



**MINISTRY OF EDUCATION AND VOCATIONAL TRAINING
ZANZIBAR**

**GUIDELINES FOR IMPLEMENTING SEXUAL AND
REPRODUCTIVE HEALTH/HIV/LIFE SKILLS EDUCATION
FOR LEARNING INSTITUTIONS AND WORKPLACES IN
ZANZIBAR**



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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CSO	Community Service Organisation
DACCOM	District AIDS Coordinating Committee
DHMT	District Health Management Team
DSW	Department of Social Welfare
EDSEC	Education Sector
FBO	Faith Based Organizations
GBV	Gender Based Violence
GIPA	Greater Involvement of People Living with HIV and AIDS
HF	Health Facility
HIV	Human Immunodeficiency Virus
HLIs	Higher Learning Institutions
ICAP	International Centre for AIDS Care and Treatment
IEC	Information, Education and Communication
LS	Life Skills
LSE	Life Skill Education
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MEES	Moral Ethics and Environmental Studies
MKUZA	“Mkakati wa Kukuza Uchumi Zanzibar”
MOH	Ministry of Health
MoEVT	Ministry of Education, and Vocational Training
MoSWYWCD	Ministry of Social Welfare, Youth, Women and Children Development
MLYWCD	Ministry of Labour, Youth, Women and Children Development

MDAs	Ministries, Departments and Agencies
MOU	Memorandum of Understanding
MVC	Most Vulnerable Children
NGO	Non Governmental Organization
PLHA	People Living with HIV and AIDS
PEYODO	Pemba Youth Development Organization
PPP	Public-Private Partnership
SRH	Sexual and Reproductive Health
STDs	Sexual Transmitted Diseases
STIs	Sexual Transmitted Infection
TAC	Technical AIDS Committee
UNESCO	United Nations Educational Scientific and Cultural organization
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nation International Children Educational Fund
UNGASS	United Nations General Assembly
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
WB	World Bank
YFS	Youth Friendly Services
ZAC	Zanzibar AIDS Commission
ZACP	Zanzibar AIDS Control Programme
ZAPHA+	Zanzibar Association of People Living with HIV/AIDS
ZANA	Zanzibar Nurses Association
ZAYEDESA	Zanzibar Youth Education Development Support Association

ZIFA	Zanzibar Institute for Financial Administration
ZNSP	Zanzibar National HIV/AIDS Strategic Plan
ZNLSEF	Zanzibar National Life Skill Education Framework
ZEDP	Zanzibar Education Development Plan

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FOREWORD

The task of safeguarding children and young peoples' health has become one amongst the major focus, despite the declining infant and child mortalities as indicated in the Tanzania Demographic and Health Survey (TDHS, 2006). The task has become formidable due to various diseases and difficult living conditions caused by poverty.

Health hazards that put children and young people into conditions of morbidity and subsequently deaths are on increase and still become virtually unchallengeable. Children at different age-groups are facing risks of being infected due to their vulnerabilities that are amongst other reasons, caused by lack of education. Children at younger ages are prone to infections because of their loose behaviour of eating unhygienic foods and playing in unsafe environments.

At later ages, the risks shift to other types of behaviours including use of alcohol, drugs and engagement into early sexual practices. There are documented evidences that young people in and out of schools are engaged in unprotected sexual activities that warrants for continuous interventions focusing on change of their behaviours. Despite providing young people with knowledge and skills that focus behaviour change, at the same time young people need regular and instant preventive education because they might be currently practicing risk behaviour that will not wait until change of behaviour occurs.

Educating young people on behavioural change, however, is one amongst the difficult tasks due to existence of counter persuasive pressures they obtain from their peer groups. However, efforts are required including provision of Sexual and Reproductive Health (SRH), HIV and AIDS and Life Skills education in learning institutions effectively using formal education structures and in the community using well organized peer education programmes.

Issues of sexual and reproductive health are important for young people in and out of schools as they are important to the adult people because young people men and women need to know their sexuality and their sexual rights. They also need to know the existing connection between SRH and HIV and AIDS and be aware that heterosexual transmission is the major infection route of contracting HIV in Zanzibar. Furthermore, learners in education institutions and those out of school need to know various risk factors/situations in connection with HIV and risks associated with other sexually transmitted infections.

Life Skill Education is also very important for young people in and out of school to help them understand the environment they are living, understanding their own problems and how to address them.

HAPTER ONE

INTRODUCTION, BACKGROUND AND SITUATION ANALYSIS

1.1: Introduction

The documented HIV infection among young Zanzibaris aged 15-24 years accounts for 0.2 percent; with infection to females being three times higher (0.3%) compared to their male counterparts (0.1%) – (National HIV and AIDS Strategic Plan II, 2010). There is enough evidence that youths in and out of school are engaged in unprotected sexual activities (HLIs Survey, 2009), the situation that warrants for continuous interventions including provision of Sexual and Reproductive Health (SRH) and HIV and AIDS education in learning institutions using formal education structures and in the community using peer education programme.

Issues of sexual and reproductive health that were spared for adult life have now more importance for young people in and out of schools as their sexual urge is so strong that it commands them into irrational indulgence of unprotected sexual activities. Under these circumstances, young people men and women need to know their sexuality and their sexual rights and the risk factors associated with casual sexual practices. They also need to be taught the existing connection between SRH and HIV and AIDS and be aware that heterosexual transmission is the major infection route for contracting HIV in Zanzibar. Furthermore, learners in education institutions and those out of school need to know specifically the aftermath of sexually transmitted infections and its relationship in connection with HIV and other conditions like infertility.

Life Skills Education is also essential as it applies theories about how people particularly children grow, learn and behave in a particular place and time. LSE is inevitably different from time to time and from place to place as socio-cultural, religious, technological, economic and other factors influence how people acquire and apply knowledge in a given time and space. This section summarizes main outcomes on a number of ongoing debates regarding the focus, content and teaching approach/methodology and tools for life skills. Life Skill Education is also very important for young people in and out of school to help them understand the environment they are living, understanding their own problems and how to address them. This knowledge will also help to make young people self-reliant, reducing income poverty and subsequent consequences of engaging into dubious means including theft, abusing alcohol and marijuana. Without means of obtaining income, youths most of the times become idle and frustrated and engage themselves into the use of drugs to overcome problems associated with such conditions.

It is supposed that giving young people knowledge is to show them way for their better life now and in the future. The MoEVT has been engaging in providing SRH/HIV/LS education since 1990s. Assessment of the progress and achievements overtime on this area has been undertaken and positive changes documented. However, the need to regularly monitor and

assess the outcomes and impact of this program to see how target population is benefiting with this long time practiced intervention is very crucial.

1.2: Background

In its efforts to educate students on sexual reproductive health and HIV and AIDS, the then Ministry of Education, Culture and Sports, currently known as Ministry of Education and Vocational Training (MoEVT) introduced Family Life Education in 1990 which was transformed to Moral Ethics and Environmental Studies (MEES) in 1994. The interventions started with issues of SRH that were integrated into school subjects. The subjects were piloted for students of primary six to lower secondary. Different training materials were developed and in the same endeavour, the Ministry promoted MEES clubs in schools in which issues of SRH/HIV and AIDS, environment and population were incorporated. This programme was also introduced in Teachers Training Colleges later in early 90's.

Furthermore, in joining the multi-sectoral efforts to fight HIV and AIDS epidemic, the MoEVT include the provision of guidance and counselling services on SRH issues with focus to HIV and AIDS and initiation of peer education programs which provide Life Skills Education to adolescents. The Ministry continue to protect the reproductive health of school youths in collaboration with other development partners including UNFPA, UNICEF and others. This is done through various interventions primarily providing education to young people who are in school and also imparting knowledge and creating awareness to young people out of school using peer education program.

In the course of implementing the above-mentioned interventions, drastic achievements were obtained - including trainings that were being provided to a number of teachers and peer educators that substantially built their capacities and the development of key working documents for example, having in place, the Life Skills and SRH training manuals for use in schools. Informally, some schools reported to provide support to infected learners, staff and children identified as most vulnerable.

Preliminary findings, however, indicated that despite the fact that the developed manual covers range of sessions/topics related to SRH/HIV and AIDS and Life Skills BUT is too general and that needs to be better adapted to suit to various target groups. With this limitation therefore, the MoEVT saw the need to have the guidelines to support the implementation of the SRH/HIV/LS education manual. Furthermore, the Zanzibar Education policy (2006) also acknowledged the need to develop guidelines for HIV and AIDS education in the education sector

1.3: Situation Analysis

1.3.1: Global Situation of HIV Infection

The emergence of the global HIV pandemic has not spared any continent or region without HIV infection. The current global estimates of people living with HIV since the beginning of the epidemic are over 60 million. (NACP, ZNSP II, 2010). Nearly half of the infected people are from Africa with majority of them found in Sub-Saharan Africa, despite some long term concerted efforts to prevent new infections. Sub-Saharan countries have documented significantly high tolls of HIV infection and the negative outcomes emanating from the epidemic (NACP, 2010).

1.3.2: HIV Situation in Developing Countries

In developing countries, the infection is growing fast with statistics showing an increase of nearly 20 million people over the period of seven years from 2003 to 2010. Studies have found that majority of new infections occur in young adults of age-group 15-24 with about 3.4 million new cases occurring in Sub-Saharan Africa alone over one year. Young women are found to be more vulnerable to new infections. AIDS has been the cause of majority of deaths happening in Africa south of the Sahara and has inflicted serious economic crisis over the past decade. Worldwide, AIDS is the fourth killer disease estimated to have killed over 3 million people in Africa alone and has been the cause of many cases of morbidity to the world population (CSOs HIV Capacity Assessment Report, Zanzibar 2010)

1.3.3: HIV Situation in East Africa

The situation in East Africa depicts increasing trend over years though there are cases that the infection rate is now reversed. In the neighbouring country of Uganda, HIV/AIDS prevalence has stagnated at around 6.4% with an annual incidence of over 110,000 cases resulting into 1.1 million people living with HIV (PLHA). About 350,000 of these need ARVs but only 150,000 are currently receiving treatment (Uganda CSOs Assessment Report, 2009). In the national response, the country adopted the multi-sectoral approach in 1992 and to-date there is a National Strategic Plan that has been rationalized into an annual priority action plan. Uganda AIDS Commission through an innovative partnership arrangement (including Partnership Committee, Self-coordinating entities and Partnership Forum) coordinates the national response that includes participation of civil society organizations.

1.3.4: HIV Situation in Tanzania

Generally, the United Republic of Tanzania and Zanzibar have not been spared from the challenges and effects of HIV and AIDS. Each part of the Republic has witnessed and documented different HIV epidemics. The situation in Mainland since the identification of the first index case in 1983 has been alarming. Infections continued to be reported tremendously until all regions are now covered with reported HIV cases. The National AIDS Control Program (NACP 2010) recorded a total of 18,929 AIDS cases since 2003 with

cumulative of AIDS cases in Mainland totalling 176,102 since the first index case was established.

1.3.5: HIV Situation in Zanzibar

In 1986, the isles of Zanzibar documented the HIV index case at Mnazi Mmoja Hospital. Henceforth, the country has continued to witness a growth of cumulative number of people infected by HIV. Initial surveillance reports underpinned the *potentiality of the epidemic as being driven by factors similar to those witnessed in areas with generalised type of HIV epidemic*¹. Hence, heterosexual HIV transmission was predominantly singled out as the major mode of transmission in the Isles. Concurrently, the HIV epidemic in Zanzibar has spread to affect all districts at unequal pace, levels and magnitude. With limited institutionalised surveillance system and additional evidence, response efforts to the epidemic were arrayed to address the epidemic of a generalised nature.

Table 01: Four year sentinel surveillance result,
1999-2008, Zanzibar

Year	Tested	Positive	percent
1999	1400	10	0.7
2002	1376	14	1.0
2005	2988	26	0.87
2008	5983	34	0.6

Source: ZNSP II (2010-2014)

Based on HIV surveillance surveys, both National and **ANC**, and subsequent assessment of some sub-populations, the HIV epidemic in Zanzibar show an epidemic that inclines toward the concentrated type of HIV epidemic. In-depth analysis on other biological infections such as Hepatitis C infection is suggestive of the fact that Zanzibar is not experiencing a matured concentrated of HIV epidemic (ZNSP II, 2010)

In 2002, stakeholders queried the quality and validity of data that were collected to define the HIV and AIDS epidemic in Zanzibar. In view of this, a validation survey was carried out in 2002. The results of the survey defined HIV prevalence to be below one percent with probability of it being of concentrated type. This led to revision of the surveillance protocol to address the inherent limitations that would attempt to address such a definition in the HIV surveillance system in Zanzibar.

¹ ZACP Surveillance reports 1-3; the validation survey-2003

The existing body of literature on HIV dynamic and determinants in Zanzibar acknowledges the existence of multitude of factors that directly or indirectly exacerbate the epidemic. Similarly, emerging data (inclusive of service data at various levels) shows the existence of a concentrated type of the epidemic which has yet to be clearly defined. In view of this and in line with the observations at service delivery point, Zanzibar faces an epidemic that is of mixed nature. Despite the absence of Modes of Transmission model (MOT) for Zanzibar, current evidence, coupled with lesson learnt (experiences) from countries with similar HIV epidemics, underpins the following fuelling factors:

- ❖ Unequal gender relations and gender based violence
- ❖ High levels of HIV and other STI
- ❖ High Risk behaviors (sexual and Drug related Behaviors) among Most at Risk Populations and people in Correctional Facilities
- ❖ Stigma and Discrimination towards **MARPs and PLHIV**
- ❖ Poverty and transactional sex
- ❖ Inadequate linkage between high levels of HIV knowledge and sexual risk behavior in Zanzibar
- ❖ Mobility and high migration
- ❖ Information Education and Communication (IEC) and Behavioural Change Communication (BCC)

1.4: Situation analysis of SRH/HIV/LS education sector in Zanzibar

The situation analysis in this part will focus on the mere SRH/HIV/LS education as a learning/training package and not the results of any intervention done because of the paucity of sector-based data especially on areas of SRH/HIV. It is evident that since its involvement in the multi-sectoral response to HIV and AIDS in Zanzibar, the MoEVT has had a number of achievements and contributions to the national response; but no study has been conducted to assess this area in education sector. The impact of HIV and AIDS in education sector in Zanzibar is readily not known and the number of students, teachers, tutors and non-teaching staff remain a question that cannot readily be answered. In general, the results of these interventions can be said to be there but so scattered in various data routinely captured by the sector database and surveys undertaken on education sector.

1.4.1: EDSEC SRH/HIV/LS education organization and management

There is no specific organization and management for SRH/HIV/LS education topics as they are not treated as standalone subjects but mainstreamed in other subjects. Despite the fact that the topics have its separate facilitation manual but its curriculum is integrated in other subjects. The topics are so far not taught at all levels of education, though the focus is that. The developed manual is not articulating clearly which content is to be taught at which level and therefore need these guidelines to support its implementation.

1.4.2: The content of SRH/HIV/LS education

The content of SRH/HIV/LS education discussed here is what is currently in the manual which was supposed to reflect what is in the integrated curriculum. This manual has been formulated by group of experts and is supposed to have focused the learning institutions requirements. As it is now it can be said to be adequate except for areas like family planning, pregnancy and its complications are some of the important topics that are missing on the part of SRH. Other components look adequate. What is suggested is to conduct a critical review on the content with a focus on each education level and come up with suggestions to add or to remove what is found to qualify.

1.4.3: SRH/HIV/LS Education Implementation modalities

The modality that these topics are implemented is predominantly through classroom sessions. They are only taught in schools where carrier subjects from which its curriculum is integrated are taught. The topics are reported to be examined in the same papers of the career subjects and students' performance on these topics is reported to be good. There have been claims that the topics are taught as leisure and optional with no equal weights and priority like topics in other standalone subjects. This concern was given by some of the teachers who teach these topics and selected students with reason that lack of priority given to these topics is because of its integration into others subjects. Counter responses on this issue from education officers including inspectors, however, said that integration is not the reason for the low priority bestowed to these subjects, but rather it is the commitment of the teaching staff. It was further established that the topics are not reflected in the supervisory checklist and in fact were reported to be not supervised. However, this was found to be not an issue of serious concern to the MoEVT top management because the major focus for the success in this area is learners' performance and eventual change of behaviour of young people. Students performance in these three components of the package in the education assessment was reported to be even better compared to topics in other subjects.

1.4.3.1: EDSEC SRH/HIV/LS Education at Lower -primary and Primary Level

Through the previous assessment, evidence has shown that SRH/HIV/LS education is provided in primary school through integration in career subjects from Std 7 down to the lower primary level. Teachers who are teaching these topics were given training based on the content package and currently the teaching of these topics is continuing though there is acute shortage of teachers who can confidently teach these topics especially with the increasing number of primary schools.

1.4.3.2: EDSEC SRH/HIV/LS Education at Secondary and College Level

At all levels where SRH/HIV/LS education has been implemented under MEES, it was implemented as a program. When MEES program was terminated this package of education continued to be implemented as activities in the same subjects that were earlier mainstreamed in the curricula namely – Biology, Civics, Geography Dini and English. This integration was done under the defunct program of Moral Ethics and Environmental Studies (MEES) as a pilot to selected levels of education (i.e. selected pilot schools – 40 primary and 40 secondary) and was later scaled up but not yet covering the entire levels of learning institutions in Zanzibar. The program later covered Teachers Training Colleges but it hasn't

covered universities, Mikunguni and Kengeja Technical Secondary Schools Karume Institute of Science and Technology and other vocational training centres. It has been learned, however, that there are new secondary schools curriculum developed in 2005 which has substantial contents on HIV and AIDS.

1.4.3.3: EDSEC SRH/HIV/LS Education at Higher Learning Institutions

Referring to the assessment it was reported that there is no integrated or separate curriculum on SRH/HIV/LS education existing for higher learning institutions and no formal sessions were planned for these institutions. However, there are HIV interventions that predominantly focusing preventive education, despite the fact that no institution reported to have HIV strategic plan, policy or guideline which could be used to guide in implementing HIV and AIDS activities. It was further reported that even the administration of the existing students' HIV and AIDS clubs is not given its due emphasis by the institutions. HIV and AIDS intervention clubs were reported to exist at Benjamin Mkapa Teachers training college, the Zanzibar Institute of Finance Administration (ZIFA), the State University of Zanzibar (Sifa AIDS Club), Zanzibar University Student's HIV and AIDS Club (ZUSHAC).

Extended discussions with some students and lecturers at higher learning institutions revealed low involvement of lecturers, staff and other management team in HIV and AIDS intervention plans and its subsequent implementation and sometimes there are restrictions for students to implement some HIV and AIDS activities.

Limited support from Zanzibar AIDS Commission and the management of higher learning institutions was also reported, despite the presence of these clubs. Virtually, it was learned that there is no financial support provided by students' institutions to undertake HIV and AIDS interventions, though there have been no much efforts in mobilizing funds for HIV and AIDS interventions in these learning institutions. When members of HIV and AIDS clubs were consulted, they could, however, be able to state their priority requirements.

1.4.4: The existing SRH/HIV/LS Institutional Framework

The SRH/HIV/LS education subjects are taught following normal existing education structures except that they have its special teachers trained to teach these subjects. They can't be found appearing in block time table because they are mainstreamed into other subjects.

1.4.5: Partnership building and coordination

In providing SRH/HIV/LS education, there are a number of public and private sectors. A number of NGOs and international organizations engaged themselves in implementing SRH/HIV/LS education in different forms of interventions. It has been found that there is no formalized partnership and coordination in implementing these interventions. Each party is doing what has planned to do without formal communication.

1.4.6: Monitoring and Evaluation

Specific monitoring for this package does not exist, despite some research information regarding SRH/HIV/LS education outcomes reflected amongst young people in learning institutions. However the newly developed Zanzibar National Life Skills Education Framework has come up with monitoring and evaluation indicators and a framework for

monitoring and evaluation of Life Skill Education but the framework and indicators can be also effectively used for other two components (SRH and HIV)

1.5: Target audience (beneficiaries) for SRH/HIV/LS

These guidelines are focused for use of:

1.5.1 In school youths including:

- ❖ Pre-primary school children
- ❖ Primary school children
- ❖ Secondary school students

1.5.2 Students in learning centres and colleges including

- ❖ Teachers training colleges – certificate and diploma levels
- ❖ Trainees in vocational training centres
- ❖ Trainees in the Alternative learning Centres
- ❖ Trainees in Adult learning Centres

1.5.2 Employees of the MoEVT including

- ❖ Teachers in schools and learning centres
- ❖ Teachers working in Teachers' Centres
- ❖ Tutors at colleges and higher learning institutions
- ❖ Lecturers at universities
- ❖ Technical staff other than teaching staff in all institutions under the MoEVT

1.6: Starting Age

SRH/HIV/LS education should first be age-appropriate and start from pre-primary and continue throughout the life of the child in school. Since SRH/HIV/LS in Zanzibar will be broad based, then children can start acquiring the appropriate skills from early age of 4 years when they start their primary education. The same skills can then be applied to include substance abuse at an appropriate age according to the existing curriculum for the package at various level. Parents and guardians should play an active role in imparting important skills from an early age. Equally important is the role of religious teachers and leaders in Madressa to ensure that children acquire the essential SRH/HIV/LS drawing on religious teachings. Moreover, for in school youth, teachers should be able to identify the more-at-risk students such as those who are relatively more matured in their cohort and provide them with the essential life skills. The need to identify more at risk students is informed by reported

incidences of girl children becoming pregnant in early primary schools such as standard three. While it may be inappropriate to provide SRH/HIV/LS education in the context of SRH to most standard three students, there might be a few a students who will be at risk if waited until standard five, for instance. (ZNLSEF, March 2010)

CHAPTER TWO

AIMS, OBJECTIVES, RATIONALE AND GUIDING PRINCIPLES OF SRH/HIV/LS GUIDELINES

2.1: Aims of the Guidelines

These guidelines are developed to provide coordinated, integrated and harmonized direction and approach in providing SRH/HIV/LS education by different actors, with special focus on preventive education, counselling, care and support for children and youths in learning institutions and employees at work places in order to have a common understanding in mitigating and control of HIV/STI infections, teenage and unwanted pregnancies, counselling and support of vulnerable population groups in education sector in Zanzibar.

2.2: Objectives of the Guidelines

2.2.1: Overall Objective

The overall objective of the guidelines is to have a concerted plan, procedure or course of action that will guide all actors or implementers of SRH/HIV/LS education in schools, learning institutions and work places under education sector in Zanzibar on how they can provide knowledge, care and support to different beneficiaries in this sector.

2.2.2: Specific Objectives

- i. To raise awareness of key actors in the education sector including education officers at various levels, teaching staff, students and workers in learning institutions and teachers' centres in Zanzibar on the importance of SRH/HIV/LS education
- ii. To mobilise and sensitise different SRH/HIV/LS key players on the provision of this education in learning institutions and work places in education sector in Zanzibar.
- iii. To provide lines of actions to be followed by different actors.
- iv. To guide teachers in learning institutions and trainers from outside these institutions on the required contents, approaches and required teaching norms in teaching SRH/HIV/LS at different levels of education
- v. To scale up capacity building of teachers on the areas of SRH/HIV/LS for better teaching of these subjects in learning institutions and work places
- vi. To contribute to the ongoing multi-sectoral collaborations in fighting HIV and AIDS in Zanzibar
- vii. To integrate and harmonize other guidelines that were used in teaching SRH/HIV/LS education in schools

- viii. To build young people ability to live according to what is generally perceived as a good life style that is acceptable in the community, to know their life problems and mans to address them
- ix. To discourage and combat unacceptably local and cultural practices amongst young people in learning institutions that fuel the spread of HIV and STI infections
- x. To fulfil the responsibility of providing focused and ethically accepted SRH/HIV/LS education for different age groups of learners according to their needs

2.3: Rationale for RSH/HIV/LS guidelines for education sector

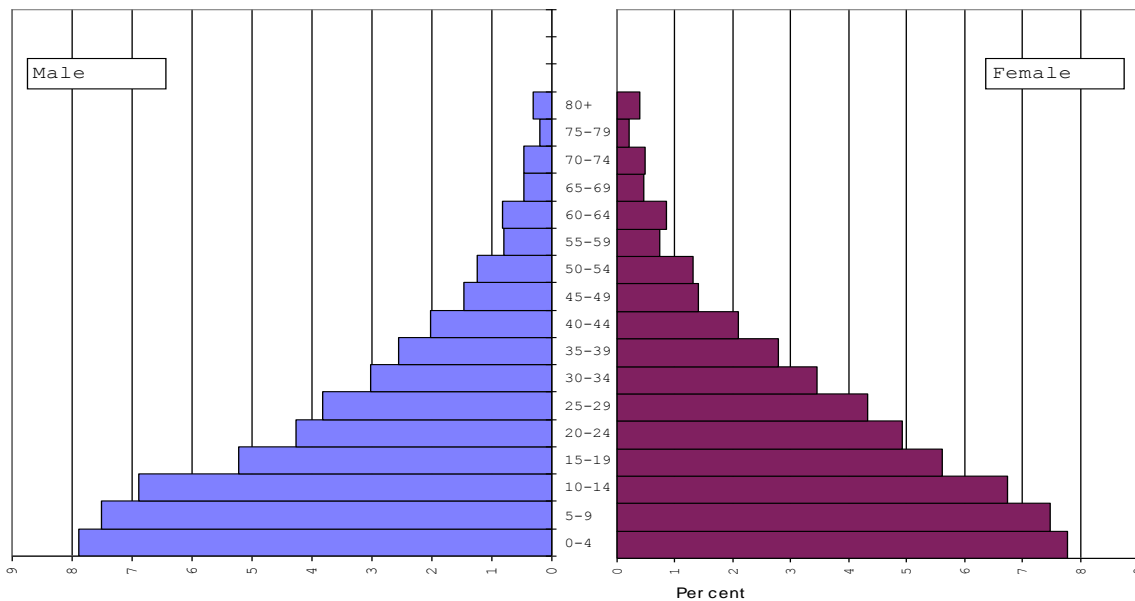
The Ministry of Education and Vocational Training in Zanzibar (MoEVT) is the custody of a number of children and young people under its schools, colleges, training centres and Universities. Besides other sources of education, the MoEVT has the mandate to impart knowledge and skills to the school population and plays a leading role in ensuring that young people in Zanzibar are getting the right education in the right period for any cost it can afford.

The Ministry of Education and Vocational Training serves the majority of school age children from pre-primary, primary, and secondary schools in the country almost from ages 4-21. Some of these children from 4 – 17 years are MVC and about 70 percent of the youth population who also include MVC in either primary or secondary school who need special support. The ministry has engaged in intensive teacher and peer training in these schools. Teachers are being trained as both counsellors and HIV/AIDS educators, and the ministry has plans to strengthen HIV/AIDS counselling services.

Teaching of SRH/HIV/LS education in learning institutions in Zanzibar is very crucial because it helps adolescents translate knowledge, attitudes and values into healthy behaviour. These include acquiring the ability to reduce special health risks and adopt healthy behaviour that will help them to improve their lives in general; such as planning ahead, career planning, decision-making, and forming positive relationships. Another justification for this is the fact that adolescents of today grow up surrounded by mixed messages about sex, drug abuse, alcohol and adolescent pregnancy. The internet plays a key role in availing these messages to young people. On one hand, parents and teachers warn of the dangers of early and promiscuous sex, adolescent pregnancy, STDs/STIs/HIV/AIDS, drugs and alcohol, and on the other hand, messages and behaviour from entertainers and peer pressure contradict those messages. Often, they even promote the opposite behaviour. It is through life skills that teenagers can fight these challenges and protect themselves from teenage pregnancy, STDs/STIs, HIV/AIDS, drug abuse, sexual abuse, and many other health-related problems.

2.3.1: Zanzibar Population Pyramid

Population pyramid is a diagram showing population of the country classified by age group and sex. The presence of this pyramid here is to show the big number of young people majority of whom (from age 5–24 years) are in learning institutions and few others (part of 0-4 years below) will be schooling in the near future. The pyramid’s broad base is known as “Expansive” which means that it consists of majority of young people who have potential of giving birth to others and therefore expand the population size. This pyramid is therefore indicating the number of children and young people that will be under the custody of the MoEVT



KEY ON HOW TO READ THE PYRAMID:

- ✓ Blue Colour refers to Male Population
- ✓ Dark Red Colour refers to Female Population
- ✓ The Middle column contains Age-groups
- ✓ Bottom Line Numbers refer to Percentages for each age-group

The pyramid above shows that the number of student population in schools, colleges, vocational training centres and universities in Zanzibar up to the age of 24 years are more than half of the total population.

It shall be born in mind that young children are vulnerable and have no other source of knowledge except through schools. They are to be given appropriate knowledge before they start to copy bad behaviours from their elders. This knowledge is among the human right and the subsequent child right as quoted here below:

“The Convention on the Rights of the Child, Education for All and the Declaration of Commitment resulting from the United Nations General Assembly Special Session on HIV & AIDS in 2001 emphasized the need to apply life skills in various situations. International organizations dealing with social welfare issues have embraced life skills approach for years to be given to children”

2.4: Guiding principles to the use of these guidelines

Under the need and necessity stipulated in Education Policy (2006), this guideline document remain as an acceptable government document, guiding, enhancing, strengthening and consolidating the teaching of SRH/HIV/LS Education in learning institutions of Zanzibar. It should therefore maintain that children and young people have the right to SRH/HIV/LS education as part of children’s and human right. Thus the teaching of this package shall be guided by the following principles:

1. Culture and moral ethics of Zanzibar should be well considered in teaching SRH/HIV/LS at various levels of education and workplaces
2. The use of special manual developed for the package in order to have a common understanding of what is being taught in learning institutions shall be adhered to.
3. The content and mode of teaching should be a reflection of Zanzibar environment by providing the evidence on what is happening in our own setting

4. Age of students and subsequent level of education where the training package is used shall be well considered.
5. The existing system of co-education and the mixture of public and private ownership of learning institutions shall be regarded
6. The mandate and the crucial responsibility entrusted to the MoEVT with respect to providing right education to children, youths and workers shall be valued and maintained.
7. The right of preventive education, care and support, non-discrimination and impact mitigation as part of human rights for children, youths and workers shall be considered
8. Respect for basic rights and equal protection of all persons irrespective of age, sex, ethnicity, colour and religion need to be exercised
9. Human right based approach shall be used in support and implementation of preventive education to children and youths at each level
10. Advocating for promotion of preventive education at all levels of education sector through effective ownership, leadership, community and resource mobilization and coordination shall be in the focus
11. Training package used should be the one accepted by MoEVT and trainers of this package should be those who are formally trained and nationally recognized by MoEVT
12. Fostering and engaging in partnership with other key players in public and private sectors including NGOs, CBOs, FBOs, MDAs and development partners
13. Capacity building of key implementers including teaching staff and other workers under the MoEVT as a strategy to accelerate HIV and other STIs infection prevention is necessary measures for care and support.

14. Community participation is fully considered and greater involvement of people living with HIV and AIDS (GIPA) is developed and realized in prevention, care and support

15. Non discrimination in terms of gender, mainstreaming gender in all interventions to be adhered to and response to different gender needs to be critically observed

16. Design and implementation of SRH/HIV/LS education shall be guided by M&E and research findings

17. The universal infection control measures should be everyone's responsibility at learning institutions and work places

18. Respect to the right to privacy and confidentiality with regard to HIV and AIDS status and status of other infectious diseases.

19. Enhancement of equal rights and involvement of people with disability

20. Stigma and discrimination amongst infected learners and workers in learning institutions and workplaces should be fought with all efforts

21. The right of knowledge and freedom of choice for RH commodities for staff in work places should be respected.

22. Community and active involvement of people with special needs shall be encouraged

2.5: The users of these guidelines?

These guidelines have been developed for use in the learning institutions in Zanzibar and in work places under the education sector. The guidelines are supposed to be used by the following:

- Teachers and Learners at public and private schools, (for different levels of education)
- Tutors and learners in teachers training colleges, vocational training centres and alternative education centres
- Lecturers and students in universities
- Employers at various Departments in the education sector
- Employees at work places in education sector

The guidelines are also useful for all actors who intend to work or who are already working in the area of Sexual and Reproductive health, HIV and AIDS or Life Skills Education in the education sector in Zanzibar

CHAPTER THREE

ORGANIZATION AND MANAGEMENT OF SRH/HIV/LS

3.1: General Organization and Management of SRH/HIV/LS education

3.1.1: The general implementation of SRH/HIV/LS education in learning institutions is the mandate of the Ministry of Education and Vocational Training (MoEVT).

3.1.2: The Ministry shall therefore be the main implementer and the coordinator of SRH/HIV/LS content as one special package to be taught in pre-primary, secondary, colleges and vocational training centres besides the content of other routine subjects. This shall be done using the existing structures of education and the available training facilities.

3.1.3: The MoEVT shall observe public-private partnership by allowing private schools to teach the content and inviting participation of CSOs, FBOs, individual experts from public or private sectors and from development partners to assist in providing this knowledge to learners and employees at work places whenever possible.

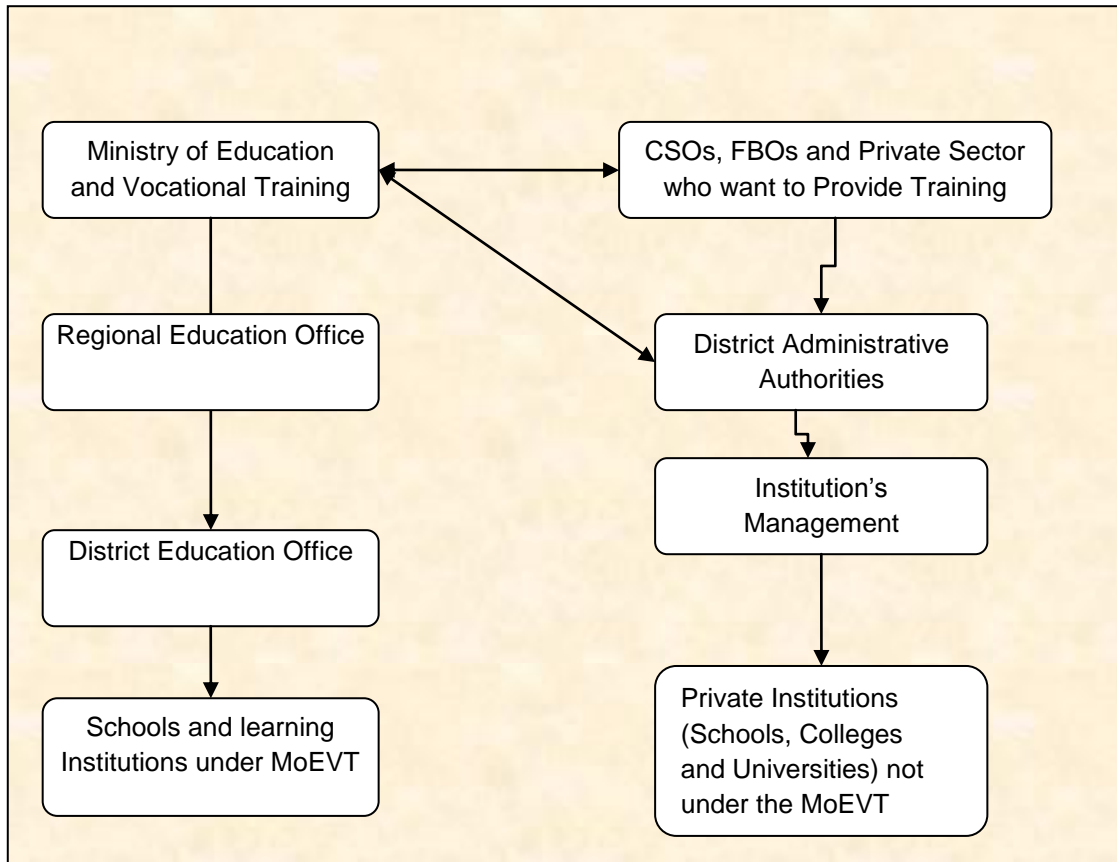
3.1.4: NGOs, CBOs, FBOs and other interested private parties in need of providing SRH/HIV/LS education will be required to submit their letter of request with attachment of proposal of intent to the Principal Secretary. Terms and conditions of entry shall be defined and agreements on the terms to be made in the respective MOUs.

3.1.5: Rules, regulations and guidelines for sound collaboration, coordination and partnership shall be put in writing by the MoEVT and to be made available to all interested parties who want to participate in providing preventive education, counselling, care or support for children and young people in schools, teachers' colleges, teachers' centres, vocational training centres or work places and universities under education sector.

3.1.6: A common curriculum guideline shall be developed by MoEVT curriculum developers as a package of SRH/HIV/LS which is to be used by all potential stakeholders in need of providing SRH/HIV/LS education as guest speakers or external teachers/tutors.

3.1.7: Routine classroom teaching, however, will be conducted by teachers and tutors trained to teach all subjects. In any case, the school head teachers or principals of the colleges shall take the ultimate responsibility to see what is imparted to students.

Algorithm for CSOs, Private Sector, FBOs and other interested Parties who need to Provide Trainings on SRH/HIV/LS in Learning Institutions in Zanzibar



3.1.8: Teaching Modalities

Teaching shall be done in classrooms for theoretical part and outside the classrooms for practical part (where applicable) with a portion for extra-curricular activities which can be identified in training manuals.

3.1.9: For SRH/HIV/LS education, practical exercise, visiting service areas or performing drama using special drama groups. It is suggested that school health clubs be used to perform drama relating to SRH/HIV/LS education.

3.1.10: Extra-curricular and non-formal interventions shall be done to complement the formal school curricula with a particular focus on children and adolescents in and out of schools, who are identified as being especially vulnerable or at greater risk with regards to specific content area

3.1.11: Medium of Instruction

For the purpose of fostering quick understanding, the medium of instruction for SRH/HIV/LS education shall be English or Kiswahili, to be used where appropriate. If a need will arise, the mixture of two languages shall be used

3.1.12: SRH/HIV/LS content shall be delivered

Using learners' centred approach while adult teaching approach will be practiced at work places. Despite the fact that a separate curriculum guideline for SRH/HIV/LS education will be developed, the subjects will continue to be mainstreamed into the curriculum of other school content for easy teaching in schools. A separate curriculum guide can be used by non regular teachers from outside the education sector.

3.2: Organization and Management of SRH/HIV/LS education by Level

3.2.1: These guidelines focus on four levels of education, each of which has its own requirements. What content will be suitable to what level of education shall be guided by the carrier subjects for that level in which the SRH/HIV/LS education curriculum is integrated

3.2.2: It is important that under this section, principle number 3, 4 and 11 concerning training the content and modes of teaching, age of students and level of education and training package and who are accepted as trainers of this package shall be well adhered to.

3.3: Organization and Management of SRH/HIV/LS education by Thematic Area

3.3.1: Because the current Life Skills Education curriculum is extensively rich on issues of SRH and HIV, only a component of LS education is sufficient to teach pre-primary and primary level. Comprehensive SRH/HIV/LS education shall be taught from lower secondary level and above.

3.3.2: Subjects proposed for mainstreaming LS Education at pre-primary are General Science Dini ya Kiislamu and Kiswahili.

3.4: Institutional Framework for SRH/HIV/LS Implementation

It is envisaged that the successful and effective implementation of SRH/HIV/LS education, rests in the hands of chain of actors from the top leadership level to the institutional level where the recipients or beneficiaries of the knowledge are.

It is necessary that there shall be roles and responsibilities for different actors at national level cascading to lower levels including regional and district education authorities and the eventual learning institutions where knowledge is going to be provided.

Public and private learning institutions all have roles and responsibilities to implement, including preparation of conducive and enabling environment for teaching of these subjects. It is through joined efforts of the key actors at different levels including those who are in different established committees that the provision of quality, equitable and sustainable SRH/HIV/LS education can be achieved for young people in learning institutions and the associated working staff. Therefore:

3.4.1: There will be no new system developed for implementation of SRH/HIV/LS education. The existing education infrastructures will be used to serve this purpose. For activities that needs privacy for individual or small groups of people, suitable environment will be created to facilitate the need.

3.4.2: A special circular should be produced by Principal Secretary MoEVT to inform regional, district education officers and other responsible officers at the ministry on the agreed SRH/HIV/LS education implementation rules and regulations.

3.4.3: HIV and AIDS coordinator at ministerial level, regional and district education office, HIV focal persons to oversee the SRH/HIV/LS education implementation at their levels and all of them to meet and plan to conduct monitoring visits in learning institutions to ensure that the content is taught and supervised by school inspectors.

3.4.4: At schools, vocational training centres and colleges, the head teachers and college principals shall make sure that teachers selected and trained to teach these topics are teaching them as planned. It is insisted that these topics should be routinely taught by school teachers trained to teach them. This does not nullifying other external teachers from outside learning institutions knowledgeable about these topics, provided the procedures set for such collaboration is adhered to.

3.4.5: This institutional structure shall be used by all interested parties together with the developed curriculum guide for SRH/HIV/LS that will be commonly used by school teachers, college tutors and all other stakeholders who need to train learners in learning institutions and workers in work places.

3.5: Community Involvement for SRH/HIV/LS Implementation

The involvement of Community with respect to their children education is very crucial because part of their time is spent at home under the care of parents. Apart from parents or guardians, other people from the community have roles to play in helping to shape the behaviour of young people in a given society. There has been long time participation between parents/guardians of children and young people in schools and the school managements which need to be strengthened and maintained. Under this endeavour therefore:

3.5.1: The same relationship existing between community and education institutions need to be strengthened to operate in the implementation of SRH/HIV/LS education.

3.5.2: Parents shall be called by school managements and informed on the aim of teaching these topics. Their roles and responsibilities as parents/guardians are to ensure that their children are in good acceptable track through follow up to know their movements after school hours, their friends and relationships.

3.5.3: Parents/guardians, influential and faith based people shall be invited to talk with students at school as their extra curricula activities that can be done in the open and not necessarily in the class.

3.5.4: Sharing of information between teachers and parents/guardians on issues of SRH/HIV/LS education and the changing behaviour of school children shall be planned in every meeting where these two groups meet. The responsibilities for follow up shall not be to only parents whose children are in schools but shall be the responsibility of all adult people in the community.

3.6: Public-Private Partnership in SRH/HIV/LS Implementation

Deliberate efforts need to be taken to foster partnership between public and private sector. The MoEVT will not be providing equitable knowledge in its learning institutions and work places if private learning institutions will not be taken on board in obtaining SRH/HIV/LS education. On this concern therefore:

3.6.1: SRH/HIV/LS education shall be taught in public and private schools using same existing structures and common curriculum developed for these topics.

3.6.2: Selected teachers from private learning institutions shall be trained on SRH/HIV/LS education in order to teach the content in their schools. Supervision of the content shall be made accordingly like other subjects but a coordinating team consisting of national TAC from the MoEVT in collaboration with school supervisors and representative form DACCOMs will be going through private learning institutions to see what is going on with regard to SRH/HIV/LS education implementation.

3.6.3: Invitation for CSOs, FBOs and Private sectors to provide lectures or talk in learning institutions shall be also regarded as public-private partnership. This should be inculcated by having specific annual plans for implementation so that those required to be invited are known and informed well in a good time period.

3.6.4: In implementing public-private partnership there shall be opportunities that students of one or more public schools attend external lectures or talk in a private school or vice versa as an outing for the school. This need to be planned by teachers of these schools and what is important is first of all to share their implementation plans.

3.7: Involvement of School Health Clubs in SRH/HIV/LS

School health clubs are amongst the existing structures established in schools and higher learning institutions which need to be incorporated and engaged into the SRH/HIV/LS education implementation. Thus:

3.7.1: Members of school health clubs shall be oriented on the current SRH/HIV/LS education package and be used to participate in extra-curricular activities in schools.

3.7.2: Members of school health clubs shall be taken in learning visits outside the schools and prepared to talk in front of fellow student on various health related issues, risk behaviours etc. under the preparation of SRH/HIV/LS education teaching staff.

3.7.3: SRH/HIV/LS education teachers can prepare a drama group including members from school health clubs who can act plays relating to SRH/HIV/LS outside the classrooms as extra-curricular activities once in every specific period e.g. every month.

CHAPTER FOUR

CONTENT OF SRH/HIV/LS EDUCATION

4.1: The SRH/HIV/LS Curriculum

As it has been identified in the previous assessment, the organization and management SRH/HIV/LS education indicates that there is no specific organization and management of its content. SRH/HIV/LS are not treated as separate subjects but mainstreamed in other subjects. A distinct feature of this content is that they have its separate facilitation manual but its curriculum is integrated in other subjects. The subjects are so far not taught at all levels of education, though the present focus is that they should be taught at all levels. However, the newly developed Life Skill Education Framework suggests that in the meantime, LS should continue be provided through carrier subjects and extracurricular activities though there is an urgent need to enhance effectiveness of extracurricular approaches in providing LSE. Currently students do not have enough time to discuss about LS and teachers do not have interest, time, incentives and at times sufficient content knowledge. Under this circumstances therefore:

4.1.1: A separate curriculum is still needed and shall be developed as a package for use in institutions where main carrier subjects containing SRH/HIV/LS components are not taught (e.g. technical secondary school) and for use by stakeholders who will be participating in providing SRH/HIV/LS education in learning institutions.

4.1.2: The SRH/HIV/LS curriculum that will be developed shall follow the normal curriculum development procedure and formulation process. Salient structure of the curriculum shall include:

- ❖ Aims and objectives
- ❖ Subject matter dimension
- ❖ The required instruction materials
- ❖ Suggested teaching and learning strategies
- ❖ Performance assessment techniques
- ❖ Instruments to monitor and evaluate the achievement of outcome results

4.1.3: The MoEVT curriculum developers in collaboration with other stakeholders will be responsible to review and develop SRH/HIV/LS education curriculum for different carrier subjects for school use at various levels. For mainstreaming into the carrier subjects, the designed curriculum shall involve levels from pre-primary, primary, secondary, vocational training centres and teachers' colleges.

4.1.4: For the use in higher learning institutions that are not under the administration of the MoEVT, the ministry, having the overall mandate of decision on matters pertaining to students education, shall recommend the use of SRH/HIV/LS education curriculum, which they can either decide to mainstream it in their carrier subjects or use it as a separate teaching document.

4.1.5: A separate curriculum for use in work places shall be developed in collaboration with Technical AIDS committee members and some technical staff from ZAC. Some TAC members (not necessarily teachers/tutors) may be oriented on this curriculum to train workers in education sector.

4.1.6: In developing SRH/HIV/LS curriculum, it shall be considered that the current LSE approach is based on a strong emphasis on HIV/AIDS and SRH to the extent that life skills initiatives are interpreted as any HIV/AIDS intervention such as care and support.

4.2: Modality of Mainstreaming SRH/HIV/LS Content at Pre-primary, Secondary and Tertiary Levels

The content under SRH/HIV/LS education will have three components – the Sexual and Reproductive Health, HIV and AIDS and Life Skills Education. On the other hand, the structure (levels) in which the contents will be mainstreamed are seven as given below:

- ❖ Pre-primary
- ❖ Primary
- ❖ Secondary
- ❖ Tertiary (Colleges)
- ❖ Vocational Training Centres/Alternative learning classes
- ❖ Higher Learning Institutions
- ❖ Workplaces

The curriculum for pre-primary, primary, and secondary levels is in place and for other levels they are to be developed.

This part of the guidelines provides mainstreaming modality for pre-primary, primary, secondary, Vocational Training Centres and college level. Modality on how to mainstream SRH/HIV/LS education in Higher learning institutions and workplaces will be given in chapter 8.

It is therefore proposed, since currently there will be no change of curriculum in all above-mentioned levels, the modality of mainstreaming SRH/HIV/LS education content into different existing education levels will be as follows:

4.2.1: It is essential that Life Skill education program be planned and introduced at all levels of education (pre-primary, primary, secondary and college levels)

4.2.2: Pre-primary Level:

At pre-primary level the same mainstreaming modality of incorporating simplified basic contents on HIV and AIDS and Life Skills shall be done in carrier subjects namely – Environmental Studies (Elimu ya Mazingira) and Kiswahili.

4.2.3: Primary Level

At this level, science subject, Environmental study will be carrier subjects for mainstreaming same dose of contents on SRH/HIV/LS education as appeared in the new curriculum developed for this level. However, a need to revise content to incorporate emerging issues will deem necessary.

4.2.4: Secondary Level (Ordinary)

At secondary (ordinary) level, subjects of Biology, Geography and Civics shall be used as carrier subjects to mainstream contents of SRH/HIV/LS education as it appears in the new integrated manual (MUONGOZO WA STADI ZA MAISHA).

4.2.5: Secondary Level (Advanced)

At secondary (Advanced) level, subjects of Biology, Geography, General Study and English shall be used as carrier subjects to mainstream contents of SRH/HIV/LS education. The topics shall be as they appear in the new integrated manual plus topics on PMTCT.

4.2.6: Vocational Training Centres:

For Vocational Training Centres, Civics shall be used as a carrier subject to mainstream contents of SRH/HIV/LS education for the content dose similar to the content of the lower secondary level. It is also recommended the use of SRH/HIV/LS education stand alone curriculum to be used as the alternative option.

4.2.7: Teachers' College and Technical Colleges: For teachers' colleges (certificate) level, contents subjects of Biology, Geography and Civics shall be used as carrier subjects to mainstream contents of SRH/HIV/LS education in the new integrated SRH/HIV/LS education manual plus topics on early pregnancies, gender, human rights, PMTCT, sexual harassment/sexual abuse, and community involvement.

4.2.8: Alternative Learning Centres:

It is recommended that the use of SRH/HIV/LS education stand alone curriculum shall be used. This will be applied as additional subject together with their normal subjects

4.2.9: Adult Education Centres:

Topics planned for workplace interventions can also be useful for adult education centres with some necessary interventions for infected adult learners

4.3: The SRH/HIV/LS Content

Each of the three components should have a defined basic content under one SRH/HIV/LS package aimed at providing knowledge and skills that will promote positive and responsive attitudes and behaviours leading to a safe living in learning institutions and eventually outside these institutions and in families in Zanzibar. The basic content for Sexual and Reproductive Health, HIV and AIDS and Life Skills Education will vary according to the level of education into consideration. However, the following content will be considered to be the core that will need to be emphasised and given deserved priority in our learning institutions:

4.3.1: SRH shall include but not limited to the following topics:

- ❖ What is sexual and reproductive health
- ❖ Why studying sexual and reproductive health
- ❖ Reproductive health and reproductive rights
- ❖ Male and female reproductive systems
- ❖ Men and women sexualities
- ❖ What is Family Planning
- ❖ Types of FP methods
- ❖ Advantages and disadvantages of planning the family
- ❖ Risks of early sexual behaviour
- ❖ Sexually Transmitted infections
- ❖ Pregnancy and its complications
- ❖ Risks of abortion
- ❖ Ante natal care
- ❖ Post natal care

4.3.2: HIV and AIDS shall include but not limited to the following topics:

- ❖ What is HIV and AIDS

- ❖ Difference between being HIV positive and having AIDS
- ❖ HIV transmission routes
- ❖ Facts and misconception about AIDS
- ❖ Risk behaviours that make someone vulnerable to infections
- ❖ Prevention of new HIV infections
- ❖ Availability of VCT services
- ❖ Advantages of knowing your HIV status
- ❖ Available care and management of HIV opportunistic infections
- ❖ Environments that are prone to HIV infections
- ❖ Meaning and effects of stigma and discrimination in the society
- ❖ Guidance and Counselling

4.3.3: Life Skills Education shall include but not limited to the following topics:

- ❖ Self-understanding, self-assessment and self-confidence
- ❖ Making correct decisions
- ❖ Setting objectives
- ❖ Coping with sexual desire
- ❖ Coping with emotional stress
- ❖ Coping with Peer Pressures
- ❖ Communication – Daring
- ❖ Good management of time
- ❖ Relationship
- ❖ Creativity
- ❖ Critical thinking
- ❖ Role model

CHAPTER FIVE

IMPACT MITIGATION FOR INFECTED, AFFECTED AND MVC

The major objective of impact mitigation is to reduce the burden in terms of providing legal, socio-economic and psychosocial support to infected or affected persons. Activities focused on the reduction of such impacts are implemented in terms of empowering the community with sustainable interventions to cope with the impact of HIV and AIDS. Some of the aftermath or impact of HIV and AIDS to community and households are loss of productive labour, income and food reserves. Savings are diverted and assets are depleted to meet health care costs. In response to the proliferation of such devastating consequences, interventions to reduce the impact for infected and affected has become a focus in development strategies, programs and plans in nearly every sector. Under education sector, there are number of children, young people and adults at work places who are infected or affected by HIV and AIDS. The institutions are also the custodian of children and young people who are orphans and most vulnerable whose lives are adversely effected by extreme poverty who need care and support. The MoEVT has roles and responsibilities over reducing impact of these children in learning institutions under the following areas:

5.1: Care

It is well known that environment at schools and learning institutions are prone of risks of accidents including injuries, fire outbreaks, cross-infections and normal conditions of illnesses. Thus under these circumstances **care** is the most important social service that is required by children, youths and people at work places under all conditions. This includes preventive and curative care which shall be available in the surroundings of a school, learning centre or college with necessary logistics and ready services available and accessible for learners at all times. Under these requirements therefore:

5.1.1: The District Education Officer in collaboration with the head of learning institution and District Health Management Team (DHMT) coordinator shall ensure that there is a nearby health facility with all necessary service logistics supposed to be available at its level to care for learning population under education sector in the institutions surroundings.

5.1.2: The District Education Officer in collaboration with the head of learning institution and District Health Management Team (DHMT) coordinator shall inform health care service providers that children and young people from learning institutions surrounding the health facility have their full rights to access health care in the facility and thus they should not be neglected or discriminated. They have the right to be served with respect and without any prejudice.

5.1.3: Heads of learning institutions in collaboration with District Health Management Teams (DHMT) coordinators shall make periodic follow up on the health care service available and

accessible to children and young people from learning institutions surrounding the health facility

5.1.4: For cases that need confidentiality (e.g. STI cases) the District Health Management Teams (DHMT) coordinators shall make plans and inform school and institutions managements on the availability of Youth Friendly Services available and accessible to children and young people from learning institutions around.

5.1.5: All health related information on prevention and care shall be made available to adolescents and working staff. Adolescents have also all rights of obtaining care under confidentiality and privacy.

5.1.6: For cases that need referral to higher health facility managements shall make referral plans and inform school and institutions managements on the need for referral so that support and follow up arrangements can be done. For cases of emergency one staff from the facility can accompany the patient to the referral hospital and facilitate quick management.

5.2: Support Management

The MoEVT needs to spearhead the development of support plans and roles out responsibilities in support of these plans. The plans shall identify requirements and what can be made available for various groups that need support including infected and affected learners under education sector and MVC. This plan can be done if the magnitude of these children, young people and working staff is known by the ministerial authority at each level. This situation warrants for special mapping exercise in schools and learning institutions together with liaising with other sectors like Department of Social Welfare for obtaining number of MVC who are in schools, ZAC M&E unit, ZAPHA+, **WAMATA**, ZACP who are providing support to infected, affected children and MVC, some of whom are in learning institutions. The support plan will guide in providing support for these population groups and will facilitate record keeping and reporting for the support provided. Under this endeavour therefore:

5.2.1: Life skills planning Education Program shall be introduced in all primary, secondary schools, learning centres and teachers' colleges to focus not only on HIV and AIDS but also on school health clubs, school counsellors and school feeding programs where necessary.

5.2.2: Waiving programs shall be planned and implemented in schools and learning institutions for infected and affected children and young people and those living in extreme poverty that cannot afford paying the cost sharing imposed in education at various levels of education.

5.2.3: Psychosocial support should be also planned by each learning institution for learners and working staff in need of such support and to be implemented as one of the important service in good time before the needy is seriously frustrated and confused.

5.2.4: Support programs should also be planned for learners under all conditions that their capacity is academically low. The school or college managements shall plan to help and support this group of learners to cope with their studies. The teaching staff can plan follow ups of the progress of this group of learners and identify some reasons for their incompetence and try to address them.

5.2.5: The MoEVT shall define a minimum support package in cash or kind for children and young people in learning institutions and through heads of institutions find out priorities of students in these support as other players would have gone to these institutions to provide similar support.

NB: There are a number of public and private sectors, CSOs and FBOs that have linkages with some roles and responsibilities of education sector which can join the MoEVT to support infected, affected children and young people and those who are under extreme poverty. Thus:

5.2.6: The MoEVT shall forge coordination and partnership with these institutions. Such institutions are:

1. Ministry responsible for Social Welfare, Youths, Women and Children Development
2. Ministry responsible for Health
3. Ministry responsible for Finance and Economic Affairs
4. Ministry responsible for Home affairs
5. Ministry responsible for Good Governance
6. Ministry responsible for Trade, Industries and Markets
7. Ministry responsible for Regional Administration
8. NGOs, FBOs and CBOs and donor agencies

5.3: Mitigating Stigma and discrimination

Stigma and discrimination has become the major barriers in addressing HIV and AIDS globally and it is also the case in Zanzibar. Unless it is adequately addressed, the situation may be a gap - interfering in carrying out comprehensive interventions on HIV and AIDS.

People living with HIV often face stigma and discrimination at various sources which is in fact the act of violation of human rights. Another problem is the fact that many of those who exercise stigma and discrimination to PLHA and majority of PLHA themselves do not know their rights and how they can fight for them. Efforts to denounce stigma and discrimination have been and are still undertaken amongst the packages of HIV and AIDS interventions by a number of organizations. These interventions have been undertaken through campaigns, IEC and trainings with the focus of improving rights for people living with HIV (ZNSP II, 2009). However, changes are very slow warranting for more interventions like strong advocacy and

strengthening of IEC interventions which requires more information to be collected to understand the real magnitude and dimensions of the problem and document its major sources. Because there are a number of learners that are living with HIV in learning institutions at different levels and work places, the education sector has roles and responsibilities on this crucial issue. To contribute to the fighting against stigma and discrimination therefore:

5.3.1: There shall be no discrimination and pointing of fingers to learners, teaching staff or any working staff whose HIV status is known to be positive.

5.3.2: Teachers under any condition, shall not deny children or young people to play, eat, work together with their fellow children or young people in learning institutions whose sero-status HIV is known to be positive.

5.3.3: No teacher or worker in school, learning centre or college, whose sero-status HIV is known to be positive shall, under any circumstances, be denied to work in learning institutions unless that is done by the doctor and brought to the institution management in writing.

5.3.4: To avoid self-stigma to those learners and working staff who are infected, confidentiality to the HIV status should be respected by all staff and student community in learning institutions. It should be emphasized that this is amongst the human rights of individual.

5.3.5: Psychosocial support should be more focused and more practiced for learners and working staff who are positive if they are known and themselves will be willing for that.

5.3.6: Stigma and discrimination amongst health workers in health facilities and self-stigma amongst PLHA themselves should be fought by all possible means by school health management in collaboration with DHMT members.

5.4: Child Protection

Child Protection is used to describe a set of usually government-run services designed to protect children and young people who are underage and to promote family stability. The MoEVT has the responsibility to protect children during the time when they are in schools. Under this responsibility children shall be protected from any form of discrimination and harm. Particularly children and young people in learning institutions shall be protected from the situations which are often collectively termed child abuse. Therefore:

5.4.1: The management of learning institutions (including teachers, tutors and workers) shall be responsible for the protection of children and young people against any form of child abuse including sexual abuse either by fellow children and young people or other children/people from outside learning institutions or adults within the constitution.

5.4.2: Learning institutions management (including teachers, tutors and workers) shall ensure that children and young people are free from neglect, harm, psychological abuse or gross negligence in providing their basic needs.

5.4.3: The management of learning institutions (including teachers, tutors and workers) shall ensure that no child or youth is allowed to do something that may bring physical, or emotional abuse.

CHAPTER SIX

ENABLING ENVIRONMENT

Enabling environment is understood as the context in which planned interventions can take place in smooth way and as it can be expected. It has to be accommodative to allow optimal functions of programs. It ranges from policy and legal framework, operationalization of the policies and laws, leadership for results, coordination and institutional roles, funding and resource mobilization.

Enabling environment also addresses the issues for human resource and institutional capacity, mainstreaming of SRH/HIV/LS into carrier subjects, cross-cutting issues such as poverty, gender and Human Rights. In the context of these guidelines, enabling environment will encompass the following:

6.1: Policy and Legal Framework

6.1.1: The need for SRH/HIV/LS education shall be included in the education sector main policy document and HIV and AIDS sector policy for its more empowerment and recognition of its importance

6.1.2: Legal codes that were enacted for support of children's rights including the right for education shall be documented and known by all key actors of SRH/HIV/LS education

6.1.3: The legal officer based at the MoEVT shall identify all available laws/legal codes relating to the sector and review them for identifying gaps

6.1.4: The legal officer based at the MoEVT shall plan to work with paralegal officers working in the districts to capture legal-related information related to education and document them for use by the sector.

6.1.5: The legal officer based on the MoEVT shall plan to undertake trainings on legal to various actors including top education officers, District Education Officers, teaching and non-teaching staff and eventually parents or guardians to make them knowledgeable about what laws are existing in support of education sector in Zanzibar.

6.1.6: The legal officer based on the MoEVT together with parents/guardians and associated education officers shall liaise with the office of the Director of Public Prosecutions (DPP) on issues of rapes, incest and sexual harassment of male and female students that have not been given seriousness in judging them, ill-settled or given unfair (light or undeserved) justice.

6.2: Capacity Building

In the context of this guidelines document, capacity building is focused predominantly on providing training to implementers of SRH/HIV/LS education including selected staff from the MoEVT like technical AIDS coordinator and other TAC members, school teachers, college tutors, school care staff, guardians, counsellors and members of school committees, school inspectors and board members. Other implementers that need to be trained include regional and district education staff and peer educators who can be oriented as TOT to train other implementers gradually at the peripherals. Implementers from both public and private learning institutions shall participate. Under his component therefore special training on SRH/HIV/LS education package shall be planed and provided to all staff who will be involved in teaching or in support of its implementation in learning institutions and work places. Under these circumstances:

6.2.1: The MoEVT through its regional offices shall nominate their staff who can be trained of SRH/HIV/LS education package for support in its implementation in learning institutions and workplaces

6.2.2: The MoEVT shall plan and conduct staff training that shall include TCs advisers, subject advisors, school inspectors, teachers, tutors and university lecturers to train all topics under SRH/HIV/LS education package plus Monitoring and Evaluation component and select trainers from this group to continue with training to other staff

6.2.3: The MoEVT through its learning institutions shall nominate their school guardians and school committee members who can be trained of SRH/HIV/LS education package for teaching and supporting implementation in learning institutions and in work places.

6.2.4: The MoEVT through its departments and units shall nominate more teachers/tutors who can be trained on SRH/HIV/LS education package as a crush program to quickly address the gap of shortage of teachers who are supposed to teach in learning institutions and in work places

6.2.5: The MoEVT through its training officer shall put these selected staff from regions, districts, learning institutions and work places into a special capacity building plan for capacity building of SRH/HIV/LS education package.

6.2.6: Pre- and in-service teacher training shall be reinforced to impart teachers with essential skills in training pupils on life skills.

6.2.7: Monthly in-school moral and ethical discussions among teachers should be re-introduced as it was in the early 1990s. Disciplinary actions to be taken against teachers who engage in unacceptable conducts with students

6.2.8: Parents should be trained on life skills education in content, method and approaches for training their children.

6.2.9: Learners in Alternative Learning Centres should be focused for being given this education, partly as parents and partly as participants from learning institutions under MoEVT who are supposed to benefit from this program

6.2.10: The MoEVT shall use teachers/tutors/lecturers who have been trained to impart knowledge on this package to top leaders of the MoEVT and associated departments in order to provide effective support in teaching it to other institutions.

6.2.11: Building of capacity for teachers shall not focus on mere training but ensuring thereafter, that the trained teachers are really ready and capable to teach. The MoEVT shall develop methodologies and strategies to make teachers able to effectively teach these and other subjects

6.3: Resource Mobilization

Resources are of three types namely human, financial and material resources. Most of the time well articulated plans fall in short of target or fail to be implemented altogether because of shortage of resources. This area will focus on development of strategies to mobilize material and financial resources for SRH/HIV/LS education implementation. Strategies should be devised for the best use of the following opportunities and potentials:

- ❖ The use of local support system (e.g. MTEF) from Zanzibar Government for material and financial contributions
- ❖ Requesting support from donor funding (UNICEF, UNESCO, GF, World Bank, USAID-PEPFAR, NORAD, ILO, SIDA etc.)
- ❖ The use of TASAF Funds in implementing education projects
- ❖ Request from International Organizations (SCF, Action Aid)

Under these strategies therefore:

6.3.1: The MoEVT shall made special request from the government to allocate funds for running and sustainability of SRH/HIV/LS education activities.

6.3.2: The MoEVT shall call for donors meeting to discuss funding of SRH/HIV/LS

6.3.3: Funding can be made by component or specific activities in which the donor might be interested in (i.e. it may be for SRH, HIV or LSE)

6.3.4: The MoEVT shall prepare a good proposal to request funds for the implementation of the program from various external sources and local stakeholders.

6.3.5: MoEVT can build partnership with other NGOs implementing SRH/HIV/LS to run its activities such as those planned for work places

6.3.6: The MoEVT shall use its internal auditors to check for the efficient management and accountability of SRH/HIV/LS funds and adherence with government and donors financial regulations

6.3.7: Ministry of Finance and Economic Affairs shall be responsible for final auditing of both donor and government SRH/HIV/LS funds and the overall sustainability of the program.

6.4: Gender Sensitivity

Gender is a social phenomenon that to be considered in every socio-economic aspect but unfortunately it is overlooked. On the part of education, gender equity and equality need to be widely enhanced through providing equal opportunities for students of both sexes to learn without any sort of prejudice, discrimination, violence or harassment to female and male students. Under this aspect therefore:

6.4.1: SRH/HIV/LS education curriculum, teaching strategies and approaches should address gender needs for male and female learners in learning institutions and in work places.

6.4.2: The MoEVT shall ensure that there is no gender discrimination in implementing SRH/HIV/LS education in learning institutions. Equal learning opportunities should be provided amongst males and females

6.4.3: The MoEVT through its regional and district education officers shall ensure that there is no gender violence, sexual abuse and harassment to female learners at all levels. Learning institutions heads shall be responsible of this in their learning institutions.

6.4.4: Learning institutions shall invite gender experts from the Ministry of Social Welfare, Youth, Women and Children Development (MSWYWCD) to provide talk or external lecturing on issues of gender to make children and young people aware about gender issues

6.4.5: Teachers in learning institutions shall take deliberate efforts to fully involve female students in all activities regarding the SRH/HIV/LS education

6.4.6: Active involving of female learners, though insisted but should also consider gender stereotypes and roles and responsibilities girls have when they go back home.

6.5: Active Involvement of PLHA

People living with HIV and AIDS have a lot of contributions towards the development of the society, despite their positive HIV sero-status. In addition these entitled to be safeguarded by human rights which proclaim that nobody should be discriminated because of his/her poor physical, mental, social or economic status. One amongst the major support these people need

is of the psychosocial nature that include their involvement in various tasks and responsibilities at all levels. Under this aspect therefore:

6.5.1: The MoEVT through its education institutions shall ensure that infected students are fully involved in all SRH/HIV/LS education learning activities

6.5.2: Learning institutions shall invite PLHA as guest speakers to provide school talks to students on different topics and specifically on issues of stigma and discrimination

6.5.3: Learning institutions and Managements of work places shall invite PLHA to hold discussion with workers on different topics and specifically on issues of stigma and discrimination and income generating activities

6.5.4: Learning institutions shall create a friendly atmosphere (including their participation in indoor and outdoor activities for infected students, teachers and other working staff to learn/teach/work comfortably like other students/teachers/workers. Either, PLHA can be also used to provide counselling to both workers and learners in learning institutions.

6.5.5: The MoEVT shall specifically work with ZAPHA+ to get the services of Children's Support Group (CSG) which has a comprehensive plan to undertake a number of tasks that include:

- ✚ Addressing MVC psychosocial needs
- ✚ Targeting to support both HIV infected and affected children
- ✚ Supporting children in addressing stigma and discrimination
- ✚ Educating children and young people about positive living
- ✚ Helping/participating in HIV/AIDS prevention care and support

6.6: Active Involvement of People with Disabilities

It can be practically proved that “***Disability does not mean inability***”. People with disabilities have a wealth of contributions to the development of the society including technical inputs, wisdom and innovations that some able people do not have. A number of them have expertise, diligence and creativity that sometimes astonishing other people. To provide them with opportunity to exercise their abilities and competencies at various areas, they need to be involved in socio-economic, cultural and religious endeavours. It is therefore encouraged that:

6.6.1: The MoEVT through its education institutions shall ensure that students with disabilities are fully involved in all SRH/HIV/LS education learning activities

6.6.2: Learning institutions shall invite an expert from Organization of People with Disability to provide school talks to students on different topics and specifically on different causes and types of disabilities and their rights.

6.6.3: Learning institutions shall provide conducive environment that facilitate people with different types of disabilities to learn and play as part of their human rights.

6.6.4: Learning institutions and education buildings in general shall be built with escalators and pavements to facilitate people with different types of disabilities to move around and mingle with other students and access services at the institutions and MoEVT offices.

6.6.5: Learning institutions shall provide equal rights and freedom for people with different types of disabilities to learn and to participate in outdoor activities, practical exercises, drama, sports etc.

6.7: Focusing Students with Special Needs and MVC

It has been recommended during the Assessment that the MoEVT need to ensure that children with special needs in learning institutions are well focused in providing SRH/HIV/LS education. The imparting of this knowledge shall also reflect on building their capacity to address their needs.

The number of Most Vulnerable Children (MVC) in Zanzibar is on the increase due to increasing population and its subsequent consequences in terms of economic resources. Despite the fact that the real magnitude of these children may not be known due to inadequate structures to capture and document details of information for their vulnerability, it is known that though the degree of vulnerability of children differs, but some of them in need of care, protection and support are learning institutions.

Orphans left behind by people infected by HIV, those abandoned by their parents because of broken homes and children whose parents still exist but suffer from extreme poverty because of unemployment or inability to work due to debilitating illnesses are found in schools. These need to be rescued to obtain their right for education and the MoEVT has a stake to providing this right. Under its mandate therefore:

6.7.1: The MoEVT through its education institutions shall prepare special forms to be filled by teaching staff as an exercise to map the number of students with special needs and those under vulnerable conditions to know their magnitude and to plan on how they can be focused in SRH/HIV/LS education learning activities

6.7.2: Learning institutions shall provide pscho-social support to children with special needs and MVC to support them to cope with their conditions in learning SRH/HIV/LS education and other school subjects.

6.7.3: Learning institutions shall provide conducive environment that facilitate children with special needs and MVC to learn and play comfortably like other students as part of their human rights.

6.7.4: Learning institutions shall provide equal rights and freedom for children with special needs and MVC to learn and to participate in outdoor activities, practical exercises, drama, sports etc.

6.7.5: Parents and guardians of children with special needs and MVC need to be taken on board concerning learning affairs of their children. The MoEVT through its learning institutions shall acknowledge the interventions done to support children with special needs and MVC to provide at least moral support and be informed on the efforts done to support these children.

6.7.6: Teachers and education officers need to be trained or oriented on issues of inclusive education to understand and take actions on the planning and management of education for children with special needs.

6.8: Involving and Using the Media

The use of media has a special and substantial contribution to education of children and young people in and out of schools. Either inappropriate use of media may have negative influence to the expected change of behaviour of children and young people and consequently detrimental to their future life. Since the use of media is the right of any institution, organization or individual provided it is within acceptable rules and regulations, the MoEVT can guide on how education programs can be planned, developed and aired by different departments and learning institutions for the benefit of learners of different level of education. Under this area therefore:

6.8.1: The MoEVT through its education institutions shall prepare special forum to discuss how best media can be used for educating learners at different levels of education for SRH/HIV/LS and other types of education

6.8.2: A special sensor body shall be established to strongly advice and control radio and TV managements to air programs that are most useful and educative to their audience learners of SRH/HIV/LS education and other school subjects.

6.8.3: The MoEVT shall have a special task force team or use its available technical team to plan, design and develop learning programs based on its curriculum and learning objectives to be aired through the media for the maximum benefit of the learning audience at various levels of education.

6.8.4: As a matter of decentralising the use of media and providing freedom and autonomy for learning institutions on the use of media the MoEVT shall provide guidance and to

learning institutions to plan, design, develop and air radio and TV programs for its potential learners and as such; providing monitoring or at least follow up on the aired programs to see whether the set standard for the programs is adhered to.

6.8.5: For forging community ownership and safeguarding the local culture, parents and guardians of children and young people need to be involved in assessing media programs for the learning audience in Zanzibar. The MoEVT management shall periodically call for parents, guardians and community meetings to evaluate media programs.

6.9: Active Involvement of Faith Based Organizations and Madressa

Religious leaders are important and influential person in the community. Their roles include also providing knowledge and psychosocial support on issues related to social deeds through their religious teachings/preaching. The goodness of teaching and preaching is that they are given regularly during time of worshiping, congregations and at individual basis. The strong power of these teachings shall be used to change the attitudes and behaviour of our young people and to deliver messages to children and young people when they are at madressa classes, schools and community gatherings, funeral and wedding ceremonies etc. This is a common thing in Islam that leaders are required to remind people on good deeds. On these grounds therefore, religious leaders shall be actively involved on SRH/HIV/LS education implementation because part of the time after school hours the responsibility of children and young people lie in the hands of the parents and religious leaders. Under this area therefore:

6.9.1: The MoEVT through its education institutions and through FBO umbrella organization (ZIADA) shall ensure full involvement of FBOs in all matters related to children and young people concerning SRH/HIV/LS education implementation.

6.9.2: The MoEVT shall insist the involvement of religious leaders in the established Communal parenting through the re-established committees/councils of parents empower them to re-enforced proper upbringing of children and young people.

6.9.3: School-parents meetings (Parents Days) and periodic sensitization meetings shall deliberately invite religious leaders in order to bring together the teaching staff and parents and religious leaders to discuss strategies of nurturing society's young children and youths.

6.9.4: The MoEVT shall discuss with Madressa schools authorities and other Madressa managements in private schools to integrate SRH/HIV/LS education in their curricular.

6.10: Active Involvement of the Community

Parents play key roles in delivering messages to children and young people as they interact with them since an early age. However, parents and guardians enthusiastically expressed their interests to participate in provision of the necessary support in order to eradicate the myriad of unacceptable characters and behaviours in the society (ZNLSEF, March 2010). Thus community should be actively involved on SRH/HIV/LS education implementation because part of the time after school hours the responsibility of children and young people lies within their hands. Thus:

6.10.1: The MoEVT through its education institutions shall ensure full parents/guardians involvement in all matters relating to their children and young people and specifically to SRH/HIV/LS education implementation.

6.10.2: Communal parenting through formation of committees/councils of parents shall be re-introduced and re-enforced to ensure collaboration in proper upbringing of their children.

6.10.3: School-parents meetings (Parents Days) and periodic sensitization meetings shall be planned to bring together the teaching staff and parents to discuss strategies of nurturing society's young children and youths.

6.11: Addressing the Problem of Substance Abuse

6.11.1: This has been addressed by including this topic in the SRH/HIV/LS education topics. However, under the current national move the MoEVT shall plan on how it can join the ongoing efforts of fighting drugs and substance abuse amongst youths in schools.

6.11.2: The MoEVT through its learning institutions shall use students peer groups to identify and report students who are substance abusers to have at least a rough number of them to facilitate making plans to address them.

6.11.3: The MoEVT through its learning institutions shall use parents as another source of information and in case a student is found to use any form of intoxication and even smoking, the ministry shall seek support and participation from parents and police.

CHAPTER SEVEN

ORGANIZATION AND MANAGEMENT OF SRH/HIV/LS EDUCATION AT HIGHER LEARNING INSTITUTIONS, WORK PLACES AND FOR OUT OF SCHOOL YOUTHS

7.0: Introduction

The undertaking of SRH/HIV/LS education assessment and the subsequent development of these guidelines places a special focus on workplaces interventions on HIV and AIDS. Under the previous assessment and these guidelines, workplaces cover Ministry of Education and Vocational Training head office and associated regional and district education offices in Unguja, Pemba head office, regional and districts education offices. However, schools and colleges (Unguja and Pemba) and selected universities, though are learning institutions but were also taken as workplaces and they were therefore focused.

Findings from these sites indicated that generally, the EDSEC workplaces interventions take two scenarios – one which regards learning institutions as workplaces. These include teaching and related support staff on one hand as staff and students on the other and another scenario is the one that focused MoEVT offices as workplaces.

In finding out whether there is an independent HIV policy, guidelines or a strategic plan to guide on workplaces interventions, it was revealed that these tools are not available, though there are work plans for the activities implemented.

7.1: EDSEC SRH/HIV/LS Education for Higher Learning Institutions

Higher learning institutions have rather different approach of interventions because of their autonomy. They have organized a number of initiatives and health clubs have been set up in some of the institutes and HIV issues are being embraced in the curriculum of selected subjects at tertiary level.

It was generally found that universities have established HIV and AIDS clubs where interventions in terms of preventive education through peers and IEC materials are shared. However, these predominantly serve students while lecturers are not focused for services and trainings planned and implemented under these clubs nor do they obtain such trainings that school and college teachers have been enjoying through the MoEVT. Under this situation therefore:

7.1.1: The MoEVT shall take deliberate efforts to involve higher learning institutions lecturers and leaders of HIV and AIDS clubs when providing SRH/HIV/LS education to teachers/tutors of its learning institutions.

7.1.2: ZAC shall play its coordination role to ensure that HIV and AIDS interventions are technically and financially supported to make useful interventions that will indiscriminately focus students, lecturers and other non-teaching staff.

7.1.3: Management of higher learning institutions shall use the proposed content for colleges in teaching their students SRH, HIV and LS education plus addition of topics that will be found relevant

7.1.4: Management of higher learning institutions shall enhance their institutions in conducting HIV and AIDS researches and share the results with other public and private institutions for use in different interventions

7.1.5: ZAC shall invite higher learning institutions to participate in HIV and AIDS occasions including World AIDS Day.

7.1.6: For their autonomy and academic status ZAC and other HIV and AIDS stakeholders shall focus the distribution of **IEC/BCC** materials to higher learning institutions. These may include leaflets, posters and brochures for students to read.

7.1.7: For effective prevention education, members of HIV and AIDS clubs at higher learning institutions and other types of interventions shall use video shows on SRH/HIV/LS education at recreation and dining halls and other places where students and lecturers have leisure times.

10.2: EDSEC HIV Interventions at Workplaces

It was generally found at workplaces during the assessment was the presence of the structures but weak planning and implementation and lack of seriousness in the whole issue of workplace intervention on HIV and AIDS, not only in education sector but other in sectors as well.

This has been partly contributed by lack of back up which was initially being exercised by ZAC but ceased on the way. Another factor causing dwindling of these interventions is the existing uncertainty in the availability of funds from neither ZAC, that had engineered to provide technical and financial support to kick start the interventions Nor from the government side, which committed itself to provide at least five percent of the approved sector budget for the implementation of HIV and AIDS interventions in each public sector.

Self stigma is the third factor that contributes to the provision of other interventions at workplaces. It was evident that services like providing psychosocial support for infected and affected staff was not available partly because of self-stigma which makes those infected staff to remain anonymous. If nobody declares to be infected at an institution, available services

may be redundant and eventually die away. Contrary to this, people may be hiding partly because there are no reliable and well recognized support that can persuade or motivate them as infected to proclaim their status and they therefore decide to remain silent. Under this area therefore:

7.2.1: The MoEVT shall revive and strengthen the design and plans for providing interventions to workplaces in education sector including its central offices, learning institutions and teachers centres.

7.2.2: The MoEVT through its departments and agencies shall nominate staff for providing SRH/HIV/LS education with focus on HIV and other STIs prevention and care

7.2.3: The MoEVT shall revive and strengthen the design and plans for workplaces interventions in education sector including its central offices, learning institutions and teachers centres.

7.2.4: The MoEVT shall advocate for the rights of infected and affected staff at their areas of work by issuing of special circulars to their leaders for the respect of their rights including non-discrimination and their active involvement in all office related activities.

7.2.5: The MoEVT shall provide psychosocial support and other services to known infected and affected staff at all its work areas. This should include effective guidance and counselling on how to live a hopeful life, how and where to seek treatment of opportunistic infections and to obtain ARVs.

7.2.6: The MoEVT shall prepare and provide VCT services for staff who have never tested and know their sero-status under circumstances that will ensure confidentiality of information for those who will be willing to test.

7.2.7: The MoEVT shall ensure that staff who want to be open about their HIV status can do so without any prejudice, stigma and discrimination and should be given necessary support to live with expectations.

7.2.8: The MoEVT shall ensure that all infected and affected staff are given full right and freedom to work happily, exercise freedom and enjoy equal opportunities like other staff including opportunities to attend studies, workshops and seminars and all other rights relating to their jobs.

The proposed interventions for workplaces include:

❖ Training on:

- HIV and AIDS preventive knowledge
- Family Planning
- Pregnancy and its complications

- Abortion and its associated risks
- Life Skill education
- Prevention of Mother to Child Transmission of HIV and AIDS
- Gender aspects
- Environmental sanitation (Dumping of used waste materials)
- Guidance and counselling
- ❖ Providing VCT
- ❖ Providing psychosocial support and other material support for infected and affected staff

7.3: SRH/HIV/LS Education for Out of School Youths

Part of young people out of schools is found in vocational training and alternative education centres. These groups and the ones that are not in learning centres, become peer groups to those who are still schooling and unless some doses of SRH/HIV/LS education are not given to these groups, the knowledge given to young people in learning institutions can be counter-influenced by peer pressures of those who are out of schools and other learning institutions. Thus the MoEVT decision to target out of school youths is concurred. For out of school youths, HIV interventions have been organized using music, entertainment and peer education. A number of health and community youth friendly facilities that will serve both in and out of school youths are underway. The use of peer educators has been however, the commonest way of providing SRH/HIV/LS education for the out of school youths. Under the prevailing situation with respect to out of school groups:

7.3.1: The MoEVT shall revive and strengthen the design and plans for providing peer education to out of school youths and those who have joined vocational and alternative education.

7.3.2: The MoEVT in collaboration with other HIV and AIDS stakeholders such as ZAC, ZAYEDESAs etc. shall plan to provide awareness meetings to out of school youths by district.

7.3.3: The MoEVT in collaboration with other stakeholders shall mobilize drama groups to provide shows to the communities that will focus out of school youths by district.

7.3.4: The MoEVT in collaboration with ZAC and Ministry of Health shall make use of radio and TV programs to educate community on basic issues of SRH/HIV/LS education for the benefit of community including out of school youths.

7.2.5: The MoEVT shall collaborate with CSOs in providing SRH/HIV/LS education through youth forums and other approaches adopted by CSOs.

7.4: SRH/HIV/LS Education for Students in Hostels and Boarding Schools

For learners living in hostels and boarding schools, part of the SRH/HIV/LS education interventions would have been obtained from class sessions and indoor and outdoor activities. However, further interventions shall be needed when they are at the hostel/boarding especially for infected students. Under this area therefore:

7.4.1: The MoEVT shall revive and strengthen the design and plans for providing peer education to hostel residents/boarders to educate their colleagues on issues of SRH/HIV/LS education after classes .

7.4.2: The MoEVT in collaboration with other HIV and AIDS stakeholders such as ZAC, ZAYEDESА etc. shall plan to provide awareness meetings to matrons and other staff working in boarding schools.

7.4.3: The MoEVT in collaboration with other stakeholders shall mobilize drama groups to provide shows to conduct educative shows to students living in hostels and boarding schools.

7.4.4: The MoEVT in collaboration with ZAC and Ministry of Health shall make use of radio and TV programs to educate students during their leisure time on SRH/HIV/LS education.

7.4.5: The MoEVT shall collaborate with CSOs in providing SRH/HIV/LS education to students in hostels and boarding schools through youth forums and other approaches adopted by CSOs provided that they will be ready to abide with the rules and regulations contained in the MOU .

6.4.6: The MoEVT through its education institutions shall ensure that infected students are fully involved in all hostel and boarding activities and are not discriminated and stigmatized

6.4.7: Learning institutions shall create a friendly atmosphere (including their participation in outdoor activities for infected students leaving in hostels and boarding.

CHAPTER EIGHT

MONITORING, EVALUATION AND RESEARCH

8.0: Introduction

Monitoring refers to the continuous tracking of the program's progress during its planning and implementation and in achieving its stated results while evaluation is the use of social research methods to systematically and periodically investigate a program's achievements of the planned results and the overall program effectiveness.

Evaluation refers to periodic assessment of the design, implementation, outcomes and impact of the program. In broad terms evaluation refers to a systematic analysis of "what worked well" and "what did not work well" and subsequently providing recommendations for reviewing the program in light of lessons learnt from evaluation exercises undertaken. The evaluation process in the context of SRH/HIV/LS education employs five evaluative criteria of relevance, effectiveness, efficiency, impact and sustainability.

Monitoring and evaluation is essential tools to systematically tracking program activities, assess results and based on the results, provide evidence based decisions on how strategies have worked to realize the planned results. In summary, monitoring tries to assess what is being done, whereas evaluation assesses achievements and impact made over the period of program implementation. Due to this importance:

8.1: Monitoring and Evaluation

8.1.1: SRH/HIV/LS education shall be monitored using indicators developed for Zanzibar National Life Skill Education Framework (ZNLSEF) that will be undertaken at the activity/strategy and output level and subsequently utilizing monitoring data in evaluating the impact of the program (see how better the SRH/HIV/LS can be integrated into EMIS in attached annex 2)

8.1.2: School inspectors and District Education Officers shall plan and conduct supervision and monitoring of SRH/HIV/LS education using specific supervision guidelines and data collection instruments.

8.1.3: Heads of learning institutions shall supervise SRH/HIV/LS education sessions and evaluate the achievements of outcomes and impacts at their work places.

8.1.4: Department heads and heads of institutions under MoEVT shall mount supervision, monitoring and evaluation of SRH/HIV/LS education activities conducted at their work places

8.1.5: The MoEVT through its Technical AIDS committee shall conduct dissemination meeting in collaboration with the District Education Officer to disseminate information and review the progress of SRH/HIV/LS education. The meeting shall be conducted by districts inviting heads of learning institutions to share their experience and submit their 3 months report to the district education authorities.

8.1.6: The MoEVT through its ZNLSEF Steering Committee shall conduct one meeting every six months to discuss progress of SRH/HIV/LS education and matters that need strong ministerial decisions. The TAC shall be the secretariat of this meeting and should present report to the steering committee.

8.1.7: The MoEVT shall plan and undertake evaluation on the impact of SRH/HIV/LS education. Assessment will be done every three years through contracting external independent consultants for carrying out comprehensive assessment of SRH/HIV/LS education in Zanzibar.

8.2: Research

The eventual results of the implementation of SRH/HIV/LS education is associated with a number of outcomes and impacts including young people change of attitudes and behaviour on various issues of their lives. The MoEVT will also need to assess its contribution to the ongoing efforts in multi-sectoral response to HIV and AIDS and assess impact of HIV and AIDS on its education sector. These will be effectively assessed by research findings. Operation researches however, may be needed even before final evaluation to answer questions that cannot be answered by using routine data system. Under this situation therefore:

8.2.1: The MoEVT through its TAC shall call stakeholders to develop research agenda through workshop to prioritize and agree on areas for research regarding the SRH/HIV/LS education and other types of education.

8.2.2: The MoEVT through its TAC shall share these research agenda to research institutions and interested parties to conduct researches that will be disseminated and data obtained to supplement the collected routine data.

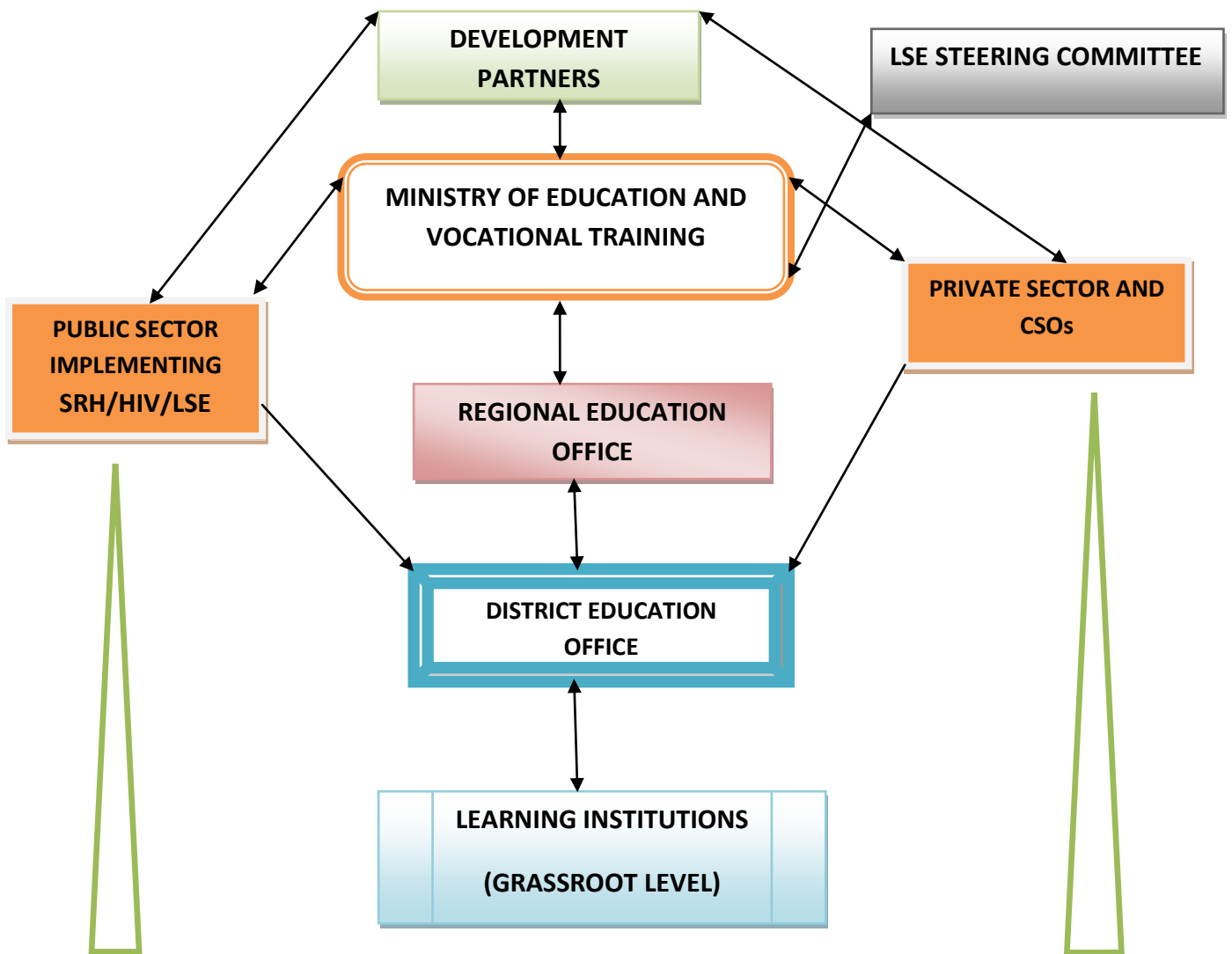
8.2.3: One officer at the MoEVT headquarters shall be appointed to be responsible for SRH/HIV/LS monitoring and evaluation. The officer shall collect routine reports from the implementers at various levels and shall be also responsible to trace research findings based on SRH/HIV/LS education and other areas of education from national and individual document findings to supplement routine data from learning institutions and work places.

8.2.4: The MoEVT research officer shall be used to build capacity to key staff of Ministry headquarters and its departments to provide them with basic research knowledge including the use of research findings in planning and decision-making of SRH/HIV/LS education in particular and other areas of education in general.

8.2.5: The MoEVT research unit shall be used to trace, identify and document academic research findings from higher learning institutions based on SRH/HIV/LS education and other areas of education and advice the ministry on the issues related to education sector in general and emerged education issues in particular.

8.2.6: Since there will be research initiatives in all public sectors and public sector in their own interests and demand, the MoEVT shall have a mandate to exercise ownership of EDSEC researches that shall be done in Zanzibar. A need to demand special acknowledgement and endorsement for researches related to the sector for eventual sharing of results shall deem necessary.

Proposed SRH/HIV/LS Information Flow For Monitoring and Evaluation (Including Information Flow as Feedback)



Legend

↔ Reporting and Feedback

CHAPTER NINE

ROLES OF KEY ACTORS IN THE SRH/HIV/LS IMPLEMENTATION

9.0: Introduction

Key actors are all those involved in the design and implementation of SRH/HIV/LS package at different levels from the MoEVT headquarters to regional and district education offices down to learning institutions and work places. They may also include workers from other public and private sectors and other stakeholders like NGOs, CBOs and FBOs implementing SRH/HIV/LS education in their programs and plans or have interest in SRH/HIV/LS education implementation. In the context of these following are listed as key actors:

9.1: The Ministry of Education and Vocational Training

Despite having other players in implementing SRH/HIV/LS education, the MoEVT in the implementation of this area as an integral package designed for learning institutions should take a lead. However, opportunities exist in forging partnership and seeking collaboration from other public, private sectors and NGOs to make effective interventional program in learning institutions. Though the culture of building such partnership and collaboration under working conditions are difficult but it is possible to sit with potential sector to work with and come up with better outcomes and eventual effective impact of these interventions. Under this area therefore, the MoEVT shall:

9.1.1: Take a lead in the planning and review of SRH/HIV/LS education curriculum and ensuring that there is enabling environment that allows effective implementation of SRH/HIV/LS education at all levels.

9.1.2: Formulate rules, regulations and guidelines for effective coordination of SRH/HIV/LS education implementers and make them available to all interested parties

9.1.3: Ensure that political and religious leaders at shehia, district, regional and national level have the knowledge and skills to explain and advocate for the effective implementation of SRH/HIV/LS education at all levels.

9.1.4: Ensure that civil society organizations and media are fully involved in the implementation and promotion of SRH/HIV/LS education

9.1.5: Involve external evaluators to evaluate the achievements of SRH/HIV/LS education at all levels over time and based on the evaluation results, suggest better ways of improving its implementation.

9.2: The SRH/HIV/LSE Steering Committee

Fifteen years of LSE interventions and over a decade of interventions on HIV under the EDSEC must have had impacts to education sector a substantial contribution to national response, despite the fact that change of behaviour for young people in and out of school has not taken its due effect. There are positive results for these interventions but may have been fragmented because of missing a strong body to oversee what have been these results overtime. Under these circumstances LSE Steering Committee was proposed in the Zanzibar National Life Skill Education Framework (ZNLSEF, 2010).

It is proposed that the Steering Committee when established should not be focusing only LSE but should focus SRH/HIV/LS Education as a package. The composition may be multi-sectoral for facilitating the said partnership and collaboration mentioned in section 9.1 above. This may include 17 members including:

1. Principal Secretary MoEVT	Chairperson
2. Director Policy, Planning and Resaerch MoEVT	Deputy Chair
3. Officer In charge Education Pemba MoEVT	Secretary.
4. HIV and AIDS Coordininator (Unguja) MoEVT	Deputy Sec.
5. HIV and AIDS Coordinator (Pemba) MoEVT	Member
6. LSE Coordinator (ZNZ) MoEVT	Member
7. Representative from Private Schools	Member
8. Coordinator Alternative Education MoEVT	Member
9. RCH Programme Manager MoH	Member
10. ZACP Programme Manager MoH	Member
11. Director Youth MSWYWCD	Member
12. Representative from Higher Learning Institution	Member
13. Representative from UN Family (UNESCO-Z)	Member
14. Director Policy, Planning and Research 2 nd PMO	Member
15. Executive Director ZAC	Member
16. Representative from NGO (ZAYEDES)	Member
17. Representative from Private Sector	Member

The committee shall therefore have following responsibilities:

9.2.1: To provide overall guidance and to make major decisions concerning the future of SRH/HIV/LS education program

9.2.2: To provide advice on the management and organization of SRH/HIV/LS education at all levels

9.2.3: To provide plans for resource mobilization and approves plans and budget for SRH/HIV/LS implementation

9.3: The Technical AIDS Committee

This committee is currently in place but instead of focusing on AIDS it will focus on SRH/HIV/LSE technical committee with the following tasks:

9.3.1: To oversee and provide follow up, guidance and coordination on implementation of SRH/HIV/LS education program at learning institutions level and work places

9.3.2: To provide information and technical advice on the management and organization of SRH/HIV/LS education to the implementing institutions and work places

9.3.3: To provide advice and approves plans and budget for SRH/HIV/LS implementation from implementing institutions

9.3.4: To consolidate reports and provide information on SRH/HIV/LS implementation and be secretariat to the steering committee

9.4: The SRH/HIV/LSE Coordination and Advisory Committee

This shall be the newly established committee with double tasks – one of coordination and another of advising the MoEVT on how to go about implementing SRH/HIV/LS education considering its mandate of providing this education to all learning institutions in Zanzibar.

The committee that comprise 15 members selected from different sectors will have the following composition:

1. Director Policy, Planning and Resaerch	MoEVT	Chairperson
2. HIV and AIDS Coordinator (Unguja)	MoEVT	Secretary
3. HIV and AIDS Coordinator (Pemba)	MoEVT	Deputy Sec.
4. Gender Focal Person	MoEVT	Member
5. LSE Coordinator (ZNZ) MoEVT		Member

6. Representative from Private Schools	Member
7. Representative from FBO (ZIADA)	Member
8. Coordinator Alternative Education MoEVT	Member
9. Assist RCH Programme Manager MoH	Member
10. ZACP Deputy Programme Manager MoH	Member
11. Director Youth MSWYWCD	Member
12. Representative from Higher Learning Institution	Member
13. UMATI Coordinator (ZNZ)	Member
14. Representative from Alternative Education	Member

The committee shall therefore have the following tasks:

9.4.1: To enhance coordination amongst different key players in the implementation of SRH/HIV/LS education program at learning institutions level, workplaces and outside

9.4.2: To conduct coordination meetings to share information and to provide technical advice on the management and organization of SRH/HIV/LS education in learning institutions and work places

9.4.3: To convene fora with parents, guardians and community people in order to seek advice on the how to about in providing for SRH/HIV/LS implementation

9.5: The SRH/HIV/LS at District Education Offices Focal Persons

9.5.1: To supervise and guide the implementation of SRH/HIV/LS education program at district level and inform the progress to the regional education office

9.5.2: To initiate planning and monitoring of SRH/HIV/LS education to the implementing institutions and work places

9.5.3: To consolidate and provide information on SRH/HIV/LS implementation on quarterly basis at district level and send it to the secretariat of the steering committee (TAC)

9.6: The SRH/HIV/LS teachers/tutors

9.6.1: To teach the SRH/HIV/LS education program at schools, training centres and colleges based on the agreed curriculum

9.6.2: To guide students to do extra-curricula activities with regard to SRH/HIV/LS education and to equally involve female, infected children, children with disabilities and MVC.

9.6.3: To take initiative and creativity of developing and designing teaching materials for SRH/HIV/LS education and use them in teaching using varied technique that will fit the type of audience in a given education level.

9.6.4: To inform the progress of SRH/HIV/LS education to the head of institutions, supervisors and other education officers visiting the institution.

9.6.5: To conduct follow up on progress of students and workers' interventions and to take part in monitoring of SRH/HIV/LS education at the implementing institutions

9.6.6: To prepare and provide information on SRH/HIV/LS implementation on quarterly basis to the head of the institution and other officers visiting the institution

9.7: Heads of institutions where SRH/HIV/LS will be taught

9.7.1: To oversee and provide guidance to teachers of SRH/HIV/LS education at schools, training centres and colleges based on the agreed curriculum

9.7.2: To ensure that teachers are doing extra-curricula activities with regard to SRH/HIV/LS education and in doing so they equally involve female, infected children, children with disabilities and MVC.

9.7.3: To inform the progress of SRH/HIV/LS education to the head of the MoEVT, supervisors and other education officers visiting the institution.

9.7.4: To conduct follow up on progress of students and workers' interventions and to take part in monitoring of SRH/HIV/LS education at the implementing institutions

9.7.5: To consolidate reports of teachers teaching SRH/HIV/LS education on quarterly basis and send it to the District SRH/HIV/LS Focal Person

9.8: The SRH/HIV/LS Peer Educators

9.8.1: To support peers in the learning of SRH/HIV/LS education and other issues of health, behaviour and acceptable peer norms

9.8.2: To use relevant peer education materials available, to ensure its relevance in the context of the subject and understand it before discussion.

9.8.3: To lead peer discussions on health education in support of SRH/HIV/LS education

9.8.4: To be responsible for accessing learning materials e.g. books, sign boards and other records of the work.

9.8.5: To determine achievements and constraints of the peer education work done.

9.8.6: To present problems and concerns of peers to the guardian/counsellor

9.8.7: To look for answers to difficult questions asked by peers so that answers are provided as feedback before beginning the next discussion

9.8.8: To provide leadership by being a role model through self prevention against sexually transmitted infections.

9.8.9: To compile and submit reports of work to the guardian/counsellor

9.8.10: To refrain from being associated with peer groups which have risky behaviour and practices in order to be a role model for other peers

9.9: The SRH/HIV/LS Students' Government Leaders

9.9.1: To help the teachers/tutors/lecturers to oversee and provide guidance to pupils/students during the time when they are in their learning institutions (schools, colleges, learning centres, universities) on good behaviour that is acceptable to the learning institutions' management and administration

9.9.2: To help teachers/tutors/lecturers to provide follow up to pupils/students to know who are their friends during the time when they are in their learning institutions (schools, colleges, learning centres, universities) and advice them on having good friends for their academic progress.

9.9.3: To inform institutions' management and administrative authorities on bad conduct exercised by pupils/students during the time when they are in their learning institutions (schools, colleges, learning centres, universities) on keeping an eye to those who practice such conducts.

9.9.4: To provide advice to fellow pupils/students on risk behaviours that may predispose them to vulnerability of getting HIV or other STI infections, teenage pregnancies, risks of abortions etc.

9.10: The SRH/HIV/LS learners' parents and guardians

9.10.1: To oversee and provide guidance to students after school hours on good behaviours that is acceptable to the community

9.10.2: To provide follow up to their children, to know who are their friends and advice them on good friends.

9.10.3: To inform other parents on keeping an eye to their children concerning relationship with other misbehaved children.

9.10.4: To advice their children and remind them on risks of getting STIs and risks of engaging in early sexual behaviour.

9.10.5: To liaise with teachers for the information on the school progress of their children and the relationships they have while in school.

9.11: The Roles of Civil Service Organizations

9.11.1: To take full participation and provide guidance to young people in and out of school on good behaviours acceptable to the community

9.11.2: To support the MoEVT efforts in providing preventive education to children and young people in and out of school.

9.11.3: To support the MoEVT efforts in mobilizing resources for the implementation of SRH/HIV/LS education

9.11.4: To join the MoEVT in educating parents/guardians and members of the community in undertaking full responsibilities in guiding their children and communicating with them on the risks of STIs and risks of engaging into early sexual behaviour.

9.11.5: To provide support in conducting assessments on the outcomes and impacts of SRH/HIV/LS education implementation

9.12: The Roles of other Public Sectors

9.12.1: To support the MoEVT in the implementation of SRH/HIV/LS education.

9.12.2: To mainstream SRH/HIV/LS education in their policy, programs and plans

9.12.3: To join the MoEVT efforts in support for education of HIV infected children, vulnerable children and young people living in extreme poverty in attaining their education.

9.12.4: To foster partnership, coordination and collaboration with MoEVT in the implementation of SRH/HIV/LS education

9.12.5: To support the MoEVT efforts in mobilizing resources for the implementation of SRH/HIV/LS education

9.13: The Roles of Private Sectors

9.13.1: To support the MoEVT in the implementation of SRH/HIV/LS education.

9.13.2: To mainstream SRH/HIV/LS education in their policy and programs

9.13.3: To join the MoEVT efforts in support for education of HIV infected children, vulnerable children and young people living in extreme poverty in attaining their education.

9.13.4: To foster partnership, coordination and collaboration with MoEVT in the implementation of SRH/HIV/LS education

9.13.5: To support the MoEVT efforts in mobilizing resources for the implementation of SRH/HIV/LS education

9.14: The Roles of Development Partners

9.14.1: To provide technical and financial support for the implantation of SRH/HIV/LS education

9.14.2: To join the MoEVT efforts in support for education of HIV infected children, vulnerable children and young people living in extreme poverty in attaining their education.

9.14.3: To foster partnership, coordination and collaboration with MoEVT in the implementation of SRH/HIV/LS education

9.14.4: To support periodic evaluation exercise financially and technically for looking into the achievements of the SRH/HIV/LSE over time.

9.14.5: To support research exercises financially and technically for issues of SRH/HIV/LSE importance and other educational importance.

Annexes:

These annexes have been taken from the Life Skills Education Framework for Zanzibar. Since the Framework explains that the new LSE system extensively include comprehensive issues on HIV and AIDS, the proposed standards, result framework and the Monitoring and evaluation framework can be also used for the purpose of SRH/HIV/LS education

Annex 1: Standards and benchmarks for life skills

Below is a list of internationally agreed standards and benchmarks for life skills education. These standards and benchmarks are relevant to the Zanzibari context in general. The standards are useful in planning, facilitating, monitoring and evaluation of life skills education interventions in Zanzibar. However, in order to ensure that these standards are followed, there is a need to develop LSE Standards for Zanzibar in order to define and apply these standards and benchmarks in the Zanzibari context. Stakeholders involved in the planning, facilitating, monitoring and evaluation of life skills education need to be familiar with and apply these standards in their programs. However, this list is not exhaustive; users may wish to add more information while maintaining these basic standards and benchmarks.

Standard 1: Life skills education is theory and evidence based

- Benchmark 1.1: valid cognitive and social theories form the basis of LSE at all stages of programming
- Benchmark 1.2: LSE education initiatives are results-based
- Benchmark 1.3: M & E mechanisms are built into all steps of planning and implementations

Standard 2: LSE is based on an agreed set of specific and measurable learning outcomes for a targeted group of learners

- Benchmark 2.1: recent formative research has been conducted to identify risk and protective factors that influence the needs of target group members
- Benchmark 2.2: based on the results of formative research, a set of priority learning outcomes has been agreed upon

Standard 3: Assessment reflects the agreed set of learning outcomes

- Benchmark 3.1: Assessment instruments and mechanisms are used at regular intervals to determine individual progress towards attainment of learning outcomes
- Benchmark 3.3: information is collected and analyzed to determine the extent to which learners, teachers, parents and others are satisfied with results

Standard 4: LSE uses teaching and learning activities that are designed to achieve the agreed set of outcomes and to stimulate learning

- Benchmark 4.1: teaching/learning activities appropriate to age, gender and content area are designed to allow sufficient opportunities to practice skills development
- Benchmark 4.4: participatory and skills-building methods are used
- Benchmark 4.5: facilitators are trained to use participatory, experiential methodologies

- Benchmark 4.6: Facilitators are trained in specific content areas with regard to knowledge, clarification of their attitudes and building of their skills for accessing new info and services

Standard 5: LSE is provided in a protective & enabling environment

- Benchmark 5.1: relevant gatekeepers and stakeholders (inc. learners, parents, spiritual leaders) participate in the development and support of LS programs
- Benchmark 5.3: the learning environment is one in which all learners and staff feel safe and protected, connected and valued as contributors to and, participants in, learning

Standard 6: LSE is integrated in formal education systems, curricula and examinations

- Benchmark 6.1: LSE is coordinated with national (& international) policies and plans that address issues dealt with in LSE program
- Benchmark 6.5: Extra-curricular and non-formal interventions complement the formal school curricula with a particular focus on children and adolescents in and out of schools, who are identified as being especially vulnerable or at greater risk with regards to specific content area

Annex 2: Monitoring and Evaluation plan

Monitoring will be undertaken at the activity/strategy and output level and subsequently utilizing those monitoring data in evaluating the impact of this framework.

Impact indicators

Effective implementation of this framework will result to achieving the goal of the framework. Progress and performance towards the goal will be assessed using the following list of indicators:

1. % of children and young people who have received quality life skills education. (both in school and out of school).
2. % change in new HIV/AIDS infection rates among children and young people in Zanzibar as a result of life skill education provided.
3. % change in the number of youth engaged in substance abuse and other risky behaviors as a result of life skills education provided.
4. % of children and young people with positive behavioral changes as a result of life skills education provided

Periodic comprehensive evaluations

Evaluating the impact of life skills education in Zanzibar will be assessed every three years through contracting external independent consultants for carrying out comprehensive assessment of life skills education in Zanzibar.

Annual participatory evaluation sessions

The ZNLSEF steering committee has the responsibility of coordinating annual stakeholder evaluation workshops where all stakeholders involved in life skills education in Zanzibar will submit evaluation reports from their institutions/organizations and make presentations during the workshop.

Specifically:

- The Ministry of Education and Vocational Training will be responsible for reporting on life skills education for in-school children and youth.
- The Ministry of labor, youth development will be responsible for monitoring and evaluation on life skills education for out-of-school youth
- Individual CSOs have the responsibility of reporting to the steering committee regarding their activities as related to life skills education on a bi-annual basis i.e. early June and early December

Outcome Indicators

Outcome 1: Improved stakeholder coordination and collaboration within and across all levels from

the Shehia to national level on life skills education provision

- Number of joint meetings held and correspondences between stakeholders
- Existence of agreements signed and memorandum of understanding between stakeholders on collaboration for providing life skills education in Zanzibar
- A communication strategy in place

Outcome 2: A supportive policy and funding environment in place for implementation of the Zanzibar National Life Skills Education Framework (ZNLSEF)

- Amount of funding available for implementing ZNLSEF
- Incorporation of a life skills education in related national policies and plans

Outcome 3: Quality in school life skills education is provided in all schools and colleges in Zanzibar.

- Incorporation of life skills education in the national education curriculum for primary and secondary schools
- Number of schools with clubs for extracurricular activities on life skills
- Existence of training manuals for in school youth

Outcome 4: Out of school youth are provided with quality and comprehensive life skills education in Zanzibar

- % of out of school youth who have received life skills education
- Existence of a manual on life skills education for out of school youth

Outcome 5: A functioning monitoring, evaluation and communication system in place for tracking, analyzing and communicating about life skills education program in Zanzibar.

Annex 3: THE RESULTS FRAMEWORK (OBJECTIVES, STRATEGIES, RISKS AND ASSUMPTIONS)

8.1 Overview

This section details the key results expected out of the framework, strategies to achieve those results, risks and important assumptions. The results section reflects on the rationale for the framework to provide desirable and workable solutions to the challenges affecting effective LSE interventions in Zanzibar. This framework adopts a hierarchy of objectives similar to mainland NLSEF including the overall goal, outcomes, strategies and outputs. These objectives are then presented in a logical framework matrix to include indicators, means of verification, risks and assumptions and responsible institution/s.

8.2 The Goal

The goal of this framework is to contribute in ensuring that:

“All children and young people in Zanzibar are provided with quality life skills education that draws on socio-religious principles and utilize the life skills in an environment which encourages and enables them to do so for their own and societal benefits, with particular emphasis on adopting attitudes and practices that will contribute to the reduction of HIV infection, early pregnancies, substance abuse and gender based violence among youth”

8.3 The Purpose

The purpose of this framework is *“to provide guidance in ensuring quality provision of life skills education to all children and young people in Zanzibar through providing guidance on LSE content and standards and; improved institutional coordination and collaboration.”*

8.4 Outcomes, Strategies and Outputs

An outcome statement is defined a qualitative description about the impact of outputs produced by life skills education in Zanzibar e.g. improved teaching of life skills in schools as a result of increase in teachers receiving in-service training on life skills education. Outputs are the immediate and measurable products e.g. number of teachers who have been provided with in-service training. Strategies refer to the broad tactics and activities undertaken to attain the outputs e.g. provide in-service teachers’ training on life skills.

Outcomes statements below derive from the goal statement above and also reflect the characteristics of an effective life skills education in Zanzibar. The combination of all outcomes together contributes to achievement of the goal.

Outcome statements include:

1. A supportive policy and funding environment in place for implementation of the Zanzibar National Life Skills Education Framework (ZNLSEF)
2. Quality in school life skills education is provided in all schools and colleges in Zanzibar.

3. Out of school youth are provided with quality and comprehensive life skills education in Zanzibar
4. A functioning monitoring, evaluation and communication system in place for tracking, analyzing and communicating about life skills education program in Zanzibar.

Outcome 1:

Improved stakeholder coordination and collaboration within and across all levels from the Shehia to national level on life skills education provision

Strategy:

Develop and implement a stakeholder coordination strategy aimed at ensuring effective and meaningful participation of all stakeholders involved in the provision of life skills education in Zanzibar from the Shehia to the national level.

Outputs:

1. Stakeholder involved in the provision of life skills education at all levels are aware of their roles and are supportive of life skills education programs
2. Stakeholders at all levels have the capacity to undertake their roles and responsibilities in providing quality life skills education in Zanzibar

Outcome 2:

A supportive policy and funding environment in place for implementation of the Zanzibar National Life Skills Education Framework (ZNLSEF)

Strategy:

Design and implement a multidimensional and dynamic communication plan involving all stakeholders in the provision of life skills education in Zanzibar. The aim of the communication plan is to strengthen stakeholder commitment particularly by the Revolutionary Government of Zanzibar, the UN, national and international NGOs working LSE related issues.

Outputs:

1. ZNLSEF is aligned with and contributes to all relevant policies and strategies
2. Multi-sectoral government teams have the knowledge and skills to explain, advocate for and implement the ZNLSEF
3. Political and religious leaders at shehia, district, regional and national level have the knowledge and skills to explain and advocate for the national life skills framework
4. Media have the knowledge and skills to explain and advocate for the national life skills framework
5. Civil society organizations are fully involved in the promotion of life skills

Outcome 3:

Quality in school life skills education is provided in all schools and colleges in Zanzibar.

Strategy:

Design and implement strategies to enhance the capacity of teachers and education systems in general in the provision of life skills education.

Outputs:

1. School curricula harmonized with ZNLSEF and guidelines developed and disseminated
2. Child and youth friendly life skills materials developed and disseminated to schools and colleges
3. All pre service teachers are trained in life skills and regular service training for teachers is provided
4. In-service teacher training programs are developed and provided regularly for primary and secondary schools
5. Life skills extra-curricular programs active in all schools

Outcome 4:

Out of school youth are provided with quality and comprehensive life skills education in Zanzibar

Strategy:

Support and enhance the capacity of civil society organizations providing life skills education for out school youth in Zanzibar while aiming at improving coordination among civil society and between civil society and other stakeholders particularly the revolutionary government of Zanzibar from the local to the national level.

Outputs:

1. Consolidation of multi-sectoral support to out of school life skills programs under the leadership of MLEYD
2. Comprehensive and sustainable training program for peer educators in place
3. CSO capacity on out-of-school parenting/life skills training developed
4. Outreach program for children and young people from marginalized groups developed and supported (e.g. orphans, adolescent wives and mothers, children and young people with disabilities, domestic workers and others involved in child labor, children on the street, sex workers)

Outcome 5:

A functioning monitoring, evaluation system in place for tracking, analyzing and communicating about life skills education program in Zanzibar.

Strategy:

Design and implement a monitoring and evaluation plan for assessing the progress and performance in implementing this framework including a communication component for sharing with stakeholders on lessons learnt and scaling up best practices.

Outputs:

1. Improved monitoring of life skills education program to ensure adherence to life skills education standards reflecting the socio-religious nuances of Zanzibar
2. Periodic evaluation exercises undertaken and incorporation of evaluation recommendations for improving the life skills education approach in Zanzibar

Annex 4: WORK RELATED OPERATIONAL DEFINITIONS

<i>Term/Abbreviation</i>	<i>Operational Definition</i>
EDSEC SRH/HIV/LS	The content package of Sexual Reproductive Health, HIV and AIDS and Life Skills Education taught in learning institutions under the Ministry of Education and Vocational Training in Zanzibar.
SRH/HIV/LS components	In this exercise components of SRH/HIV/LS refers to three areas of SRH, HIV and AIDS and Life Skills Education
SRH/HIV/LS Assessment	This is the assessment planned and expected to be done in relation to SRH/HIV/LS areas (components) that focuses only what is currently covered or implemented under the MoEVT in Zanzibar
Young People	Refers to age groups that are still in schools under MoEVT at all levels and those in higher learning institutions disregarding of their current age limit
SRH/HIV/LS Guidelines	This is the end result document amongst this work deliverables expected to be developed in relation to SRH/HIV/LS areas (components) that focuses only what is currently covered or implemented under the MoEVT in Zanzibar
<i>Term/Abbreviation</i>	<i>Operational Definition</i>
Preliminary Findings	Brief information captured through literatures for the purpose of writing this inception report and not from any planned field exercise.
SRH/HIV/LS manual	It is a document that has been newly developed by the MoEVT for the purpose of

	<p>assisting teachers who provide training on one or more components of SRH/HIV/LS in learning institutions of Zanzibar.</p>
Learning Institutions	<p>Under the context of this work learning institutions refer to those institutions of lower and higher learning that are under the MoEVT and those who are not directly under the MoEVT but also include colleges and universities that are teaching education.</p>
Work places	<p>Here in this forthcoming exercise, work places will only include areas of work related to learning institutions that are focused in this exercise as defined above.</p>
Stakeholders	<p>These refer to institutions, organizations and people implementing SRH/HIV/LS interventions under the MoEVT and those who are partnering, collaborating or providing technical and financial support to the implementation of these activities disregarding the level of their involvement.</p>
Beneficiaries	<p>In the context of this work, beneficiaries are the recipients of SRH/HIV/LS education at various learning institutions, at various levels of education and at any age group. It include workers under the work places defined above</p>
Teachers	<p>In this exercise, teachers that will be focused are those who are teaching subjects related to SRH, HIV and AIDS and Life Skills disregarding the level where teaching is being carried out or whether the teacher obtained training in these areas or not</p>

