Opportunities

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

1. Existence of sectoral management and coordinating structures those provide mechanisms for programme implementation. These include:

   i. AIDS Steering Committee composed of all heads of Departments and Institutions under MoEVT that meets twice a year.

ii. Technical AIDS Committee composed of focal persons from all Departments and Institutions within MOEVT that meets quarterly.

iii. AIDS Education Coordinating Unit in the office of the Chief Education Officer that coordinate ongoing activities of the MoEVT AIDS Prevention programme.

iv. District AIDS Committees.

v. Community AIDS Committees.

vi. Schools/Institutions/NFE centre AIDS Committees.

2. Willing and committed leadership within the MoEVT.

3. Presence of policy, circulars and guidelines have been produced and distributed.

4. HIV and AIDS research is being conducted.

5. Existence of Educational Management of Information System (EMIS) within MoEVT. Collaboration with all actors will enhance MoEVT contribution to the multi-sectoral response to HIV and AIDS coordinated by TACAIDS.

3.6.4.3 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 other implementers in understanding their roles and responsibilities with regards to the HIV and AIDSeducation programme.

c. Inadequate linkages and networking between departments, institutions and the AIDS Education Coordinating 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 MoEVT AIDS Programme response.

f. Inadequate coordination of research and use of findings to inform programme development.

g. Decentralisation by devolution is posing a number of human resource challenges in terms of staffing and training needs, existing capacities, and job descriptions.

3.6.4.4 Strategic Plan

The goal and strategy for the thematic service area on enabling environment has four associated key areas. These include:

- Mechanisms for management and coordination
- Financial Resource mobilization
- Mechanisms for Collaboration and networking
- Research, Monitoring and evaluation and Reporting System

Goal 4: To improve response mechanism for better management and coordination of ESSP-HA that ensures quality, equitable and timely service delivery.

Strategic Objective

To strengthen response mechanism for better management and coordination of ESSP-HA.

Result

Management and Coordination capacity to respond to HIV and AIDS epidemic through informed decisions strengthened.

Strategies

1. Strengthen the capacity of policy makers and education managers to implement the National and education policy guidelines on HIV and AIDS in the education sector.
2. Establish clear mechanism for adequate financial resource mobilization and management for efficient utilization in the ESSP-HA.
3. Organize for exchange of experiences, sharing of information and identification of areas of complementarity among stakeholders and development partners.
4. Strengthen capacity of the education sector for research, routine monitoring and periodic evaluation of HIV and AIDS activities and outputs/outcomes.

Target Indicators

a. By 2012 an effective mechanism for resource mobilisation is in place.

b. By 2012 mechanism to deal with research on HIV and AIDS in the education sector are established.

c. By 2012 all actors providing HIV/AIDS interventions in the MOEVT are identified.

d. By 2012 all members of different HIV/AIDS committees in the MOEVT are trained.

a. e. By 2012 information, planning, feedback and decision-making meetings for the identified committees   are held as scheduled.

e. By 2012 fora and seminars for exchanging information and experience sharing are held annually.

Key Implementers

CE, AECU, TIE, VETA , PMORALG, TLSB, DAHR, ADEM, TEA, HESLB, TCU, NECTA, NACTE, IAE, Universities and University Colleges