

MINISTRY OF EDUCATION AND VOCATIONAL TRAINING



EDUCATION SECTOR STRATEGIC PLAN on HIV and AIDS (ESSP-HA II)

2008-2012



March 2010

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Abbreviations and Acronyms

ABC	Abstinence, Being faithful; Condom use
AECU	AIDS Education Coordination Unit
ADAE	Assistant Director Adult Education
ADEM	Agency for Development Educational Management
AE/NFE	Adult Education and Non formal Education
AIDS	Acquired Immunodeficiency Syndrome
ASC	AIDS Steering Committee
AMREF	African Medical Research Foundation
ANEIP	Adult Education and Non-Formal Education Implementation Plan
ARV	Anti Retroviral
BCA	Bagamoyo College of Arts
CBO	Community Based Organization
CEO	Chief Education Officer
CHH	Child Headed Household
COBET	Complementary Basic Education in Tanzania
CSO	Civil Society Organisation
CWT	Chama cha Walimu Tanzania
DAC	District AIDS Coordinator
DAP	Director of Administration and Personnel
DED	District Executive Director
DHE	Director Higher Education
DHS	Demographic Health Survey
DIAE	Director of Institute of Adult education
DPE	Director of Primary Education
DPP	Director of Policy and Planning
DSE	Director of Secondary Education
DTech.E	Director Technical Education
DTE	Director of Teachers' Education
DTIE	Director of Tanzania Institute of Education
EFA	Education for All
EMIS	Education Management Information System
ESSP-HA	Education Sector Strategic Plan - HIV and AIDS
FBO	Faith Based Organisation
HESLB	Higher Education Student Loan Board
HIV	Human Immunodeficiency Virus
LGA	Local Government Authority
IAE	Institute of Adult Education
ICBAE	Integrated Community Based Adult Education
IEC	Information, Education, Communication
MDA	Ministries, Departments and Agencies
MDG	Millennium Development Goals
MCDGAC	Ministry of Community Development Gender and Children Affairs
MoF	Ministry of Finance
MoEVT	Ministry of Education and Vocational Training
MoH	Ministry of Health
MOU	Memorandum of Understanding
MLYS	Ministry of Labour, Youth Development and Sports
M&E	Monitoring and Evaluation
MTEF	Medium Term Expenditure Framework
MTP	Medium Term Plan
NACP	National AIDS Control Programme
NECTA	National Examinations Council of Tanzania
NACTE	National Counsel for Technical Education
NFE	Non Formal Education

NGO	Non Governmental Organization
NMSF	National Multisectoral Strategic Framework
OVC	Orphans and Vulnerable Children
PEDP	Primary Education Development Plan
PLWHA	People Living with HIV and AIDS
PORALG	President's Office for Regional Administration and Local Government
PRS	Poverty Reduction Strategy
PS	Permanent Secretary
SEDP	Secondary Education Development Plan
SNEU	Special Needs Education Unit
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
RAC	Regional AIDS Coordinator
SWOT	Strength, Weakness, Opportunity, Threats
TC	Teachers' Colleges
TCU	Tanzania Council for Universities
TEDP	Teacher Education Development Plan
TSD	Teacher's Service Department
TLSB	Tanzania Library Services Board
STP	Short Term Plan
TACAIDS	Tanzania Commission for AIDS
TANESA	Tanzania Netherlands Support on AIDS
TIE	Tanzania Institute of Education
THIS	Tanzania Health Indicator Survey
TTU	Teachers' Trade Union
UN	United Nations
UNAIDS	Joint United Nations Programme on AIDS
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Programme
UNGASS – (HIV/AIDS)	United Nations General Assembly Special Session on HIV/AIDS
VCT	Voluntary Counselling and Testing
VET	Vocational Education and Training

Foreword

The spread of HIV and 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 and AIDS. Responding to HIV and AIDS is a humanitarian and public health issue. AIDS 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 and 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 Vocational Training (MoEVT) and her stakeholders and partners have worked to develop the Education Sector Strategic Plan on HIV/AIDS for 2008 to 2012. The Strategic Plan represents a re-organised plan that contributes to the National HIV/AIDS Multisectoral Strategic Framework (2008-2012.) The selection of interventions for inclusion in the strategy was guided by experience of the sector and comparative advantages over others in HIV and AIDS Education interventions in education workplaces. This strategy therefore puts in place and directs areas that MoEVT will serve, protect and strengthen itself so that it remains viable to lead the responses to HIV and AIDS.

The MoEVT has a large population of children and youth in schools, colleges, higher learning institutions and employed adults in departments and institutions. They are all at risk and vulnerable to HIV infection. The Education Sector is uniquely placed to deliver skills based AIDS education, care and support 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 pandemic on the education system itself. The Ministry of Education and Vocational Training has decided to accord the AIDS issue/pandemic as a top priority in its sector wide programmes.

The response of the Sector requires collaboration and contribution from all sub-sectors so that we can all make a difference in fighting the AIDS pandemic.

Through this Strategy the Ministry of Education and Vocational Training is open to learn from others, collaborate and share experiences in the provision of skills based AIDS education, care and support services to others.

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2009**

Acknowledgements

The development of the Education Sector Strategic Plan II for HIV and AIDS required inputs from various departments, institutions and partners.

The Ministry of Education and Vocational Training extends her sincere thanks to all Departments and Institutions for allowing their Focal Persons to participate in the development of the Strategy.

Finally, the Ministry of Education and Vocational Training expresses sincere gratitude to the Technical AIDS Committee and the AIDS Education Coordinating Unit who worked tirelessly to produce the final draft.

Executive Summary

This is the second Education Sector Strategic Plan on HIV and AIDS for 2008 – 2012 (ESSP-HA II). It is the overarching strategy for all HIV and AIDS interventions in Education Sector whether implemented by Government, civil society, the private sector or development partners. It outlines the Education Sector's strategic plans to address the challenges presented by HIV and AIDS. The strategic plans are situated within the context of the mandate and structure of the Ministry of Education and Vocational Training (MoEVT), the on-going response to HIV and AIDS, national and international commitments to combat and mitigate its impacts.

The purpose of the Education Sector Strategic Plan ESSP-HA is to provide strategic focus, accelerate the response of the education sector at all levels, protect learners and education service providers, enhance effective implementation of programmes to reduce new HIV and AIDS cases, and mitigate its impact in the sector.

The Ministry of Education and Vocational Training encompasses various departments and its affiliated institutions. Each of these has its specific roles and functions in order to attain the Ministry's mission response. The success of the AIDS Prevention Education Programme will require full involvement and participation of all of these actors.

Section One presents an overview of the process of developing the Education Sector Strategic Plan on HIV and AIDS (ESSP-HA) and its purpose. The Sector's established AIDS Education Coordination Unit (AECU) which services two supporting bodies, namely, the Technical AIDS Committee (TAC) which provides technical advice, facilitates collaboration, monitoring and evaluating implementation of the sector's plans and the AIDS Steering Committee (ASC) whose mandate is decision making. The success of achieving the education development plans lies with the Ministry's roles and functions to implement the AIDS strategic plan to the target population stated.

Section Two presents an overview of the current state, the impact of the pandemic and the sector's response. It summarises the implementation of ESSP I for 2003 – 2007, identifies the current situation, achievements, challenges and lessons learned. During this period it has worked through successive yearly plans in collaboration with 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 skills based AIDS prevention education to the school-going community.

Section Three describes the development of the new ESSP-HA II for the period 2008-2012. It provides policy and structural context within which it is developed. The focus of the ESSP-HA II is on four thematic service areas: Prevention Education, Impact Mitigation, Care and Support and addressing Enabling Environment. Within each thematic area, strategic objective, justification, strategies to achieve the objectives and their anticipated outcomes have been articulated. Opportunities and constraints that will affect the realization of the objectives presented.

Section 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. The section addresses the critical importance of monitoring and evaluation as well as the need to have access to research to keep up with the pandemic. 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 and AIDS has an important role to play in the Education Sector 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 and Impact of HIV and AIDS on the Education Sector.

This strategy does not comprise the Higher Learning sub-sector and VET yet. These sub-sectors will be included in this strategy document in due time.

This strategy forms the base for developing the 3-year action plan 2010 – 2012 on the thematic areas indicated in this document.

Section One

1 Background and Context

1.1 Introduction

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; Education for ALL and the Millennium Development Goals. All these identify education as a priority. The Ministry of Education and Vocational Training encompasses the basic, technical higher education institutions. The Ministry of Education and Vocational Training recognised the need to develop the Education Development Plans for the various education cycles to spearhead key components namely:

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

In Primary Education Development Programme (PEDP I and II) 2007-2011; SEDP 2004-2009 and AE_NFE 2007-2010 have been developed within the context of the Education and Training Policy (1995) and the Education Sector Development Programme (ESDP 2000) to enhance the achievements of the education development plans.

On the side of the technical and higher education, they have similar key components to achieve through Technical Education Development Plan (2008 -2013) and the Higher Education Development Plan (2008-2013) respectively.

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. In Tanzania Mainland 13,285 AIDS cases were reported to the Ministry of Health through the NACP from the 21 regions during the year 2005. This resulted in a cumulative total of 205,773 cases since 1983, when the first AIDS cases were reported. (Surveillance Report No 20, MOH-NACP)

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 that accounts for about 81.6 % of all cases in 2005. Mother to child transmission accounts for 3.7% and blood products for about 1.5%. Mode of transmission for the remaining 12.8%

infections was not stated. Of all AIDS cases reported during year 2005, 55.7% were married, while 22.0% were single. The marital status of the remaining cases were; divorced (4.5%), separated (2.3%), cohabiting (2.5%) and widowed (0.3%). In about 12.7% of cases, the marital status was not stated. Readers are cautioned that it is wrong to interpret the data as 55.7% of married couples in Tanzania are HIV positive. They do not represent the proportion of AIDS cases among married couples in Tanzania; rather they reflect the proportion of cases among the different marital categories of patients with AIDS.

The spread of HIV infection continued as in previous years. Data obtained from various surveys indicate high risk of HIV infection among youth and higher vulnerability to infection among women.

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.

Sexually transmitted infections (STIs) are a marker for sexual networking and give a clue to the extent of unprotected sex in the community. Similarly, pregnancy at young age indicates unprotected sex among the age group of 15-19 years or lower that are sexually active. STIs facilitate sexual transmission of HIV infection up to a factor of 40%. During the year 2005, 325,998 STI episodes were reported throughout the STI clinics. 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.

Combating the HIV and 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 Vocational Training has a crucial and central role to play in addressing the national crisis caused by HIV and AIDS. It is the only Ministry with 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. MoEVT role, in preparing today's children for tomorrow's challenges cannot be understated.

The challenge to the MoEVT 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 and AIDS. Young people are the **"Window of Hope"**. The MoEVT must do everything in its power to keep that window open.

1.1.1 Process of Developing the Education Sector Strategic Plan

The development 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 four 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.

The AIDS Coordinating Unit provided the broad policy guidance on the development of the ESSP-HA document.

A Task Force of selected Focal Persons from Higher Education, 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.

The four thematic areas involved in developing the ESSP-HA were: Prevention Education, Care and Support Impact Mitigation and Crosscutting/ Enabling Environment Supporting Systems.

Evidence was collected and synthesised for each of the three thematic service areas. Data and background for documenting the evidence were gathered using a mix of methodologies including documentation reviews, key informant interviews, focus group discussions, and district and school visits.

A situation and response synthesis report was then developed for each thematic area under the guidance of the Team Leader and the final report, approved by the TAC/Coordinators of the AIDS Coordinating Unit.

A Draft for ESSP-HA 2008-2012 Outline was produced which was the primary document used in consultations with stakeholders.

1.1.2 The Purpose of the ESSP-HA

The Education Sector Strategic Plan is the overarching strategy for all HIV and AIDS interventions in Education Sector whether implemented by Government, civil society, the private sector or development partners.

The purpose of the ESSP-HA is to provide strategic focus, accelerate the response of the education sector at all levels, protect learners and education service providers, enhance effective implementation of programmes to reduce new HIV and AIDS cases, and mitigate its impact in the sector.

Specifically, the purpose of the ESSP-HA 2008-2012 is to:

- a. provide clear and agreed upon vision, goal and targets for the sector wide response over the period 2008-2012;
- b. clearly identify priority areas and key strategies for intervention by all stakeholders including the Government, Civil Society Organizations, the Private Sector and Development Partners;
- c. provide a results framework - to be revised annually - which guides interventions across all sectors by identifying specific tangible results to be delivered in each priority area, and identifying lead agencies and strategic partners responsible for implementation;
- d. estimate financing requirements and identify financing gaps, and enable efficient allocation of resources across the sector response; and

- e. operationalise the Government's commitment to fight HIV and AIDS set out in the Economic Recovery Strategy (ERS), and set priorities for Government HIV and AIDS spending in the MTEF and annual budget cycle.

The ESSP-HA provides the framework and context within which sector wide strategies, plans and budgets should be formulated and monitored.

1.1.3 Time Period for the ESSP-HA

The ESSP-HA 2008-2012 covers the five-year period from 1 July 2008 through to 30 June 2012.

The ESSP-HA year is consistent with the July-June GoT fiscal year.

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.

1.2 The Current Education Sector

1.2.1 Institutional Mandate

The Ministry of Education and Vocational Training has the mandate 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.

1.2.2 Roles

1. To ensure equitable, quality education is offered at basic education and vocational education and training at all levels.
2. To provide a conducive environment for promotion of the private sector participation of education and vocational training

1.2.3 Functions

1. To formulate policies for the sub-sector
2. To ensure legislation and circulars to guide implementation of the requisite policies
3. To emphasise on the provision of equitable quality education through curriculum review, improved teacher management, introduction, and use of appropriate performance and assessment strategies
4. To monitor implementation and adherence to some specified standards of performance

1.3 Target Population

The MOEVT has a total workforce of about 140,000 employees. The total enrolment in secondary education from Form 1 to Form 6 is 345,448 in over 3000 secondary schools. (MOEVT, BEST 2007). 41 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 in 15,200 schools (MOEVT BEST2007).

The education sector has seven affiliated institutions, namely:

- The Tanzania Institute of Education (TIE),
- Institute of Adult Education (IAE),
- National Examinations Council of Tanzania (NECTA),
- Vocational Education Training Agency (VETA)
- Tanzania Library Services Board (TLSB)
- Agency for Development of Educational Management (ADEM)
- National Counsel for Technical Education (NACTE)
- Tanzania Education Authority (TEA)
- Higher Education Student Loan Board (HESLB)
- Tanzania Commission for Universities (TCU)

The target of the ESSP-HA includes:

- a. Pre-primary children,
- b. Primary school pupils,
- c. Secondary school students,
- d. Adult and Non formal Education participants/learners,
- e. Students from Colleges and Universities,
- f. Employees from all education workplaces.

Section Two

2 Challenges and the Education Sector Response

2.1 Introduction

The Ministry of Education and Vocational Training has been overseeing the implementation of the sector's strategic response on HIV and AIDS during the period between 2003 and 2007. During this period the Education Sector worked with a variety of other partners, particularly in schools and surrounding areas, in training of teachers, school counsellors, organizing and running extra curricular activities and provision of care and support services to learners in need. Many of the interventions were intended for implementation at the school level.

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.

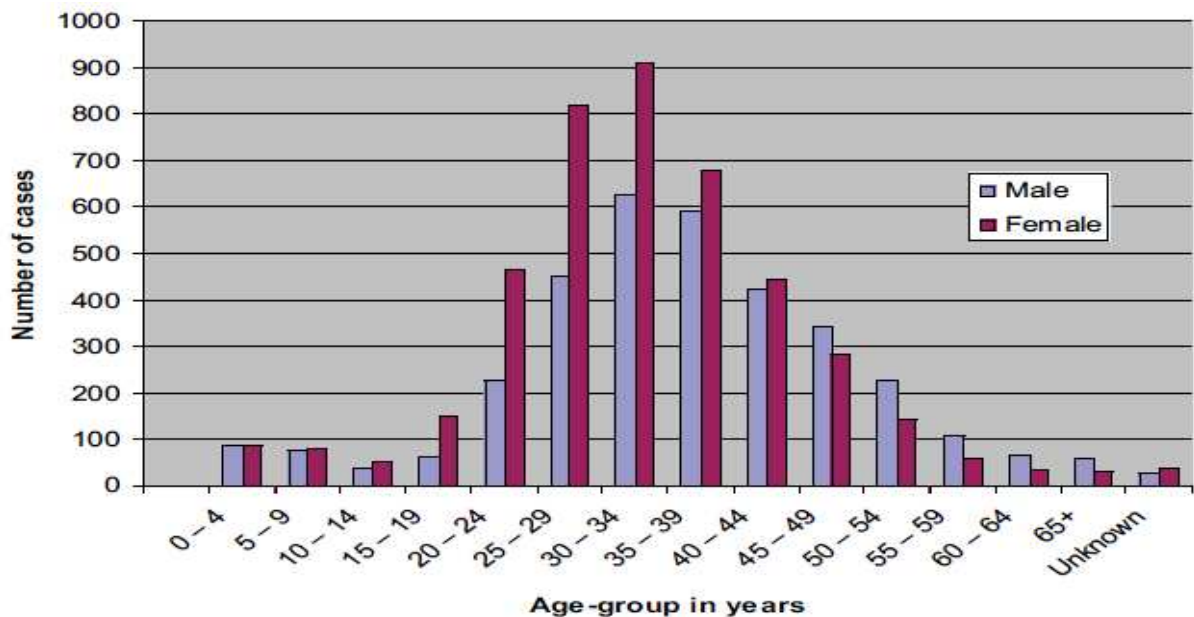
2.2 Situation Analysis

2.2.1 Patterns and trends of HIV & AIDS in the Education Sector

The pattern and trends of HIV and AIDS in the population of the Ministry of Education and Vocational Training conforms to the current status and trends of the generalised epidemic in Tanzania. The MoEVT consist of two more-or-less subsection of the country's population. The first are learners, recipients of education in formal and non-formal education and the second is the adult population, the education providers.

The general pattern and trend has remained consistent for several years since the beginning of the epidemic in 1985. For instant about 439 (5.6%) AIDS cases with known age and sex reported in 2005 were below 15 years of age and most of these are likely to have acquired infection through mother to child transmission. The age group 20-49 years remained the most affected for both sexes. The observed clustering of cases in the age group 20-49 years indicates that the majority of infections occur during the age of maximum sexual activity. The trend shows evident that there were more female AIDS cases than males in the age group 20-39. The preponderance of female cases was particularly striking for age groups 20-24 and 25-29 where female cases were almost twice as many as for males.

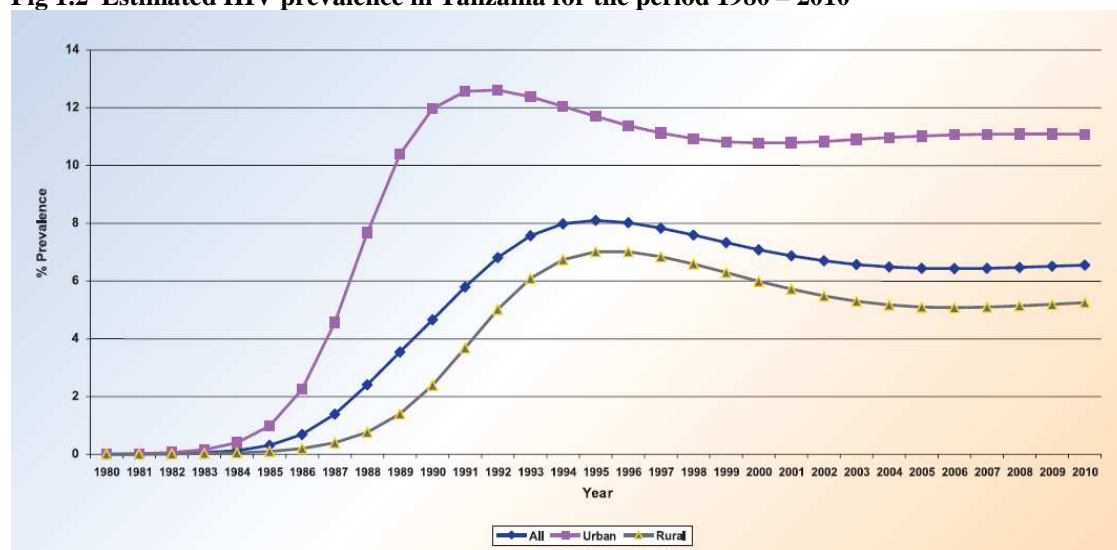
Fig 1.1: Distribution of reported AIDS cases by age and sex, Tanzania, January-December 2005



Source: (AIDS Surveillance report No. 20)

The evidence of new infections (incidence) has shown an increase over the last 10 years with 187,940 in 2003, and 189,160 in 2006 and to peak 225,000 new infections in 2010. Recent acquired prevalence estimates among youths aged 15-25 closely reflect new infections or incident HIV infections and trend of the epidemic. New infections are encountered in rural areas, and according to estimates and projections, the absolute number of new HIV infections in rural areas will remain higher and reach twice that of urban areas in 2010 i.e. 150, 000 versus 70,000. Given that Tanzania is 80% rural the trend in outside major towns is more likely to reflect the situation in the whole country. (THIS 2004)

The number of HIV-positive individuals is likely to increase from 1.1 million in 2006 to about 1.5 million in 2012 see Fig 1.2.

Fig 1.2 Estimated HIV prevalence in Tanzania for the period 1980 – 2010

Source: (AIDS Surveillance report No.19)

This indicates that with new AIDS cases if this trend continues, then the number of new cases (incidence), the number of People Living with HIV and AIDS (PLWHAs) who need ART and the number of AIDS deaths will all increase. This follows a predetermined increase in number of orphans, child headed households and children made vulnerable by AIDS. The education system will adversely be affected in demand and supply of education.

2.2.2 Sexual Behaviour and Practices Among Youth

Many sexual behaviour studies done in Tanzania over the years have showed that many youths are involved in premarital, multi-partner and unprotected sexual activities with older men and women. (Behavioural Surveillance Survey (BSS) in Tanzania Mainland, 2002). Reasons for this can be construed from the rights of women in sexual relationships are low or forced to sex while exchanging sex for money or gifts. The fact that women and girls or men and boys are more likely to receive money or gifts for sex might reduce their negotiating power in sexual relations. The median age at first sex among women increased by about one year since 1999 (from almost 17 to just under 18 years). A similar decline is apparent among men (THIS, 2003-04). The likelihood of having used a condom during the most recent higher risk sexual encounter increases steadily with education level for both sexes.

In the context of first sexual intercourse at early age marks the beginning of potentially risk period for HIV and STI transmission and pregnancy at young age if one does not practice safe sex.

2.2.3 SRH, HIV and AIDS Related Knowledge

Over 99 percent of Tanzanians aged 15-49 have heard of HIV and AIDS. Sources of information were radio, health workers, and teachers in schools. According to the most recent THMIS survey (2007/08) the comprehensive knowledge on HIV and AIDS is 40% for women and 44% for men. It is higher among urban youths than rural youths. Knowledge also increases with increasing education and increasing wealth status.

2.2.4 HIV Infection and AIDS Among Youth

In this context HIV infection and AIDS among youth focus on primary and secondary schools and teachers colleges. HIV/AIDS statistics in Tanzania are not disaggregated to show the plight of the school population. Different categories of the school population are subsumed in the other age, and sex groups and therefore they do not feature in their own right. The 20th report of the National AIDS Control Programme on the state of the epidemic in Tanzania for the year 2007 (MOH 2007) gives the picture about the youth's plight as reflected in Tables 4.1 and 4.2 in this report.

Table 2.1

Distribution of reported AIDS cases by age and sex, Tanzania 2005

Age group	Male		Female		Total	
	N	%	N	%	N	%
0 – 4	88	2.6	86	2.0	187	2.4
5 – 9	76	2.2	79	1.9	159	2.0
10 – 14	38	1.1	51	1.2	93	1.2
15 – 19	62	1.8	150	3.5	216	2.7
20 – 24	226	6.6	466	10.9	702	8.9

The age groups 5-9 and 10-14 cover the primary school going age while the 15-19 and 20 – 24 age groups cover the secondary school going age and above. It is also noteworthy that these figures relate to AIDS, a much later manifestation of HIV infection, and would for many of these cases be due to other modes of HIV transmission besides the sexual mode.

2.2.5 Key Drivers of the Epidemic within the education system

A number of factors, both behavioural and economic, (and political or policy wise) can be considered as 'drivers of the epidemic'. These drivers are important to articulate, as they become critical strategy considerations in combating the epidemic. If these drivers are successfully addressed, the incidence of HIV and AIDS and the prevalence of negative epidemic outcomes will be reduced. Some of key drivers for school youths and education providers are noted below:

- **Individual behaviours influencing risk of sexual transmission:** age at first sex, condom use (inconsistent or incorrect), casual sex, multiple sex partners, extramarital sex; alcohol and drug abuse; health seeking behaviour, especially for STIs.
- **Economic factors linked with sexual risk:** poverty (transactional sex); OVCs and child-headed households (poverty and risk of transactional sex; early marriage and risk of intergenerational sex/ cross generational sex)
- **Socio-cultural and other factors influencing relationship risks:** changing role of the family, cultural obligations and practices; age at first marriage, age difference with partner; polygamy; stigma and discrimination and human rights abuses;
- **Gender factors influencing relationship risks:** imbalanced gender relations - domestic and sexual violence, women and girls often unable to negotiate safer sex due to lower status, economic dependence and fear of violence; caretaker roles (women and girls bear the brunt of caring for sick family members); gender aspects of HIV, stigma for STIs in women where HIV positive women are more likely to be rejected, expelled from home and denied treatment, care and basic human rights. All of these issues increase women's vulnerability to HIV infection.
- **Geographic locations associated with greater risk of transmission:** limited health and HIV services); urban and periurban areas (mobility)

- **Nutrition** - food insecurity and low nutritional status can be a causal factor for HIV infection as well as a consequence. Proper nutrition improves the immune system and helps delay the progression from HIV to AIDS.
- **Medical/biological factors associated with transmission risk:** male circumcision, especially before sexual debut is accepted to be significantly preventive; access to ART and services.
- **Youth friendly services:** not available in many places and difficult to access; fear of rejection because of age and stigma of service providers; denied treatment, care and basic human rights

2.3 Impacts of HIV and AIDS on the Education Sector

The Ministry of Education and Vocational Training and its affiliated 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 sector and the country at large. The MoEVT 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 MoEVT but also for the entire social and economic development system.

The impact of the epidemic on education is severe as it affects demand, supply, quality, content, process, organization, fund available, potential clientele, as well as planning and management of the education system.

2.3.1 Demand for Quality Education

The high incidence of HIV and 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 services. Many orphans are failing to attend school or have miserable school lives that affect their performance. Erratic school attendance of orphans and sick children is likely to result into lower achievement among the affected children and the schools.

2.3.2 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 and 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 and AIDS -related expenses.

The impact of HIV and 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 and AIDS will influence quality.

2.3.3 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 MOEVT clients like orphans, dropout children, teacher attrition and their personal needs as a result of HIV and 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 or content of education, as well as through its systematic institutional and management responses.

2.3.4 AIDS Orphans

The MOEVT 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.

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. The most severe aspect is that these children drop out of schools and miss education completely.

2.3.5 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.

2.4 The Education Sector Performance Review 2003 -2007

Implementation of the Education Sector Strategic Plan required full involvement and participation of all schools in the country as well as the institutions at all levels in collaboration with various partners working with the sector.

The Ministry of Education and Vocational Training 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 Education Sector 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.

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 and STIs. It also emphasizes building and strengthening organizational and institutional capacities at all levels of the sector to collaborate with partners in order to enhance and sustain AIDS Education Programmes at education workplaces.

The ESSP-HA for HIV and AIDS during the 2003 - 2007 period was developed and implemented in priority thematic areas, namely, prevention, care and support, impact mitigation and cross-cutting issues.

2.4.1 Achievements during the ESSP-HA I (2003-2007)

Many achievements during the past ESSP-HA period are apparent and need to be accentuated and reinforced, for example:

Prevention

- a. Increased number and strengthened capacity of trained teachers for class teaching of skills based AIDS education in schools and teachers colleges;
- b. Increased number and capacity of trained peer educator for workplace education in institutions and offices;

Care and support

- c. Increased number and strengthened capacity of trained of school based counsellors for provision of care and support services in schools and teachers colleges;
- d. Improved care, support, and referral services for OVCs and education staff at education workplaces;

Impact mitigation

- e. Maintained focus on community mobilisation and participation as the cornerstone of a sustainable schools response;
- f. Scaled-up and acceleration of the programme interventions in all rural and urban schools

Cross-cutting Issues/Enabling Environment

- g. Significant advent of policy frameworks and technical guidelines;
- h. Improved coordination and networking of the education sector response;

2.4.2 Challenges during the ESSP-HA I (2003-2007)

Despite all the achievements, there has been only a slight decline in the trends of the epidemic during the ESSP-HA time frame (2003-2007) However, despite the achievements, many critical challenges have been noted and deserve serious consideration in the strategy imperatives of the new ESSP-HA. Some of these are as follows:

Challenges in implementing the thematic service areas

Aspects	Prevention Education	Peer Education	Care and Support Services	Impact Mitigation
Availability/ Coverage	<ul style="list-style-type: none"> ▪ Training of carrier subject teachers for all urban and rural schools and NFE centres to have teachers ▪ Provide sufficient core and 	<ul style="list-style-type: none"> ▪ Establishment of school counselling services and learners led peer educators in all schools and colleges. 	<ul style="list-style-type: none"> ▪ Training of adequate school counsellors ▪ Reducing workload for school counsellors in the current shortage of 	<ul style="list-style-type: none"> ▪ Formulating and implementing policy guidelines or adaption of mechanism for mitigating AIDS impact at national

	<p>supplementary instructional /education materials for primary and secondary schools and teachers colleges.</p>		<p>teachers.</p> <ul style="list-style-type: none"> Smooth collaboration with MoHSW on related health matters and with the same on ASRH programme that target similar age groups in schools and with other relevant sectors 	<p>and district levels.</p> <ul style="list-style-type: none"> Strengthen local level support from local authorities, informal and formal social networks.
Equitable Access	<ul style="list-style-type: none"> Learners with special needs in schools not accessing prevention education in class due to lack of suitable and specialized materials 	<ul style="list-style-type: none"> Sufficient supply of peer educator's activity workbook to structure provision of peer education course. Refresher course to workplace peer educators. 	<ul style="list-style-type: none"> Special rooms made available for learners and workers to counselling services to reduce stigma. Acceptance of learners' choice of school counsellors as it increases confidence to learners. Weak coordination and collaboration of intra-sectoral, inter-sectoral and partners on care and support services rendered to learners in school settings 	<ul style="list-style-type: none"> Availability of accurate data on infection and death rates within the education sector is limited. Social and cultural pressures preventing disclosure of infection of HIV.
Quality	<ul style="list-style-type: none"> Allocation of sufficient time for use of participatory methodologies practices of new skills. Inadequate supply of teaching and learning materials. Available trained teachers in rural schools and refresher course to teachers Improve content and depth of AIDS in Science and 'Maarifa ya Jamii' in books purchased in market. 	<ul style="list-style-type: none"> Allocation of specific time for peer education sessions 	<ul style="list-style-type: none"> Institute basic counselling course content that caters for school setting and needs of learners not for a purpose of campaign on VCT Improve the weak coordination and collaboration of intra-sectoral, inter-sectoral and partners on care and support services rendered to learners in school settings 	<ul style="list-style-type: none"> Mechanisms to identify and determine needs fairly of those affected and provide targeted support.
Sustainability	<ul style="list-style-type: none"> In-service training is short term venture impeded by lack of finances. Alternative is to strengthen content and methodology in pre-service teachers colleges, training institutions and universities for continued supply of trained graduates. 	<ul style="list-style-type: none"> Reducing work load for school counsellors so that sufficient time is available to constructively support peer educators. Sustainability of peer education remains unclear given the cost (in form of allowances for trainers, and peer trainees.) involved; the workload of the school counsellor and local government financial support as a key strategy to fight AIDS 	<ul style="list-style-type: none"> Inadequate resources from different sources to train counsellors provide equipment in counselling rooms and for motivation. Retention of counsellors in schools or replacement when transfer occurs. 	<ul style="list-style-type: none"> Ability to increase collaboration between local, decentralized and horizontal mechanisms that can ensure continuous support. Adequate finances. Clear mechanisms to cope with affected and infected.

2.4.3 Emerging Issues /lessons learned

Emerging issues	
Prevention Education	<p>a. Highly regarded as the most relevant and core intervention in that it can increase knowledge and influence change of attitude in education workplaces. Needs greater emphasis in schools as</p>

<p>(classroom teaching)</p>	<p>it is the major strength of the Ministry.</p> <ul style="list-style-type: none"> b. Alternative and accelerated ways need to be put in place to meet the challenges of: <ul style="list-style-type: none"> i. education providers in the increasing numbers of schools visa vie the slow in-service training that is currently used; ii. Adequate teaching and learning materials c. Reallocation of funds allocated for AIDS to other activities in the districts. d. Making allocation of funds for AIDS activities not a priority. e. Need to foster closer networking and collaboration with the health Sector ARH programmes f. Lack of understanding of skills based AIDS education versus life skills education in school creating conflict of understanding of the intervention among district implementers and teachers in schools. g. Vertical programs (programmes that only address a certain issue rather than addressing it holistically) leading to poor coordination and missed cross-referrals between the Education Sector school AIDS programmes and other NGOs or CBOS programs in districts.
<p>Prevention Education (Peer Education)</p>	<ul style="list-style-type: none"> a. Teachers in school sees relevancy of the intervention through harvesting of peer strength but its sustenance is curtailed by workload of the school counsellors who oversees the intervention. Policy intervention needed to alter the situation of reducing workload among school counsellors. b. Lack of common understanding of peer education among the NGOs/CBOs and what it entails
<p>Care and support Services</p>	<ul style="list-style-type: none"> a. Highly regarded as the second most relevant and core intervention in that it enable person access care and supports services needs for continued participation in education workplaces. The intervention needs strong networking and collaboration with other sectors that are more comparatively advantaged than MoEVT. b. Inadequate Foster collaboration with the Ministry of Health and Social Welfare on the ARSH and health friendly services. c. Fear of stigmatization to seeking counselling services among learners in primary schools as it is associated with problems related to AIDS. d. Fear of stigmatization to orphan hood among learners in primary schools as death of parents or guardians is associated with AIDS.
<p>Impact Mitigation</p>	<p>In most cases it is confused by many people with care and support. The difference is that impact mitigation focus on the mechanisms to be put in place to address the negative effects made by AIDS. It ranges from policy formulation to structural arrangements for coping with adverse effects of HIV and AIDS.</p>

Section Three

3 The Strategic Framework for HIV and AIDS 2008 - 2012

3.1 Introduction

The Ministry of Education and Vocational Training has completed implementation of a five-year strategic plan to address prevention and control of HIV/AIDS. This was in line with the National Multisectoral Strategic Plan I (NMSP I) 2003– 2007.

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. Further more 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*. The ESSP-HA is a Sector Wide strategy that includes the new changes in the Education Sector.

The key elements focus on four thematic areas: prevention, care and support and impact mitigation and enabling environment, in line with the NMSF. Specific objectives in the thematic areas are to be achieved through strengthening various departments and institutions in the MoEVT to operate in a more coordinated, participatory approach, thus mainstreaming the sector's wise response.

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

The new ESSP-HA is developed 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 legitimise the need for new strategy imperatives and define key implementers to the success of the ESSP-HA.

The assumptions include the following:

- a. ESSP-HA developed within the context of Education and training Policy (1995) Tanzania's Vision 2025, the Poverty Eradication Action Plan (PEAP); National Strategy for Growth and Reduction of Poverty (NSGP) EFA and Millennium Development Agenda
- b. Reinvigorated and sustained political commitments at all levels;

- c. Strengthened commitment to the **"3-Ones" Principle** (One National - Education sector Plan, One Coordinating Authority, One Monitoring, Evaluation and Reporting Plan);
- d. Continued multi-sectoral, multidimensional, and multilevel education sector response. This must continue, and mainstreaming of HIV/AIDS sector wide must be evident together with meaningful assistance for coordinating a decentralised ESSP-HA at the district level;
- e. Seek Increased and sustained funding and technical assistance with improved alignment among the AIDS Development Partners (ADPs) and internal resource mobilisation from GoT other funding sources. ADPs should maintain faith in MoEVT ability to deliver on the ESSP-HA
- f. The Teachers Training Department will be strengthened and expanded to support the expected increased demand for trained teachers and counsellors in colleges able to supply services and access to preventive education;
- g. Increased sufficient production and distribution of teaching and learning material appropriate for each education cycle.
- h. The community will be mobilized to participate and to support schools based programme interventions;
- i. HIV/AIDS research will be enhanced to improve the efficiency, effectiveness and relevance of ESSP-HA interventions;
- j. Monitoring and evaluation systems will be in place to effectively monitor programme outcomes and track resources.

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;

- 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

The MoEVT is the largest government employer. It is also responsible for all children in schools and non formal education centres, vocational, technical and higher education 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 Strategic Plan for HIV and AIDS 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

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.

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 OVC, 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 OVC/CHH 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.

3.6 Justification of Thematic Areas and Strategies

The Education Sector Strategic Plan 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, gender-responsive HIV/AIDS/STIs prevention programme in all education workplaces.

The Ministry of Education and Vocational Training will take the lead to operationalize the identified interventions in collaboration with CSOs, FBOs and other Agencies.

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 behaviours and create conditions conducive to quality teaching and learning.

3.6.1.1 Justification

Skills based AIDS education is an important part of the school programme at all levels and must be integrated into curricular and extra-curricular components. Carrier Subjects at Primary, Ordinary, Advanced and Tertiary Education Levels have been adapted to include skills based SRH/HIV/AIDS/STIs learning objectives. 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 accelerated 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.

However, in the implementation of the previous strategic plan peer education was not given much emphasis. Peer education became weak in most of the schools as the overseer of the intervention depended on the established school counsellors. Active peer education in schools is CSO initiated but not sustained. Mindful of the fact that peer education in learners is an important intervention it is important that in the new strategic plan a new look has to be made.

This situation calls for a variety of interventions to expand and strengthen the implementation of a comprehensive SRH/HIV/AIDS/STI education programme in all education workplaces.

The overarching principle for the AIDS strategy in education workplace should be multisectoral gender and inclusive.

In addition to being the institution in society responsible for moulding the nation's children, the MoEVT 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 and AIDS education interventions must address issues of stigma and discrimination in schools and workplaces.

3.6.1.2 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 all education workplaces (schools and workplaces).
- b. Increasing availability of funding will facilitate implementation of SRH/HIV/AIDS/STIs programmes in all education workplaces.
- c. SRH/HIV/AIDS/STIs learning objectives have already been integrated into carrier subjects in schools.
- d. There are intervention models that have proven effective at primary, secondary levels, teachers colleges and at workplaces. These areas need to be expanded.
- e. Availability of library services country wide-in districts and in schools
- f. 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.
- g. The national life skills education strategy and care and support for mvc strategy provide additional opportunities.
- h. Experiences for the peer education and school counselling through PASHA.
- i. Accessibility to voluntary counselling and testing (VCT) centres

3.6.1.3 Constraints

- a. Cultural pressures and taboos as well as individual reluctance to discuss sex openly all make delivery of SRH/HIV/AIDS/STIs education challenging.
- b. SRH/HIV/AIDS/STIs education must go beyond imparting knowledge to shape attitudes and change behaviour.
- c. Inadequate access to appropriate teaching and learning materials and its poor distribution.
- d. Limited access to in-service training in both rural and urban schools and as well as private schools.
- e. Guidelines for workplace intervention for the education sector are yet to be developed.
- f. Guidelines for implementing HIV and AIDS education interventions in schools and colleges are not widely disseminated.
- g. Inadequate understanding and involvement of school committee members on issues of knowledge and skills on HIV and AIDS.
- h. Inadequate knowledge and skills on HIV and AIDS, SRH, STIs and guidance and counselling for school teachers dealing with health and environmental issues.

3.6.1.4 Strategic Plan

Goal 1: To reduce new infections among learners in Schools, Vocational Education and Training Centres, Teachers' Colleges and Institutions of Higher Learning by 2012

Strategic Objective

To increase the levels of gender responsive and inclusive skills based education among learners and workers in all education 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 behaviour change to learners and education service providers
4. Ensure ABC is promoted and strengthened among MOEVT employees, teachers and Higher Learning students.

Target Indicators

- a. By 2008 curricula of carrier subjects are reviewed, revised, printed and distributed to all learning institutions.
- b. By 2009 primary and secondary schools, non-formal education centres and Teacher Colleges have revised curricula and teaching and learning materials.
- c. By 2008 appropriate policy guidelines for interventions in education workplace settings revised.
- d. By 2009 a variety of cultural appropriate teaching and learning material addressing HIV/AIDS/STIs are produced and distributed.
- e. By 2009, 100% of master trainers trained at Zonal, District and TRC levels
- f. By June, 2012 90% carrier subject teachers/tutors at all levels trained.

Key Implementers

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

3.6.2 Thematic Area 2: Care and Support Services

A major focus of the on-going battle against HIV/AIDS, particularly in the MoEVT sector, is on devising strategies to prevent new infections. However we must not lose sight of the emotional needs of increasing numbers of traumatized children, orphans, the ill, and under ART prescription, 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.

3.6.2.1 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 MoEVT 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. Statistics from BEST 2008 indicate that total number of orphans is 174,946 (94,138 males and 80,808 females) in secondary schools. Among them 70.4% are orphans with one parent while 29.69% are orphans of two parents. In primary schools the total number of orphans is 915,234 (461,542 are males and 453,692 are females). Children with one parent is 74.8% whereas without two parents constitutes 25.2%. Number of child-headed household and attending school is 323 (0.61%) in a study done by the Ministry of Education (MoEVT -Ufuatiliaji na Tathmini 2006).

A survey conducted in 2005 in 8 ministries out of 25 ministries, 10 local authorities, and 6 regional offices, portrayed the major source of shortage of civil servants to a large extent was a result of deaths originating from HIV and AIDS, a total of 21,000 (7%) of civil servants are living with HIV (Ofisi ya Rais Menejiment ya Utumishi wa Umma, Mwongozo wa Kudhibiti Ukimwi katika Utumishi wa Umma Nov. 2007.). A big proportion of the civil servants work for the education sector.

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

The impact on a learners living in a family with AIDS can be devastating. Both infected and affected children need care and support to ensure access, retention and completion of their education cycle. School need to be not only centres for teaching and learning but also centres for providing care and support services.

Lacking of these services may lead to large numbers of orphans drop out of school or not benefiting much from school.

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 minimal. Circular No. 11 of May 2002 on establishment of guidance and counselling services in all schools and colleges has been issued and circulated but 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. In addition, all teachers need to know how to deal on a day-to-day basis with children whose pain is overwhelming.

Employees, their spouses and children in public sector are not spared from the impact of HIV and AIDS. A Government Circular Number 2 of 2006 stipulates provision of care and support services for employees with needs.

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

Adults in the education system are also increasingly affected. Teachers particularly may well be in the position 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 MoEVT 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. The Government have

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

The ESSP-HA identifies how the sector intends to address these very complex challenges.

3.6.2.2 Opportunities

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

- a. Guidelines for establishment of guidance and counselling services have been developed.
- b. Government has issued the Circular Number 2 of 2006 for care and support to HIV and AIDS infected and affected employees.
- c. The Government have issued Guidelines for Control of HIV and AIDS in the Public Services of 2007.
- d. The Government developed a number of relevant strategies, such as the care and support strategy for MVC, the gender strategy, and the ARH strategy, which link the education sector to other sectors.
- e. Partners are ready to support provision of services
- f. The School as an organised community can be reached easily.
- g. Learning Institutions have knowledgeable manpower for rendering care and support services.
- h. A culture of care is integral to African life.

3.6.2.3 Constraints

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

- a. Teachers and other MoEVT staff not adequately equipped to deal with care and support needs to schoolchildren and each other.
- b. Inadequate mechanism to access to support services e.g. home based support services, VCT and ARV inadequate.
- 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.
- f. Social and cultural pressures prevent disclosure of infection of HIV

3.6.2.4 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 OVC, infected and affected persons by HIV and AIDS at education workplaces

Strategies

1. Review/formulate and disseminate policy guidelines on care, support, guidance and counselling and welfare at workplaces.
2. Strengthen capacity for provision of comprehensive care and support to OVC, infected and affected learners and employees in all education workplaces.

3. Review, develop and disseminate training materials for guidance and counselling.

Target Indicators

- a. Guidelines for provision of care and support services for learning institutions and at workplace available by end of 2008.
- b. By end of 2012 care and support services is provided in 80% of learning institutions and 40 % of workplaces.
- c. By end of 2010 60 % of primary school and 80 % of secondary schools have trained school counsellors and providing counselling, are and support services.

Key Implementers

CE, AECU, TIE, VETA , PMORALG, TLSB, DAHR, ADEM, TEA, HESLB, TCU, NECTA, NACTE, IAE, Universities and University 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 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. 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 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 at local and district levels by the end of 2012.

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 at local, district and sector level.
- c. Establishment of School Committees, School Boards and SCAEC at local level and AIDS Education Coordination Unit at Sector level.
- 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 financially strong local organizations 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 OVC/CHH 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 2008, 85% of key partners for collaboration in provision of support to orphans and vulnerable children and MOEVT employees identified.
- b. By 2009 policy guidelines to support orphans and vulnerable children, are prepared and disseminated
- c. By 2009 impact assessment and planning models are developed and in use.
- d. By 2009, all planned advocacy seminars/workshops held.
- e. By 2010 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 , PMORALG, MoHSW, TLSB, DAHR, ADEM, TEA, HESLB, TCU, NECTA, NACTE, IAE, Universities and University Colleges.

3.6.4 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 FBOs. 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:

- a. 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.
- b. Willing and committed leadership within the MoEVT.
- c. Presence of policy, circulars and guidelines have been produced and distributed.
- d. HIV and AIDS research is being conducted.
- e. 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 AIDS education 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 fora 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 2008 an effective mechanism for resource mobilisation is in place.
- b. By 2009 mechanism to deal with research on HIV and AIDS in the education sector are established.
- c. By 2009 all actors providing HIV/AIDS interventions in the MOEVT are identified.
- d. By 2010 all members of different HIV/AIDS committees in the MOEVT are trained.
- e. By 2012 information, planning, feedback and decision-making meetings for the identified committees are held as scheduled.
- f. 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.

Section Four

4 Supporting System for the Response

4.1 Introduction

The successful implementation of the ESSP-HA depends on a number of supporting services and systems. The key systems that can strengthen the delivery of services of the strategic plan include institutional arrangements human and financial resources, infrastructure, research and development, resource mobilisation and management, and monitoring and evaluation. These systems individually and collectively play crucial roles in ensuring the relevance, efficiency, and effectiveness of the key thematic service areas described in the ESSP-HA. They are also critical to the accountability and responsibility of the education sector and its partners to deliver on the imperatives of the ESSP-HA.

The M&E system, in particular, plays a vital role in measuring and documenting progress towards achieving the desired results and impacts of the NSP.

This section presents the existing support systems, and how they will be strengthened to deliver quality services.

4.2 Institutional and Management Framework

The achievement of the objectives of the Education Sector 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.

4.2.1 Management and Coordinating Structures

The management mechanism will consist of the AIDS Education Coordinating Unit which services the Technical AIDS Committee (TAC) and the AIDS Steering Committee (ASC) of the MoEVT and oversees and monitors implementation of ESSP-HAII. 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.

Roles and functions of the AIDS Education Coordinating Unit, the committees and focal persons are as follows:

Roles and functions of the AIDS Steering Committee:

1. To advise on the SRH/HIV/AIDS/STI preventive education policy
2. To solicit leadership and commitment to support the MOEVT
3. To provide overall guidance on the implementation of the MOEVT
4. To approve plans and budget for the MOEVT activities

Roles and functions of the Technical AIDS Committee:

1. To provide information and technical advice to MOEVT
2. To facilitate inter-sectoral and inter-departmental collaboration
3. To monitor and evaluate implementation of the sector strategic plan activities.

Role and function of the AIDS Education Coordination Unit:

1. To serve as the secretariat to TAC and ASC
2. To initiate and coordinate planning for SRH/HIV/AIDS/STIs activities
3. To initiate and harmonize MOEVT strategic plan activities
4. To coordinate implementation of the MOEVT by different stakeholders and partners
5. To conduct regular supervision and follow-up of AIDS education implemented by the departments and institutions and collaborators
6. To monitor progress and prepare consolidated quarterly, mid-year and annual progress reports
7. To mobilize resources
8. To identify areas where research is needed and coordinate research related to HIV and AIDS on the MOEVT

Roles and functions of Focal persons:

1. To provide information and technical advice to Departments and Institutes
2. To serve as the secretariat to their respective departments and institutional TACs
3. To initiate and coordinate planning, implementation and monitoring of SRH/HIV/AIDS/STIs activities in the departments and institutions
4. To prepare consolidated quarterly, mid-year and annual progress report for submission to the TAC.

4.2.2 Institutional Framework

The current ministerial infrastructure will be used to facilitate operationalization and implementation of the Education Sector Strategic Plan. The institutional infrastructure consists of the departments and institutes of the Ministry of Education and Vocational Training 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.

Departments and institutions are connected to the AECU directly through the TAC. 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.

4.3 Implementation Approaches

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

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 MoEVT 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 Strategic plan priority/thematic areas activities will be integrated into the overall planning and development process. This means that HIV and AIDS activities are automatically considered components in the sector wide MoEVT plans. All resources (human, finance, materials and equipment) for HIV and AIDS related activities are to be included in the budgets of the education sector and its institutions.

4.3.3 Multisectoral 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, and 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 Vocational Training 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 delivery of AIDS prevention education in the country.

4.4 Implementation Arrangements

Each department and institution of the Ministry of Education and Vocational Training 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 Vocational Training.

The implementation of AIDS prevention education components will be the responsibility of the District or Municipal Councils for Primary and Non-Formal Education. Therefore, the districts and Municipal councils will have to incorporate HIV and AIDS interventions into their comprehensive strategic plan. This is critical in order for the HIV and AIDS Education Programme interventions to be included in the district MTEF resource envelope. The Ministry of Education and Vocational Training 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/ and the zonal inspectors of school will provide support and coordination to districts to help them carry out their mandate.

4.5 Operationalisation and implementing

Operationalising and implementing the ESSP-HA will involve turning the priority issues of the four thematic areas into action plans, delegating to stakeholders and assigning measurable outputs to the actions. The ever-changing landscape of the HIV epidemic will call for flexibility during programming, while still abiding by a set of core principles. These principles include commitment to cost effectiveness, innovation, decisions and strategies being informed by evidence, and scaling up best practices.

Implementation effectiveness will be supported by strengthening mechanisms for financial and program accountability and building stakeholder capacity.

Each department and institution of the MoEVT at central level will develop annual work plans in line with the fiscal year, for implementation, based on this strategy. These annual work plans will be funded through the budget within the MTEF of the MoEVT or through other channels that the departments or institutions will access funds.

The Council Education Department in collaboration with the District inspectorate will be responsible for implementation, monitoring and evaluation of the district education sector based AIDS activities. In so doing, they will involve all relevant stakeholders at the district and community levels. The activities in the district plan which will be part of the Comprehensive Council Plans will be budgeted for funding under the MTEF of the Prime Minister's Office, Regional Administration and Local Government (PORALG) and also supported through the activities of the community based organizations (CSOs).

In supporting councils to operationalise the Education Sector Strategy on HIV and AIDS the MoEVT will work with all stakeholders to help the councils incorporate the interventions suggested in the Education Sector Plan.

In addition to supporting the councils in planning, the MoEVT will continue to undertake quality assurance for the response at district level as well as advocate for the health sector HIV and AIDS responses to the districts. It will play this role through Zonal School Inspectors and the District School Inspectors.

The Sector Strategy will aim to respond to local priorities as determined by local educational needs at different levels. A prioritized list of activities for operationalising the ESSP-HAII is proposed (ANNEX 1).

4.6 Collaboration with Partners

The Ministry of Education and Vocational Training Strategic Plan is broad based. The mandate of MoEVT is to ensure delivery of quality education while PORALG has the administrative responsibility at the district level.

The MoEVT 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 MoEVT 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.

4.7 Financing mechanisms

Adequate financing is crucial for implementing the ESSP-HA. 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 alternative funding sources to support HIV AND AIDS interventions at different levels of the Sector.

Mechanisms will be developed to ensure NGOs, CBOs and FBOs will be coordinated in an organized manner.

4.8 Research

Research into various aspects of HIV AND AIDS continues to play a critical role in the MoEVT strategy. Research on HIV AND AIDS will provide information on issues related to HIV AND 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.

The ESSP-HA focuses on four thematic areas that provide an overall MoEVT response. The thematic areas touch on educational inputs needed to reduce risk and vulnerability factors that reduce further spread of HIV AND 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 AND AIDS on the MOEVT

4.9 Monitoring and Evaluation

Monitoring and Evaluation (M&E) is a critical and integrated task of the ESSP-HA Response on HIV and AIDS. The ESSP-HA will put in place a comprehensive M&E system to guide implementation from the national to the school level. The M&E system will build upon existing education sector surveys, the EMIS, as well as other relevant national surveys such as THMIS, TDHS, NARHS.

The M&E framework is important in order to:

- a. Determine the progress in implementing the ESSP-HA.

- b. Continuously identify and resolve any problems arising in the course of implementation of ESSP-HA.
- c. Track outcomes of the ESSP-HA.
- d. Establish the impact of the ESSP-HA.

Coordination of the M&E of the ESSP-HA 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 ESSP-HA and the expected outcomes of the strategic objectives.

Objective

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

4.9.1 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 MoEVT. A preliminary monitoring and evaluation result matrix for ESSP-HAII is outlined in Annex 3.

4.9.1.2 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 and AIDS interventions and their implementers. The information will assist in the co-ordination 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.

4.9.1.3 District Level

At the district level, M&E is integrated into the district comprehensive HIV and AIDS plans and budgets. The district authorities will collect information on progress towards attainment of HIV and 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.

4.9.2 Evaluation

Evaluation is the systematic assessment of the results of the ESSP-HA 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 Vocational Training 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 ESSP-HA.