



# **MINISTRY OF EDUCATION AND VOCATIONAL TRAINING**

## **ZANZIBAR**

### **EDUCATION SECTOR SRH/HIV/LS ASSESSMENT REPORT**



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Educational, Scientific and  
Cultural Organization



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## **EXECUTIVE SUMMARY**

The Ministry of Education and Vocational Training has been implementing SRH/HIV/LS education initiatives for more than a decade now and is currently striving to strengthen this education in its learning institutions in Zanzibar. Amongst its efforts to achieve this objective, the integration of a number of existing training manuals focusing this education package was undertaken in order to provide a common understanding in teaching these topics at all levels of education. This was done through the support from World Bank through Zanzibar Basic Education Improvement Project (ZABEIP). The developed integrated manual titled “Mwongozo wa Kufundishia Stadi za Maisha kwa Vijana”, however, is still found to have its contents not focused to each thematic area and not categorized by different levels of education (i.e. It is not clearly articulating which content is to be taught at which level).

Under this situation therefore, a need to have some guidelines to support its implementation was found crucial. Before embarking into the development of the guidelines, the Ministry proposed SRH/HIV/LS education assessment to provide some basic information on its overall implementation, strengths and weaknesses, opportunities and threats and its achievements and challenges.

A consultant was assigned to do the assessment and findings generally indicate that despite the presence of some SRH/HIV/LS activities in learning institutions, there is no specific organization and management for these activities in Education Sector. Specifically, this study found that SRH/HIV/LS education was not implemented as a program but rather as activities that were integrated in some core subjects (carrier subjects) both for primary and secondary level.

There are however, existing strengths that the MoEVT can utilize them to scale up this education in its learning institutions. Among the existing strengths of EDSEC SRH/HIV/LS in Zanzibar include the presence of schools that can provide space or venue for providing SRH/HIV/LS education and the presence of teachers trained to provide SRH/HIV/LS education and counseling. The existence of Health Clubs that were earlier established in many schools under MEES and CVM provides an arena where children and youths can meet and get opportunity to discuss SRH/HIV/LS issues. Presence of integrated guidelines “Mwongozo wa Kufundishia Stadi za Maisha kwa Vijana” and the establishment of Technical AIDS Committee (TAC) are also amongst the noted strengths. The existing Counseling and Gender units within MOEVT and the inculcated cooperation between MOEVT and SCOs in implementing SRH/HIV/LS in schools, financial support from donors for implementing SRH/HIV/LS education is yet another set of remarked strengths. The available printed Biology textbooks mainstreamed with SRH/HIV that were designed and edited by FEMINA Hip Dar – es – Salaam are amongst the identified strengths.

On the other hand, there are weaknesses revealed in EDSEC SRH/HIV/LS that need to be addressed for effective scaling up. These include absence of common and standard SRH/HIV/LS education manual/guide used by all implementers in various learning institutions and work places and inadequate facilitators on SRH/HIV/LS education. Others include lack of national Coordinating Board for SRH/HIV/LS activities and lack of monitoring and evaluation for SRH/HIV/LS education package in schools. In addition, SRH/HIV/LS topics package in schools is not assessed to measure the progress and understanding of students and parents skills on this area is not strengthened to make them conversant in communicating with their children/youths, leading to sluggish positive change of behavior. Young people attending seminars and forums with virtually no repeating dose from parents, guardians and community have minimum effect in behavioral change and instead they are found to still involve themselves in sexual activities and other risk behavior practices. On the other hand the existing peer trainings are not monitored and evaluated and hence its impact is not known by MOEVT.

Focusing on the implementation modality, the study found that there was no program or at least unit within the MoEVT that is coordinating the implementation of SRH/HIV/LS education. However, the content of SRH/HIV/LS education developed by MOEVT is generally appropriate, despite its weakness that it does not specify what was supposed to be learnt at each level of school students, posing difficulties in using it effectively.

SRH/HIV/LS activities in education are heavily donor dependent and its sustainability is doubtful. However, resource mobilization from other sources was suggested by respondents through the use of potential partners in implementing SRH/HIV/LS activities including CSOs and NGOs dealing with those activities, ZAC and other key public sectors.

There are some opportunities which can be used to improve SRH/HIV/LS education in education sector which include identified students' interests in learning SRH/HIV/LS topics, awareness amongst large number of students and teachers on SRH/HIV/LS education. However, there are some identified threats that include willingness of community in teaching of SRH/HIV/LS education effectively for different reasons including fear that teaching these topics in learning institutions is imposition of Western culture. Misuses of SRH/HIV/LS knowledge amongst students which will be likely to have negative impact to the planned and expected results

### **Recommendations**

In order to improve the implementation of SRH/HIV/LS activities the following recommendations are hereby made:

- The MoEVT should equip teachers with adequate knowledge and skills on SRH/HIV/LS education

- Institutions should be equipped with necessary resources required to implement SRH/HIV/LS education.
- The MoEVT should strengthen coordination and organize SRH/HIV/LS activities at national level.
- The MoEVT should provide guidelines on appropriate approaches of SRH/HIV/LS education.
- Cooperation between CSOs, stakeholders, development partners need to be strengthened.
- The community should be involved and sensitized on participating on implementation of SRH/HIV/LS education.
- A coordination unit for SRH/HIV/LS within MOEVT to be established
- Special allocation of funds for SRH/HIV/LS should be done in each annual Budget.

Conclusively, this survey found that majority of respondents especially education officers and the teaching staff, supported the idea of establishing SRH/HIV/LS national guidelines in Zanzibar so as to have a minimum standards of the required contents at national level.

Based on the findings, the following were deliberated as the way forward towards the SRH/HIV/LS education in Education Sector:

1. Efforts to be made by responsible parties that the pre–and in service teacher training are reinforced to impact trainees with essential skills in training children/youths on life skills after their course.
2. The proposed SRH/HIV/LS coordination unit should abide with Terms of Reference (TOR) that shall be established within MoEVT.
3. The SRH/HIV/LS activities to be incorporated in the existing Education Management of Information System (EMIS) to get reliable information from all schools. Indicators and data collection tools should be developed for monitoring and evaluation of SRH/HIV/LS.
4. The SRH/HIV/LS coordinating unit to conduct quarterly and Annual Review Meetings for staff implementing SRH/HIV/LS education and other stakeholders to share information and discuss progress on SRH/HIV/LS activities.

5. Through School Committees, the MoEVT in collaboration with the Ministry responsible for community development should sensitize community and involved in the implementation of SRH/HIV/LS education at initial stages to provide support and to avoid resistance and build sense of ownership.
6. The National SRH/HIV/LS guidelines to be developed to provide standards and authorize MOEVT to manage, coordinate and supervise SRH/HIV/LS activities at national level.
7. The MoEVT should develop a special agreement or Memorandum of Understanding (MOU) for working with government institutions, local and international NGOs and Development Partners on SRH/HIV/LS education for effective implementation.
8. Teachers should be equipped with both knowledge and approaches of SRH/HIV/LS education in order to be confident in teaching those topics.

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## **LIST OF ABBREVIATIONS**

AIDS	Acquired Immunodeficiency Syndrome
CSO	Civil Society Organization
DACCOM	District AIDS Coordinating Committee
DHMT	District Health Management Team
EDSEC	Education Sector
FBO	Faith Based Organizations
FP	Family Planning
FGD	Focused Groups Discussion
HCT	HIV Counseling and Testing
HF	Health Facility
HIV	Human Immunodeficiency Virus
HBC	Home Based Care
IEC	Information, Education and Communication
LS	Life Skills
MARP	Most at Risk Population
MDG	Millennium Development Goals
MDA	Ministries, Departments and Agencies.
M&E	Monitoring and Evaluation
MEES	Moral Ethics and Environmental Studies
MKUZA	Mkakati wa Kukuza Uchumi Zanzibar
MOHSW	Ministry of Health and Social welfare
MoEVT	Ministry of Education, and Vocational Training
MoFEA	Ministry of Finance and Economic Affairs
MoYEWCD	Ministry of Youth, Employment, Women and Children Development
NGO	Non Governmental Organization

OPLD	Organization of People Living With Disability
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV and AIDS
PPP	Public-Private Partnership
SRH	Sexual and Reproductive Health
STD	Sexual Transmitted Diseases
STI	Sexual Transmitted Infection
TAC	Technical AIDS Committee
THMIS	Tanzania HIV and Malaria Indicator Survey
TOR	Terms of reference.
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
VCT	Voluntary Counseling and Testing
VTC	Vocational Training Centers
WHO	World Health Organization
YFF	Youth Friendly Facilities
ZAC	Zanzibar AIDS Commission
ZACP	Zanzibar AIDS Control Programme
ZAIADA	Zanzibar Association of Information Against Drug Abuse and Alcohol
ZABEIP	Zanzibar Basic Education Improvement Programme
ZAPHA+	Zanzibar Association of People Living with HIV/AIDS
ZNSP	Zanzibar National HIV/AIDS Strategic Plan
ZPRP	Zanzibar Poverty Reduction Plan

## **CHAPTER ONE**

### **INTRODUCTION, BACKGROUND AND OBJECTIVES OF SRH/HIV/LS ASSESSMENT**

#### **1.1: Introduction**

##### **1.1.1: General Overview**

The Ministry of Education and Vocational Training (MoEVT) has the mandate to provide the right for education to Zanzibar children in learning institutions including schools, colleges, learning centers (including Vocational Training Centers) and universities where children and young people are studying. The Ministry is currently a custodian of more than 70 percent of children and young people, majority of them being in the age of sexually active, and whether they practice sexual activities or not, they are supposed to be given SRH/HIV/LS education to understand their sexuality, prevent themselves from being infected with a dreadful HIV and understand their life problems and how to address them. A number of international recommendations, including the Convention on the rights of the child, Education for All and the declaration of government commitment resulting from the United Nations General Assembly Special Session on HIV & AIDS in 2001 underscores the need to provide SRH/HIV/LS education package for young people in and out of schools as one area of their human rights.

##### **1.1.2: HIV Prevalence amongst Young People in Zanzibar**

Findings from the population based surveys (namely the HIV Validation Survey 2005 as well as Tanzania HIV and Malaria Indicator Survey (THMIS2, 2009) have documented an HIV prevalence of 0.6 percent in the sexually active population in Zanzibar that includes young people<sup>3</sup>. Because of their vulnerability and limited ability to negotiate safer sex therefore, special concerns need to be paid to this population segment to save their lives and give them more opportunity to learn. Deliberate efforts need to be focused to young women in and out of schools because of documented evidence that they are more vulnerable and therefore more infected than males.

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 accounting for only 0.1 percent (ZNSP II 2010). There is also enough evidence that youths in and out of school are engaged in unprotected sexual activities, the situation that

warrants for continuous interventions including provision of Sexual and Reproductive Health (SRH) education in schools and in the community, using formal learning sessions, peer education program and other relevant sources of knowledge.

### **1.1.3: Reported Sexual Activities amongst Students in Zanzibar**

Evidence have shown that over 10% of learners in different levels of learning institutions had sexual relations with different partners. About 14.1% of the girls and 7.4% of the boys in learning institutions in Zanzibar confidently reported to have sexual intercourse with various partners. Sexual partners to these learners include fellow students (8.7%); other boys (6.3%) or girls (5.7%) in the community, friends (5.7%), relatives (5.3%), strangers (3.6%), head teachers (3.3%) other teachers (2.8%) and non-teaching workers in school (2.8%). (Higher Learning Institutions Survey Report 2008)

### **1.1.4: The need for SRH for Young People in Zanzibar**

Issues of sexual and reproductive health that are usually perceived by the community as adult issues, are also important for young people in and out of schools as they are important to the adult people. Young people men and women needs to know their sexuality and their sexual rights and need to know the existing connection between SRH and HIV and AIDS given that heterosexual transmission is the major infection route of contracting HIV in Zanzibar. Furthermore, learners in educational institutions and those out of school need to know various risk factors/situations in connection with HIV infection.

### **1.1.5: The need for LS Education for Young People in Zanzibar**

Training on life skill education need to have reflections in making young people in learning institutions in Zanzibar to understand the environment they live. Under life skills education, young people need to understand ways of building one's confidence in making the right decision and means of overcoming problems and life threatening actions like engaging into dubious means of obtaining income and/or engaging into the use of drugs to overcome problems associated with such conditions

### **1.1.6: The need for HIV Preventive Education for Young People and Work places in Zanzibar**

Students in learning institutions and staff in workplaces need to know HIV preventive education including knowledge on how HIV infection occurs and how different measures of prevention can be taken. Apart from HIV infection, there are other threatening infections like syphilis and other types of STIs that especially young people need to know their effects and ways to avoid them.

### **1.1.7: Rationale for SRH/HIV/LS Education for Learners**

There are a number of sources of information on SRH/HIV/LS that can be obtained through electronic media (radio and TVs), reading materials including text books, magazines, brochures

and leaflets but from these sources the information obtained is scattered and not focused for the target groups in consideration. Apart from these sources, there are NGOs and peer educators that provide this education but still the content of what they may deliver is not the one that is suitable for young people of different age-groups and may not be well understood by young people.

Under these scenarios, a need to prepare special SRH/HIV/LS content and to integrate it into other subjects' curricular was found crucial by the MoEVT to ensure that students at various levels of education receive the right dose of content at the right age, which is one of its responsibilities. A number of teachers were trained on this package in order to provide this education in learning institutions. However, assessment of the progress and achievements overtime on this area is found crucial and is focused to provide information that can guide on the effective implementation of this training program in learning institutions and workplaces under the MoEVT in Zanzibar. This assessment can also be used to indicate how target population is benefiting with this long term practiced intervention.

## **1.2: Background**

### **1.2.1: Beginning of Moral Ethics and Environmental Studies (MEES)**

In its efforts to educate students on sexual reproductive health, HIV/AIDS and Life Skills Education, 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 later reformed and named as 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 endeavor, the Ministry established MEES clubs in schools in which issues of SRH/HIV and AIDS, environment and population were incorporated. This program was also introduced in Teachers Training Colleges later in early 90's.

### **1.2.2: Other Efforts by MoEVT on SRH/HIV/LS Education**

In joining the multi-sectoral fight against HIV and AIDS epidemic, several other efforts besides integrating HIV/AIDS topics in school curriculum were carried out by the MoEVT. These include the provision of guidance and counseling services on SRH issues with focus on HIV and AIDS and the initiation of peer education programs which provide Life Skills Education to adolescents. The Ministry continues to protect the reproductive health of school youths in collaboration with other development partners including UNFPA, UNICEF and others. This was done primarily through 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.

Life skills education interventions have been strongly undertaken by the MoEVT. In Zanzibar, life skills education interventions have been taking place for the past 15 years and are featured in the Zanzibar Strategy for Growth and Reduction of Poverty (MKUZA), the National Education Strategic Plan (EDSP) and the National HIV & AIDS Strategic Plan (ZNSP) 2004-2007. The interventions include development of training manuals and guidelines, training of teachers and peer educators, integration of Life Skills curriculum into career subjects. These are designed to contribute and complement other on-going interventions in relation to not only HIV/AIDS but also substance abuse, sexual and reproductive health, gender based violence, among others. The interventions have been supported and implemented by various actors from the Zanzibar government and civil society to international agencies and organizations and take place in schools (including religious ones) and at various settings out of school (ZNLSEF, 2010).

### **1.2.3: Achievements made in the Implementation of SRH/HIV/LS Education**

In the course of implementing the above-mentioned interventions, drastic achievements were obtained - including trainings on the SRH/HIV/AIDS package provided to a number of teachers and peer educators and development of key working documents for example, having in place, the Life Skills and SRH training manual to be used in schools. Providing support to infected learners in terms of cash and kind and waiving of costs of cost-sharing to poor children is currently not openly done under the MoEVT initiatives but when need arise to provide such support to students, the ministry do that. Some individual schools are also providing such support to poor children under their own initiatives. Teachers were trained as both counselors and HIV/AIDS educators, and the ministry has plans to strengthen HIV/AIDS counseling services including promoting the following:

- ❖ life skills
- ❖ better learning
- ❖ communication among stakeholders in education
- ❖ learners' self-respect
- ❖ trust and confidence
- ❖ coping skills in response to traumatic events

The ministry is also implementing a friendly school environment program that will facilitate integration of all children into the school and teaching–learning environment.

#### **1.2.4: Challenges in the Implementation of SRH/HIV/LS Education**

Despite the above-mentioned interventions, there are a number of inherent challenges facing the SRH/HIV/LS education program in Zanzibar. These include lack of clear coordination between and among stakeholders; lack of agreed standards, benchmarks, focus, content, methods and tools for providing this type of education. Lack of sustainability of peer education system which is very important in reaching out-of-school youth and inadequate financial and political commitment for SRH/HIV/LS, hence affecting its effectiveness

#### **2.5: Addressing Challenges in the Implementation of SRH/HIV/LS Education**

The newly developed manual provides a good working tool that will assist teachers in providing the right and focused SRH/HIV/LS education to students at various levels of education. However, the manual has been designed to assist teachers while students also need to have their manual that will be their reference document after sessions conducted in classes. Furthermore, the manual covers range of sessions/topics related to SRH/HIV and AIDS and Life Skills BUT is too general to support teaching of students at various levels and age-groups

Under this situation, the MoEVT find the need to have the guidelines to support the implementation of the SRH/HIV/LS which has been acknowledged by the Zanzibar Education policy that the need to develop guidelines for HIV and AIDS education in the education sector is crucial.

### **1.3. The SRH/HIV/LS Assessment Objectives,**

#### **1.3.1: Overall Objective**

This assessment is supposed to be a leading exercise before embarking into the development of the SRH/HIV/LS guidelines. The *SRH/HIV/LS Assessment* objective is therefore to explore, identify and inform on key issues that need to be in the guidelines and to inform on the guidelines development process.

#### **1.3.2: Specific Objectives**

Specifically, key issues that will be explored in the EDSEC SRH/HIV/LS assessment will include:

- ✚ Identification of existing strengths, weaknesses, opportunities and threats for SRH/HIV/LS education in Zanzibar
- ✚ How is the Zanzibar Ministry of Education and Vocational Training coordinate and monitor SRH/HIV/LS activities at national the level to the lower level
- ✚ How is the SRH/HIV/LS education is implemented at various levels of education

- # How appropriate is the package/content of each SRH/HIV/LS components
- # Does the content of the reference materials appropriate in terms of age groups, level of class, HIV epidemic trend, culture, phenomena of sexual diversity etc,
- # What are the means of financing the SRH/HIV/LS activities undertaken by the MoEVT
- # What are the potential partners and how better the Ministry of Educationa and Vocational Training can foster their involvement
- # How does HIV and AIDS education services are linked to other services in education sector and outside
- # How the existing institutional framework of the Ministry is in line with the implemented activities
- # What are the achievements and challenges of SRH/HIV/LS education in learning institutions in Zanzibar
- # What need to be done to improve SRH/HIV/LS implementation

## **CHAPTER TWO**

### **METHODOLOGY**

#### **2.1: Introduction**

This chapter provides specific methodological process used to undertake the assessment of SRH/HIV/LS education as preliminary exercise for the subsequent development of the national SRH/HIV/LS education guidelines. The assessment employed a combination of approaches (predominantly qualitative) to obtain adequate information and evidence that will assist in developing the guidelines. The work of developing SRH/HIV/LS education guidelines was found a priority by the MoEVT due to the fact that there are a number of manuals developed on life skills education, HIV and AIDS that are used in schools that bring confusion amongst teachers on deciding which training manual is more comprehensive and recommended for use. The support of this work is coming from UNESCO office with the contribution from the Zanzibar MoEVT. The following are the details of approaches used in the assessment:

- 2.1.1: Documents Review (through available hard copies and website search)
- 2.1.2: Consultation Meetings (involving public, private sectors and CSOs)
- 2.1.3: Structured Interviews (to quantitatively assess reported progress/achievements)
- 2.1.4: In depth Interviews (to capture qualitative evidence and new ideas on the program from key persons/informants)
- 2.1.5: Focused Group Discussions (to capture qualitative evidence and ideas from the Grassroots/beneficiaries)
- 2.1.6: Site Observations (for observable conditions) to substantiate reported evidences and information supplied in support of this exercise

#### **2.2: Details on Each Approach**

##### **2.2.1: Documents Review**

This was the first step in the development process of both the SRH/HIV/LS assessment. Document review will be further elaborated on how it was carried out as it covered about 60% of this assessment. The rationale for depending more on literature review was because many assessments and situation analysis under these areas have been carried out and documented facts in connection with this work are available. The documents include:

- a) Situation and response analysis of HIV and AIDS in Education sector
- b) Needs Assessment which was done during the development of primary curricula

- c) Assessment of HIV services for young people
- d) Life skills assessment
- e) Joint review of the national HIV response
- f) THIMSII
- g) Situation and response analysis of HIV in Higher Learning institutions
- h) The Zanzibar National Policy of HIV and AIDS
- i) The Zanzibar National Multi-sectoral Strategic Plan for HIV and AIDS (ZNSP II draft)
- j) The Zanzibar Education Policy (2006)
- k) Sectoral HIV and AIDS strategies, plans and progress reports (including the two Situation Analysis – Education Sector 2007 and Higher Learning Institutions, 2009)
- l) Life Skills and Sexual and Reproductive Health Training Manual (MoEVT Zanzibar, 2010)
- m) Zanzibar National Life Skills Training Framework (ZAC 2010)
- n) International Technical Guidance on Sexuality Education Vol. I and II (UNESCO 2009)
- o) Zanzibar National Multi-sectoral HIV Monitoring and Evaluation Framework
- ❖ Zanzibar Substance Abuse – HIV and AIDS Strategic Plan 2007-2011
- ❖ Tanzania National Survey on HIV and Malaria (THMIS) 2009
- ❖ The Zanzibar Service Availability Mapping (SAM), 2008
- ❖ The Tanzania DHS Preliminary Findings Report, 2010
- ❖ ‘Skills for Life?’ An Assessment of Life Skills Education, 2008
- ❖ UNGASS Country Progress Report, 2007
- ❖ Zanzibar HIV Service Coverage Reports
- ❖ Zanzibar Annual HIV and AIDS Monitoring and Evaluation Report July 2007 – June 2008
- ❖ Gender and HIV and AIDS in Zanzibar, 2009
- ❖ Parent-Child Communication Guide (TUAMBIZANE)
- ❖ Situation and Impact Analysis of HIV and AIDS on the Tourism Sector in Zanzibar 2008
- ❖ Zanzibar Most Vulnerable Children (MVC) Situation Analysis Report 2007
- ❖ Assessment of HIV Preventive Services for Young People in Zanzibar, 2008

### **2.2.2: How the Review of Documents was done:**

Documents listed above were extensively reviewed to extract evidence and facts on SRH/HIV/LS. Questions that were focused include:

- ❖ What has been documented on the three thematic areas (SRH, HIV and Life Skills) on young people in and out of schools and workplaces?
- ❖ What gaps and challenges documented on the implementation of SRH, HIV and Life Skills in schools, outside schools and workplaces?
- ❖ Coverage and adequacy of the documented contents on SRH/HIV/LS in connection with young people at various levels of learning institutions and workplaces in Zanzibar
- ❖ What is documented specifically on care and support and impact mitigation of infected and affected families of young people in and out of schools and people in workplaces
- ❖ What has been documented on young people with disabilities, orphans and vulnerable children in learning institutions and workplaces
- ❖ The present institutional framework in support of the implementation of the SRH/HIV/LS education in Zanzibar
- ❖ What is documented on capacity building of learners, peer educators, teachers, resources mobilization, monitoring and evaluation and research
- ❖ What has been put down as the roles of MoEVT on SRH/HIV/LS, limit of coverage and access to means of the required interventions which will help to develop a clear missions and visions for the program

### **2.2.3: Consultation Approaches**

In light of the implementation and lessons learnt from SRH, HIV and LS implementation under the MoEVT, the assessment took into consideration on having few focused consultations to selected institutions and people supposed to have necessary information. The consultations were informed by issues present in the proposed outline of the assessment report as stipulated in the TOR.

Other additional issues that were added by consultant and related issues raised by stakeholders in the course of consultation that were found relevant. Thus the information obtained from the document review was harmonized with the information obtained through strategic consultations with key informants.

Institutions focused for consultations and in depth interviews from public sector ministries included the Ministry of Education and Vocational Training, Ministry of Health and Social Welfare and Ministry of Labour, Youths, Women and Children including ZAC and ZACP. Private sectors included higher learning institutions (**SUZA**, Zanzibar University and College of Education Zanzibar) and five selected private schools. On the part of development partners all

members of the UN family with their offices in Zanzibar were planned to be consulted. Six NGOs UWAKUZA, ZAYEDES, ZAIADA, ZAPHA+, UWZ and ZANGOC were focused for consultation. The consultation process fully engaged the following approaches:

- Group Meetings/Workshops
- In depth Interviews
- One to one interviews,
- Focused Group Discussions

Tools to guide in the consultations were developed and circulated and agreed upon prior to starting field work for data collection. The working team, the MoEVT ensured that the developed tools were in line with the TOR and the structure and contents of anticipated deliverables.

#### **2.2.4: In depth Interviews**

This was focused for people who are knowledgeable on the three components of the program (key informants on SRH, HIV and AIDS and LS) from different public and private sectors. These included teachers of the program and senior people from public sector ministries including Director/Planning Officers, Principal Secretaries, Commissioners and Managers from private sector and NGO. A cross-section of them was selected using a convenient sampling approach. A total of 20 of such informants were selected to furnish the working team with the necessary information to accomplish the exercise. (See the proposed list of informants in Annex 3)

#### **2.2.5: Focused Group Discussions**

This approach was applied predominantly to beneficiaries of the SRH/HIV/LS education in the learning institutions including students from all levels of education and selected peer educators and parents. A discussion guide containing salient issues of the SRH/HIV/LS implementation was developed and shared with MoEVT during steering committee meeting. However, because of examinations, followed by schools closing Focused Group Discussions were conducted only to peer educators.

#### **2.2.6: Observations**

Special interest was taken by the working team during field work to keep an eye on the reported achievements that are observable in order to make the assessment more substantiated and evidence-based. There was no specific observation checklist on this aspect – the approach relied on what the field workers could see and record in relation to what has been reported.

### **2.2.7: Stakeholders' Meeting**

Three stakeholders' meetings/peer review meetings have been planned for soliciting inputs from other stakeholders on the assessment report and the developed guidelines. These was the final activity whereby about 30-40 participants were drawn from public and private sectors including CSOs for obtaining stakeholders' inputs to finalize the documents. Thus the whole process of conducting the assessment and the subsequent development of the **national=====**

## **2.3. Selection (involvement/participation) for different consultations**

### **2.3.1. Total number of people selected for the exercise**

The overall selection of individuals to participate in the whole process of this exercise considered stakeholders/beneficiaries from education sectors and affiliated institutions working in collaboration with MoEVT. Giving more weight on the desk review, about 50 people were consulted for prospective information in the whole exercise. The following breakdown provides people involved in the assessment exercise from different institutions:

### **2.3.2: Selection from Districts**

Districts representatives including District planning and administrative officers, District Education Officers and District AIDS Coordination Committees (DACCOMs) were interviewed.

### **2.3.3. Selection of Participants from Public institutions**

These included a number of officers from Ministry of education, Ministry of health and social welfare, Ministry of Local Government and Special Departments, Ministry of finance, Chief Minister's Office (ZAC), and Ministry of Labour, Youth, Women and Children Development (MoLYWCD). In selected sector ministries, HIV focal persons were consulted and or Technical AIDS Committees representatives.

### **2.3.4. Selection of Participants from Civil society organizations**

A cross section of civil society organizations was consulted through consultative meetings. The CSOs included ZANA, ZAYEDES, ZAPHA+ and organization of People with disability (UWZ) and Youth Forum in Pemba (PEYODO).

### **2.3.5: Selection of Participants from Bilateral and Multilateral Institutions**

The Development Partner Institutions consulted for this assessment included UNICEF, UNFPA, UNDP, ICAP, Action Aid and SCF were consulted.

### **1.3.6. Selection of Participants from Learning Institutions and Workplaces**

These included students and teachers from schools, colleges and universities. Unfortunately few students from higher learning institutions were obtained for interviews. Teachers who actually

teach the carrier subjects in which SRH/HIV/LS topics were integrated, were interviewed to hear from their own perspectives as providers of education and planners of extra curricula activities in learning institutions.

## **2.4: Related Issues to be considered During SRH/HIV/LS Assessment**

### **2.4.1: Enabling Environment**

Issues of enabling environment in the implementation of the SRH/HIV/LS program were focused during the assessment. These included adequacy and capacity of staff and gaps in staffing norms. Other things that were focused were the available logistics and infrastructure to effectively running the program and whether the existing institutional framework are in line with the implementation of SRH/HIV/LS education activities. Information from previous evaluation explored to identify community perception towards SRH education as part of enabling environment for smooth implementation of the program in schools.

### **2.4.2: Policy and legal environment**

Some policy and legal issues were looked upon - whether they provide support in the implementation of SRH/HIV/LS education. Looking into this area provided an insight on how policies and laws bear any significance in the implementation of this education particularly when it come to child protection rights and the violations of such rights that teachers, fellow learners, parents/guardians or other members of the community do to children . Despite its significance, another point to verify is whether the type of education offered is supported by policy and laws and if not (especially in areas related to reproductive and sexual health) what need to be done.

### **2.4.3: Resource management**

A salient question on the availability of resources and its sources was explored before going into the resources management aspects. Modality of funding and whether funds are timely available to facilitate timely implementation of the program was asked to capture information on financing the program.

### **2.4.4: Capacity development**

Under capacity development, a question on whether there is a specific plan for the SRH/HIV/LS program and whether the plan has been effectively implemented was asked. This explored information on training program of potential implementers particularly teachers (in-service and pre-service). These informations were obtained through the review of MoEVT HIV strategic plan and through focused consultations that were conducted with responsible people (i.e. director policy and planning or SRH/HIV focal persons. Gaps on capacity development relating to this program are documented for further discussion and recommendations

#### **2.4.5: Active involvement of most vulnerable groups**

Learning institutions have young population of different conditions that need to be given special attention. The SRH/HIV/LS education need to consider special environment in its implementation to actively involve and support people with disability, the HIV infected learners, orphans and vulnerable children etc. The assessment consulted people with disability to ensure if there is active involvement of these groups and if not, strategies to involve them need to be placed.

#### **2.4.6: Monitoring and Evaluation**

Program monitoring is very important to track the progress and changes overtime of series of interventions that are implemented under the SRH/HIV/LS education program. A question was asked if the program has its own monitoring and evaluation system and selected set of indicators to assess changes overtime. To document contribution of the SRH/HIV/LS education program in the national response, the results need to be monitored and evaluated. Since the SRH/HIV/LS education combines components/conditions of public health importance, it is also crucial that it has its own indicators of results integrated in the major M&E system of the Ministry of Education and Vocational Training.

#### **2.4.7: Gender Sensitivity**

Gender aspect was taken as cross-cutting during the processes of the assessment. This is very crucial since all levels of education consist of male and female learners with virtually different gender roles.

#### **2.4.8: Human Rights**

Education is amongst the human right issue and specifically an issue of childrens' rights. Providing education on SRH/HIV/LS education is on another side providing information to young people which is also their right. This issue was discussed by various respondents in asserting provision of these rights to learners in all learning institutions as an implementation of human right issue. It was however, insisted that the knowledge provided should be correct, appropriate to their level and reflect context of Zanzibar culture.

## CHAPTER THREE

### SITUATION ANALYSIS OF SRH/HIV/LS EDUCATION IN ZANZIBAR

#### 3.1: Status of SRH/HIV/LS Education in Zanzibar

Review of several documents on the status of SRH/HIV/LS education activities in the Ministry of Education and Vocational Training reveals that many activities have taken place in this field but so far with minimal impact. There may be substantial achievements as a result of implementing such interventions within Education Sector, but the results are so scattered to provide any sound achievements towards the national milestones. Virtually, no study has been so far undertaken to show what has been the real impact as a result of implementing SRH/HIV/LS education in learning institutions in Zanzibar over the whole period of implementation.

#### 3.2: The Need for SRH/HIV/LS Education

From the foregoing review it is clearly observed that there is a necessity of a comprehensive SRH, HIV/AIDS and Life Skills program in learning institutions in the isles.

The 2006 Education Policy articulated the need to have SRH, HIV/AIDS, and Life Skills program in learning institutions in Zanzibar and its existence was given a great importance and justification in the efforts to achieve universal access to basic education, though it was not stated that it should continue to be integrated in career subjects or taught as standalone subjects

It is quoted under section 8.1 on Adolescent Sexual and Reproductive Health Policy Statements that:

- *Life Skills development program in schools shall be strengthened , expanded and organized to reach the entire target population*
- *Effective community programs which shall involve parents and young adults in providing a proper knowledge about Adolescent Sexual and Reproductive Health shall be devised.*

All these Policy Statements and the related strategies call for a comprehensive Program that will cater for SRH, HIV/AIDS, and Life Skills education, integrated as one package and which is well organized. They also call for scaling up of effective training of teachers and students on these areas. The need for outreach programs is also pointed out for the benefit of parents and community at large.

The same need articulated in the Education Policy is also noted in the “Zanzibar National HIV and AIDS Strategic Plan–II, ZNSP-II (2009/10 - 2013/14). Under the implementation

arrangements of ZNSP – II (in the way forward section), the Ministry of Education and Vocational Training is required to develop and spearhead the development and roll out of Life Skills Planning Education Program in all primary and Secondary schools. Such program will not only focus on HIV and AIDS but also health clubs, school counselors and school feeding programs where necessary.

### **3.2: Efforts taken for each Thematic Area under SRH/HIV/LS Education**

To unpack the interventions under the SRH/HIV/LS education, this paragraph elucidates efforts taken in each thematic area.

Following the EDSEC policy statements a number of strategies are proposed for each SRH/HIV/LS education thematic areas. These include:

- Expanding and strengthening training of teachers on Youth Reproductive Health.
- Introducing appropriate cultural approaches in dealing with Sexual and Reproductive Health.

It is also pointed out under section 8.2 of the policy that Education must play a key role in mitigating and controlling the impact of the HIV/AIDS pandemic. With this role a policy statement states that:

- HIV/AIDS education shall be mainstreamed into Ministry core function.
- Provide information and Life Skills necessary for the prevention of HIV/AIDS.

#### **3.2.1: Sexual and Reproductive Health (SRH)**

The SRH activities implementation in learning institutions has been done in learning institutions through various means including classroom sessions, peer education, school health clubs and through guest speakers. The most common approach has been through classroom sessions using career subjects.

Topics on SRH were taught through the program of Family Life Education which was introduced in Zanzibar in 1990 and was later renamed as Moral Ethics and Environmental Studies (MEES) in 1994 .The project targeted school youths and the aim of the project was to change their knowledge, attitudes and practices regarding population, environment and adolescent problems.

The project started on a pilot basis in 40 primary and secondary schools and was intended to cover all the schools in Zanzibar by 2002. The project also targeted teacher training colleges.

Books and materials were supposed to be developed and distributed in Zanzibar and the training of teachers on the MEES integrated curriculum was supposed to have included host subject teachers, school heads and school inspectors. This did not happen

Through document review, this assessment has identified that in implementing what have been documented as SRH/HIV/LS education, a number of challenges have been faced. The document titled “Skills for Life?” - An assessment of life skills Education” - a study taken by the Zanzibar Aids Commission (ZAC), September 2008, it has reported, although not specific to the Ministry of Education and Vocational training, that:

- \* The pedagogy behind life skills Education is to a large degree not implemented the way it was meant to be implemented.
- \* No teaching materials existed to the target groups of life skills Education.
- \* Most of the trainings were targeted to out of school Youths.
- \* The majority of youths targeted with life skills Education were at that time reached through peer education, while peer education faced a number of challenges leading to the quality of the life skills Education they could deliver to be very low.
- \* Sustainability of teaching life skills education was not ensured.

In the MEES final evaluation report in 2008, it was quoted to have said:

*“The project had not been able to train 500 teachers as has been earlier planned. It has also not been able to produce the teaching and learning materials. Further, the monitoring and evaluation activities have not been carried out at the required extent”.*

### **3.2.2: HIV and AIDS**

In a document “National Multi Sectoral Strategic Framework on HIV /AIDS” under section 11 of the document; School based Prevention for Primary and Secondary levels strategic objective states that:

*“Primary and Secondary schools provide education and opportunities for young people to develop and maintain orientations, values, attitudes and activities which safeguard their sexual and reproductive health”*

To achieve the above-stipulated objectives, the following were some of the strategies provided:

- Develop, test, and integrate curricula related to sexual health matters of young people at primary and secondary school level into the training of teachers.
- Train sufficient number of teachers to achieve national coverage.
- Promote peer education and guardian – centered project.

In a “situational analysis of HIV/AIDS in the Education Sector in Zanzibar, June 2007” it was revealed that intervention programs at the MoEVT exist; predominantly focusing on youth HIV/AIDS education for enhancing their awareness. However, the programs remain much more centralized in a sense that the lower sites interventions seem to be dormant and as such various departments and schools reported to simply get related information from the central office.

In this document it is also noted that

- There is great awareness on the HIV/AIDS scourge.
- As with the extent of mainstreaming HIV/AIDS curricula, majority of the respondents felt that the curricula are not adequately mainstreamed.
- Besides the adequacy of mainstreaming, yet many students get HIV /AIDS related education, although very irregular but provided by competent providers.
- Other problems noted include low attendance, educators being inadequately knowledgeable in the topics, students being not keen to acquire HIV/AIDS related knowledge, inadequate funding and curricula being not scientifically designed.
- Despite the good work that has been done by peer educators and education providers, school level students have not changed their behavior and attitude; students still engage in unprotected sex. Thus it is pointed out that the use of peer educators is not enough to have an impact in behavioral change.
- Teachers in most educational institutions were not participating in imparting HIV/AIDS related education. It was thought that this was because they did not have enough knowledge and commitment to this effect.
- The Resource Planning for HIV/AIDS was not adequately mainstreamed into the Planning and budgeting process of schools and colleges.

The document in its last chapter provides a number of recommendations. Of these, a few are listed down here:

- In instituting /revitalizing HIV/AIDS programs pre-primary and primary schools in contrast to secondary schools and colleges should be the starting point as the pre-primary and primary school students are at a great risk of being HIV infected compared to other levels.
- Revisit laws and by-laws on students sexual abuse by teachers, fellow students and non-teaching staff.
- Institute and adopt health assurance mechanisms at every level of education.

### **3.2.3: Life Skills Education**

It has been learned from literatures that a number of international recommendations, including 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. These include UNICEF, UNESCO, WHO and UNFPA as the champions for life skills education. These international organizations have worked with local and national stakeholders including governments and CSOs in many countries in advancing the life skills approach (ZNLSEF, 2010)

Under section 8.5 of Education Policy, there is a strategy that insists to provide more life skills training among the adolescents in the effort to have a comprehensive drug control program in schools. Section 8.7 explains child abuse and its associated effects on child development, mentality, confidence, respect and eventual education progress. Here a strategy is given to train teachers to identify child abuse and related problems and provide counseling to the victims and their parents.

In Zanzibar, life skills education interventions have been taking place for the past 15 years and are featured in the Zanzibar Strategy for Growth and Reduction of Poverty (MKUZA), the Zanzibar National Education Strategic Plan (ZEDEP) and the National HIV & AIDS Strategic Plan (ZNSP I, 2004-2007). They have been supported and implemented by various actors from the Zanzibar government and civil society to international agencies and organizations and take place in schools (including religious ones-Madrassas) and at various settings out of school.

Life skills education interventions are designed to contribute and complement other on-going interventions in relation to not only HIV/AIDS but also substance abuse, sexual and reproductive health, gender based violence, among others. Given the number of stakeholders currently undertaking life skills education interventions in Zanzibar and elsewhere, it is evident that the approach is gaining more ground and is likely to stay for a long time. Therefore this framework comes at an opportune time to provide guidelines to stakeholders in implementing life skills education reflecting on experiences over the past 15 years.

### **3.3: Problems Identified in Implementing SRH/HIV/LS Education**

The documents reviewed indicate some limitations of SRH/HIV/LS implementation in education sector such as inadequate knowledge among teachers which cause them to be less confident in teaching, shortage of teaching/learning materials, absence of monitoring and evaluation, lack of linkage between schools and teachers training colleges related with SRH/HIV/LS training. However, such documents emphasized the importance of teaching SRH/HIV/LS in the education institutions. Therefore, there is a need to improve SRH/HIV/LS program in education sector so as to reach the required positive impact.

In a document “National Life Skills Education Framework for Zanzibar (ZNLSEF, October 2010), it is quoted that:

*“Since life skills education requires participatory approach which is not the norm in schools and in homes, both teachers and parents are reluctant to provide life skills education the way it should be provided i.e. through participatory learning”.*

Life skills education requires application of participatory approaches and the parent/teacher playing a facilitating role rather than preaching. This approach contradicts with social norms in Zanzibar and challenges parents and teachers to adapt to the new approach. It is also pointed out that teachers and parents play key roles in delivering life skills messages to children and young men and women as they interact with them since an early age. However, both teachers and parents have inadequate skills/knowledge of life skills and insufficient time allocated for training on life skills. Both enthusiastically expressed their interests to provide the necessary life skills in order to eradicate the myriad of unacceptable characters and behaviors in the society. The

document goes further to propose on *teacher training both pre- and in-service* teacher training should be reinforced to impart teachers with essential skills in training children on life skills. Monthly in-school moral and ethical discussions among teachers should be re-introduced as it was in the early 1990s. These have been found to reflect also to other topics of SRH and HIV and AIDS.

## **CHAPTER FOUR**

### **KEY FINDINGS**

#### **4.1: Introduction**

This chapter points out the key findings related to the assessment of SRH/HIV/LS activities in the Education Sector. The findings are based on the three thematic areas of sexual and reproductive health, HIV and AIDS and Life Skills Education whereby questions related to these areas were raised during the data collection.

#### **4.2: General Picture of EDSEC SRH/HIV/LS Education**

##### **4.2.1: Coverage of EDSEC SRH/HIV/LS Education**

###### **4.2.1.1: EDSEC SRH/HIV/LS Education at Primary Level**

This assessment comes up with the evidence that SRH/HIV/LS education is provided in primary school through integration in career subjects from Std 7 down to the lower level. Teachers who are teaching these topics were given training based on the package and currently 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.

###### **4.2.1.2: 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 but currently it is implemented rather as activities in the same subjects that were mainstreamed in the curricula namely – Biology, Civics, Geography and History. This integration was done under the defunct program of Moral Ethics and Environmental Studies (MEES) as a pilot to selected levels of education (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 Karume Institute of Science and Technology and technical secondary schools of Mikunguni and Kengeja and other vocational Training Centers. Adult and Alternative Education Centers are amongst the institutions that are not yet focused for SRH/HIV/LS education where the package can be also integrated in their subjects or for such level, it can be taught as an independent package.

#### 4.2.1.3: EDSEC SRH/HIV/LS Education at Higher Learning Institutions

The assessment has shown 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 higher learning institutions. The higher learning institutes have organized a number of initiatives and health clubs have been set up largely for HIV and AIDS interventions. HIV issues are being more embraced in the curriculum of selected subjects at tertiary level.

However, the HIV interventions are predominantly focusing preventive education, despite the fact that no institute reported to have HIV strategic plan, policy or guidelines which could guide in implementing any HIV and AIDS activities. Likewise, there are no common procedures guiding the administration and management of the existing students HIV and AIDS clubs, despite the reported documented roles and functions of the clubs.

HIV and AIDS intervention clubs were reported to exist at **High Learning Institution** Teachers, the Zanzibar Institute of Finance Administration (ZIFA), the State University of Zanzibar (Sifa State University of Zanzibar AIDS Club), Zanzibar University Student's HIV and AIDS Club (ZUSHAC). It was further learned during focus group discussion with students and from consultations with lecturers in higher learning institutions that there is very low involvement of lecturers, staff and other management team. It was reported that sometimes there are restrictions for students to implement some HIV and AIDS activities in their clubs due to shortage of resources.

Despite having these clubs, there is limited support from Zanzibar AIDS Commission (ZAC) and the management of their institutions. Finding whether there is any financial support provided by students' institutions to undertake HIV and AIDS interventions, it was revealed that so far there is no such support. It was further established that there have been no much efforts in mobilizing funds for HIV and AIDS interventions in higher learning institutions. The institutions' management were asked if students went for the request of support to implementing HIV and AIDS activities but responded that there have been no such requests. Members of HIV and AIDS clubs however, provided their priority requirements as appearing in the following table below:

**Table 01: Priority Needs for HIV and AIDS Interventions at Higher Learning Institutions**

<i>s/no</i>	<i>Higher Learning Institutions HIV and AIDS Interventions Requirements</i>	<i>% of Students Supporting</i>
1	HIV and AIDS Fact Information	76
2	Providing VCT services	64
3	Support Universities Workers with HIV	53
4	Facilitate availability of treatment of opportunistic infections	41
5	Providing personal advice	37
6	Establishment of employment policies on HIV and AIDS	26
7	Providing treatment on STIs	23
8	Condom distribution	22
9	Provide legal advice	17
10	Provide Talks about HIV and AIDS	15
11	Provide Infortainment	10

*Source: HLIs Situation HIV and AIDS Analysis*

This above table (Table 01) portrays information on priority HIV and AIDS issues suggested by respondents from higher learning institutions as appeared in the situation analysis study in 2009. As it is currently implemented, more weights have been given on preventive information and treatment of opportunistic infections for those already infected. Similar activities can be planned for workplace interventions.

#### **4.2.1.4: EDSEC HIV Interventions at Workplaces**

The undertaking of this assessment had a special focus on workplaces interventions on HIV and AIDS. The assessment covered Ministry of Education and Vocational Training head office in Unguja, the Pemba office, selected District Education Offices, schools and colleges (Unguja and Pemba) and selected universities.

Findings from these sites indicated that the EDSEC workplace 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. In this phenomenon, any intervention targeted to students through their teachers had also an impact to the teaching staff and the subsequent support staff who are working in these institutions. Under this scenario therefore, there has been a number of interventions in which the target beneficiaries were students but teachers were the first to benefit with the knowledge intended for students because they had to be

given training in order to train their students. Such interventions benefited a number of teaching staff at learning institutions on all areas of SRH, HIV and LS education. Other interventions reported to be existing in schools and colleges are the health clubs which predominantly benefiting students.

Higher learning institutions have rather different approach of interventions because of their autonomy. University lecturers were not focused for such trainings that school and college teachers have been enjoying. Instead their institutions established HIV and AIDS clubs where interventions in terms of preventive education through peers and IEC materials are shared.

Another scenario is the one that focused MoEVT offices as workplaces. Under these work areas there has been an established Technical HIV and AIDS committee (TACs) which plan the interventions and obtain support from sector budget allocations and ZAC. Interviewing TAC members revealed that the tasks that TACs have reported to do include planning of interventions, conducting staff sensitization meetings to create awareness on the presence of HIV and provision of information on the availability and importance of VCT. There was a time when staff called for a meeting whereby the VCT services were made available at the same venue for staff to be tested. There were some staff who still feared to be tested but those who volunteered were counseled and checked for their HIV sero-status.

In finding out whether there is an independent HIV policy, a guideline or a strategic plan to guide in the interventions for workplaces, it was revealed that these tools were not available, though there were work plans for the activities implemented. The presence of report form from ZAC M&E unit (ZAPHMoS Form) to be filled monthly by education sector indicated that the MoEVT is on board in joining the multi-sectoral response against HIV and AIDS and is reporting its implementation results to ZAC like other public and private sectors. Although the presence of the reporting forms meant that there is information generated every month to go to ZAC and probably there is active implementation of HIV and AIDS activities, but surprisingly enough, such information were not available at the MoEVT HIV focal point.

Despite such anomaly, however, it was expected that minimum services like providing at least psychosocial support for infected and affected staff could have been offered in workplaces but evident showed that so far there was no services currently available for workplaces, partly because of self-stigma which makes infected staff to remain anonymous and partly because there are no reliable and well recognized and motivating support that can persuade those infected to proclaim their HIV sero-status. If the infected decide to remain silent, their magnitude will not be known and planning for their support will not be feasible.

What was generally found for the workplaces is the presence of the structures at workplaces but there has been weak planning and implementation and explicitly lack of seriousness in the whole

issue of workplace intervention, not only in education sector but in other sectors as well. This has been partly contributed by lack of back up which was initially being spearheaded by ZAC but overtime ceased on the way. Another point 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.

#### **4.2.1.5: HIV Preventive Education for Out of School Youths**

For out of school youths, HIV interventions have been organized using music, entertainment and education and a number of health and community youth friendly facilities are underway. Civil Society Organizations including UMATI, ZANA ZAYEDES, ZAPHA+, WAMATA and others and the established peer education programs are taking leading roles in educating the out of school group.

#### **4.2.2: SRH/HIV/LS education organization and management**

There is no specific organization and management for these topics as they are not treated as separate subjects but mainstreamed in other subjects. A distinct feature of these topics is having 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 present focus is that. The developed manual, however, is not articulating clearly which content is to be taught at which level. The MoEVT has developed a curriculum for middle and secondary schools and anti-AIDS/Health clubs are active in 37.5% (120 out 320) primary and secondary schools which have life skills programs.

#### **4.2.3: The content of SRH/HIV/LS education**

The question of the content cannot be readily answered because the existing one has been formulated by group of experts and just to come up and report that it is inadequate without doing thorough review will not be fair. What is being suggested is to conduct a critical review on the content with a focus to each education level and come up with suggestions to add or to minimize it.

#### **4.2.4: Implementation modalities**

The SRH/HIV/LS education topics are mainly taught through classroom sessions. They are only taught in schools where carrier subjects 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 however, that the topics are taught as leisure and optional with no equal weights and priority like topics in other standalone subjects. This gap was explained by some of the --teachers teaching these topics and selected students with reason that lack of priority given to these topics is because of being integrated into others subjects. Counter claims from education officers including inspectors said that integration is not the reason for its low priority but it is rather the commitment of the teaching staff. It has been also established that the topics are not reflected in the supervisory checklist and in fact were reported to be not supervised.

#### **4.2.5: The existing institutional framework**

There are no new structures established for teaching of these topics. The same normal existing education structures are used in providing SRH/HIV/LS education. As usual, strategies and plans to implement the package are centrally done, but teachers and education officers are involved in all activities related to this type of education. It was however; established that these topics have its special teachers trained to teach them in learning institutions at different levels, despite the fact that these teachers are not adequate.. These existing structures are currently found to be satisfactory as the supporting infrastructure for teaching these topics in learning institutions in Zanzibar.

#### **4.2.6: Partnership building and coordination**

Partnership building and coordination of SRH/HIV/LS activities both in private or public institutions are still very limited while it is evident that a number of public and private sectors are having interventions in these areas. Findings from literature indicate that, MDAs, NGOs and international organizations engaged themselves in implementing SRH/HIV/LS education in different forms of interventions. To provide some examples, the Ministry responsible for health has a mandate to provide SRH while NGOs like UMATI, ZAYEDES, ZANA are private sectors also implementing SRH and adolescent reproductive health. The Ministry responsible for youth is implementing Life Skill education and a number of public and private sectors are implementing HIV and AIDS. Reflecting all what is being done under SRH/HIV/LS education by various actors, it can be generally said that there is no formalized partnership and coordination in implementing these interventions. Each party is doing what has planned to do without formal communication with another, a situation of disintegration, predisposing duplication of efforts.

#### **4.2.7: Monitoring and Evaluation**

The assessment results identified no specific monitoring and evaluation for this package, despite the availability of some research information regarding SRH/HIV/LS education outcomes reflected amongst young people in learning institutions. It is supposed that this component of taught subjects in a number of schools could be mainstreamed or integrated into Education Management of Information System (EMIS). 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) and incorporated into EMIS.

Apart from indicators from the framework, there are number of other International/SADC proposed core indicators for HIV and AIDS in the Education Sector which can also be used for monitoring and evaluation of SRH/HIV/LS education package. Such indicators are displayed in the following matrix:

**Table 02: Some International EDSEC Indicators**

<b>The International/SADC Proposed Core Indicators for HIV and AIDS in the Education Sector</b>	
1	Percentage of young women and men aged 10 to 24 years who both correctly identify ways of preventing the transmission of HIV and reject major misconceptions about HIV transmission [revised UNGASS #13]
2	Percentage of young women and men aged 15 to 24 years who had sexual intercourse before the age of 15 [revised UNGASS #15]
3	National Composite Policy Index (NCPI) (to include a measurement of the readiness of the EDSEC response) [revised UNGASS #2]
4	Percentage of educational institutions that provided life skills–based HIV and AIDS education
5	Percentage of teachers and lecturers who have both received training to teach provided life skills–based HIV education
6	Percentage of educational institutions that have both adopted and communicated a code of conduct related to physical safety

Source: UNESCO Office, Dar-es-Salaam

Note: Other additional indicators can be found in the attached Annex 8

#### **4.3: Specific Issues Focused for Assessment**

Main issues in which were focused during assessment includes:

**Table 03: Focused Issues for Assessment of EDSEC SRH/HIV/LS -Zanzibar**

S.No.	Issues
4.3.1	Identification of existing strengths, weaknesses, opportunities and threats
4.3.3	How is the Ministry of Education and Vocational Training coordinate and monitor SRH/HIV/LS activities at national level to the lower level
4.3.4	How are the SRH/HIV/LS are implemented at various levels of education
4.3.5	How appropriate are the package/content of each SRH/HIV/LS components
4.3.6	Does the content of the reference materials appropriate in terms of age groups, level of class, HIV epidemic trend, culture, phenomena of sexual diversity etc,
4.3.7	Means of financing the SRH/HIV/LS activities undertaken by the MoEVT
4.3.8	What are the potential partners and how better the Ministry of Educational and Vocational Training can foster their involvement
4.3.9	How do HIV and AIDS education services are linked to other services
4.3.10	How the existing institutional framework of the Ministry is in line with the implemented activities

Answers to these questions were obtained through data collection approaches mentioned above in chapter three that provides details on the methodology of this assessment. The following are the answers for the specific questions that were focused during the assessment with respect to SRH/HIV/LS implementation in Zanzibar.

#### **4.4: Existing SRH/HIV/LS strengths, weaknesses, opportunities and threats**

The implementation of SRH/HIV/LS education has some strengths and opportunities that can be used to scale it up but there are also noted weaknesses and threats that if it is to be scaled up, these gaps should be addressed. The following tables present what were identified as strengths, weaknesses, opportunities and threats:

**Table 04: Strengths and Weaknesses of EDSEC SRH/HIV/LS in Zanzibar.**

Strengths	Weaknesses
Presence of schools that can provide space or venue for providing SRH/HIV/LS education	There is no common and standard SRH/HIV/LS manual/guide used by key implementers, everyone has its own source for training.
Presence of teachers trained to provide SRH/HIV/LS education and counseling	Inadequate facilitators trained on SRH/HIV/LS within the MOEVT who can be used to provide training in learning institutions
Established health clubs in schools from which children and youths get an opportunity to discuss issues related to SRH/HIV/LS through extra-curriculum activities.	There is no National Coordinating Board for SRH/HIV/LS activities in Zanzibar, this leads to ad hoc activities within MOEVT and outside
Presence of manual titled “Mwongozo wa Kufundishia Stadi za Maisha kwa Vijana” which was developed by the Ministry of Education and Vocational Training – Zanzibar through the Zanzibar Basic Education	Monitoring and evaluation for SRH/HIV/LS activities in schools is not done, thus the achievements and impacts of those activities are not scientifically identified.
The Technical AIDS Committee (TAC), Counseling and Gender units are in place within the MOEVT which conduct some activities of SRH/HIV/LS in schools.	<b>The SRH/HIV/LS activities in schools are not assessed to measure the understanding of students at different levels.</b>
Availability of MEES source books which contain approaches for SRH/HIV teaching.	Parents do not strengthen skills to their children/youth this causes difficult change of behavior among students.
The existing cooperation between MOEVT and some SCOs such as UMATI in implementing SRH/HIV/LS in schools	Inadequate facilities and resources for implementing SRH/HIV/LS activities in schools leads to inefficient of teaching
Availability of funds from donors including UNESCO, WB, PEPFAR some international NGOs	The topics are not well monitored and supervised. They are included in the supervision tool with other topics
Availability of Technical Assistance (i.e. text books were edited and designed by FEMINA –	Cultural values may impede effective teaching of the subjects

HIP).	
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**Table 05: Opportunities and Threats of EDSEC SRH/HIV/LS in Zanzibar.**

<b>Opportunities</b>	<b>Threats</b>
Continuing interest of donors to support the program	Opposition of teaching SRH/HIV from the religious institutions.
The existing awareness amongst students and teachers at various training institutions	Stigma among parents which could hinder their participation at the implementation stage.
The confidence that students have to talk with their parents about sexual issues,	Opposition from community against teaching of SRH/HIV believing that is against our customs.
Students are themselves interested with the topics	The existence of many channels/agencies dealing with SRH/HIV/LS activities without National Guideline.
The use life skills to cope with peers' pressure, able to manage their emotions related with adolescence.	Some students may use the knowledge negatively; therefore tend to go out of the program objectives.
The need for young people to be given sexual and reproductive health education, HIV preventive and LS Education as part of their human right	Some teachers are not willing to teach the content as they are supposed to be taught because of some elements of taboo
The increasing community awareness on the prevalence of HIV/AIDS, STIs and teenage pregnancies	The practical side of these content or extra curricula activities are difficult to undertake

#### **4.5.: Coordination and monitoring of SRH/HIV/LS activities**

Other respondents admitted that coordination and monitoring of SRH/HIV/LS activities is not done at any level, there is no department or unit officially assigned to perform the task. There is no clear communication and follow-up at schools to know what is going. They concluded that there are ad hoc activities from national to lower level. In addition there is no National Monitoring Tool for SRH/HIV/LS activities. Other respondents who are teaching these subjects

were heard said “sometimes inspectors monitor taught sessions up to secondary school level only because they have no mandate to inspect sessions at university and college levels”. This is because university authorities reported to be autonomous that means they are not directly under the MOEVT. They claimed that since the Ministry of Education has no mandate to coordinate and monitor subjects at University level including SRH/HIV/LS education, it means it doesn’t have powers over all learning institutions at national level. Probing further on this, respondents from universities reported to perform their activities independently.

Some officials said that National School Inspectors, District Education Officers (DEOs) and Regional Education Officers (REOs) are supposed to coordinate and monitor SRH/HIV/LS activities. However, this study found that there is no Terms of Reference (TOR) to specify their responsibility. In addition both inspectors, DEOs and REOs are supposed to inspect and supervise teaching in all subjects in general, SRH/HIV/LS activities, so imposing more responsibilities on them cannot be justified.

According to experience from other sources, those activities at learning institutions and work places should be coordinated and monitored by Technical AIDS Committee (TAC) and Counseling Unit within the MoEVT. , if this is not done they do not perform their responsibility. However, this study did not find TOR to the mentioned TAC and the counseling unit nor did it explore the job descriptions of HIV and AIDS Focal Person. It was even though identified that, the officers coordinating HIV and AIDS are themselves knowledgeable of their tasks and have limited coordination and information sharing with each other between MoEVT headquarters and the Pemba office.

Though there is no special HIV and AIDS unit established at the MoEVT and at other public sectors, the existence of HIV and AIDS Focal point has been reported. There is a Focal Person at headquarters with his counterpart in Pemba MoEVT office as it is the structure existing in other public sectors. The Focal Persons and their counterparts have their roles and responsibilities well identified in their job descriptions related to HIV and AIDS articulated, though they are not supposed to work full time on this area as the interventions on HIV and AIDS are still scanty at workplaces and are implemented in learning institutions as normal topics. These roles and responsibilities can be also found in the ZAC multi-sectoral HIV and AIDS Operation Plan and according to it, these are supposed to coordinate HIV and AIDS activities between ZAC and their sectors. They are supposed to complete special data collection forms designed to collect information from non-medical HIV and AIDS interventions and report to ZAC Monitoring and Evaluation System (ZAPHMoS) and also to be answerable to TAC secretariat.

#### **4.6: How the SRH/HIV/LS activities are implemented at various levels of education**

The study found that there is no program that specifies the implementation of SRH/HIV/LS in each level of education rather than those activities being randomly conducted. However, those activities are supposed to be implemented as a package but experience shows that they are fragmented and are to a large extent implanted as an individual component especially at tertiary level. The picture of integration was reported and conceptualized at three levels of education. The SRH/HIV/LS activities are integrated within the core teaching subjects for instance Geography, Civics, English and Biology at secondary level and Teachers Training Colleges. However, at primary level those activities are implemented at two ways firstly, through integration at teaching-learning process and secondly through Health Better Clubs as extra-curricular activities.

At college level SRH/HIV/LS activities are implemented through MEES Clubs during extra-curricular activities where trainees get an opportunity to discuss issues more related with SRH, HIV, Health, population and environment. The colleges involved are only Teachers Training Colleges that is Muslim Academy and Benjamin Mkapa Teachers Training. Karume institute of Science and Technology, Mikunguni and Kengeja technical secondary schools Vocational Training Centers are not yet covered.

#### **4.7: Appropriateness of the Package/content of each SRH/HIV/LS component**

In the context of MOEVT the newly developed integrated SRH/HIV/LS education package is contained in the document titled “Mwongozo wa Kufundishia Stadi za Maisha kwa Vijana”. However, referred to this newly developed document, respondents had reservations that this package generally focuses only the secondary students.

Another point is that the integrated SRH/HIV/LS education manual does not specify what is supposed to be learnt in each level of secondary which means that it is not identifying what content is appropriate for forms 1 - 1V. However, it has been noted that generally, the manual contains most important topics such as the concept of HIV and AIDS, modes of transmission, stigmatization, decision making, effective communication, goal setting, emotional management, changes during adolescence, concept of gender and sex and substance abuse which are very appropriate for secondary students who face a lot of life challenges.

In addition, the respondents admitted that the content is appropriate to the culture of Zanzibar society because it focuses multicultural dimensions. But the package misses other important topics including PMTCT, VCT, Most Risk Groups, impact mitigation and a number of useful topics on Sexual and Reproductive Health.

Based on these findings therefore, they argued that generally the SRH/HIV/LS education package/content is appropriate but not adequate because it predominantly focuses on two components of HIV and LS more comprehensively while SRH content is limited.

During the review of documents, reference was deliberately made on what is in the career subjects and found that the contents package in all three thematic areas was by that time adequate but currently there are a number of emerging issues that need to be incorporated.

The content of SRH/HIV/LS in four carrier subjects for schools are appropriate but have narrow coverage compared to the newly developed SRH/HIV/LS education manual. Comparisons between these two contents indicated that the MEES content is missing the following topics which are currently regarded as important:

1. Sexuality
2. Sexual harassment
3. Sexual abuse
4. Self confidence, self awareness and self esteem
5. Communication
6. Relationship
7. Goal setting
8. Coping sexual desire/emotions
9. Time Management
10. Role Model

This findings warrant for the review for the revision of the content in the career subjects to be enriched with extra contents from the manual which is expected to be used in teaching SRH/HIV/LS education at all levels.

#### **4.8: Means of financing the SRH/HIV/LS activities under EDSEC**

The SRH/HIV/LS education activities undertaken by MOEVT are mainly financed by UN Joint through ZAC. Recently in 2009, the development of LSE framework was done under the support of UN Joint and the integrated manual for teaching SRH/HIV/LS education in secondary schools was financed by the WB through the ZABEIP. This assessment and the forthcoming development of guidelines are funded by UNESCO.

Generally, this study found that there are no sustainable funds for SRH/HIV/LS activities and no funds specifically allocated for those activities from the government budget. However, MOEVT sometimes use funds on her sources to support SRH/HIV/LS activities. The MOEVT officials commented that such funds are not adequate and they therefore suggested the following strategies for mobilizing adequate funds for the program:

- ❖ MOEVT should request Development Donors to allocate more funds for SRH/HIV/LS activities.
- ❖ The MOEVT should prepare project proposals for supporting SRH/HIV/LS activities in Education Sector.
- ❖ The community should be involved in contributing SRH/HIV/LS activities in schools.
- ❖ The key implementers should be equipped with adequate knowledge and skills on resource mobilization.

#### **4.9: Potential partners and how the MOEVT can better foster their Partnership**

The question of partnership and coordination was given special emphasis in the implementation of SRH/HIV/LS education especially when bearing in mind that its implementers include a multitude of players. Respondents suggested potential partners in implementing SRH/HIV/LS activities such as CSOs and NGOs implementing activities in those areas. These include ZAC, Social Welfare Department (SWD), Ministry of Health (MOHSW), Zanzibar AIDS Control Program (ZACP), Ministry of Social Welfare, Women and Children Development, Ministry of **Finance and Planning**, Development Partners such as UNICEF, UNFPA and UNESCO, WB etc.

For effective involvement of those partners the respondents suggested following strategies adopted by MOEVT to foster potential Partners involvement in SRH/HIV/LS activities:

- ❖ Establish Steering Committee involving all Partners for effective implementation of SRH/HIV/LS activities at national level.
- ❖ Initiate regular seminars, workshops and forums with Partners to share and exchange ideas on improving SRH/HIV/LS implementation.
- ❖ Develop Memorandum of Understanding (MOU) between MOEVT and Partners on SRH/HIV/LS program.
- ❖ Initiate annual Coordination and Review meeting with Partners achievements, challenges and solutions related with SRH/HIV/LS activities.
- ❖ Conduct mapping exercise to identify CSOs dealing with SRH/HIV/LS then create the leading CSO/NGO which could make direct contact to MOEVT for effective coordination.

#### **4.10: Achievements and Challenges of SRH/HIV/LS in Education Sector**

The respondents reported the following achievements and challenges experienced in learning institutions:

##### **4.10.1: Achievements**

- ❖ Many students and teachers were trained on SRH/HIV/LS through workshops, seminars and forums.

- ❖ Better Health Clubs established in many schools.
- ❖ There are trained peer educators in many schools who take their responsibility to train their fellow students.
- ❖ “Mwongozo wa kufundishia stadi za maisha kwa vijana” has been developed, printed and distributed in schools.
- ❖ The secondary school curriculum which mainstream LS content is in place and used by teachers.

#### **4.10.2: Challenges**

- ❖ Inadequate knowledge and skills on SRH/LV/LS among teachers.
- ❖ Lack of confidence among teachers in teaching SRH/HIV/LS.
- ❖ The monitoring and evaluation on SRH/HIV/LS is not done.
- ❖ The Mwongozo does not specify the content for each level of secondary education.
- ❖ Shortage of references and teaching/learning resources on SRH/HIV/LS.
- ❖ There is no change of behavior among students.
- ❖ Trained teachers on SRH/HIV/LS are transferred from one school to another.

#### **4.11: Suggestions for the improvement of SRH/HIV/LS implementation**

The respondents were requested to propose strategies for the improvement of SRH/HIV/LS implementation, they suggested the following:

- ❖ Key implementers including teachers should be equipped with adequate knowledge and skills on SRH/HIV/LS.
- ❖ The learning institutions should be equipped with adequate and appropriate references and teaching/learning resources.
- ❖ The SRH/HIV/LS should be examined to assess the understanding of students.
- ❖ Monitoring and evaluation should be emphasized.
- ❖ The MOEVT should organize and coordinate SRH/HIV/LS activities at national level.
- ❖ The MOEVT should provide clear approaches of teaching SRH/HIV/LS.
- ❖ The cooperation between responsible CSOs, stakeholders and government institutions should be established and maintained.
- ❖ The community should be sensitized on participating in the implementing SRH/HIV/LS activities and build the sense of ownership.
- ❖ The special SRH/HIV/LS unit should be established within the ministry of education and vocational training.
- ❖ The Government should allocate more funds on SRH/HIV/LS through MOEVT Budget.

#### **4.12: Level of capacity of SRH/HIV/LS Implementers**

Findings from this assessment indicated that implementers have low capacity on SRH/HIV/LS education and are less confident to work on the area. Probing on this, it was revealed that almost all SRH/HIV/LS education teaching staff and allied officers reported to have attended only crash programs. The organizers have little knowledge on supervision, coordination and monitoring and evaluation on the area. It has been strongly recommended that all implementers from high to lower levels of implementation should be involved in refresher course and in long and short trainings.

#### **4.13: Rationale for SRH/HIV/LS guidelines in Zanzibar**

All respondents supported the idea of having SRH/HIV/LS guidelines. The rationale for that was explored and amongst the reasons given includes the following:

- ❖ To enable clear identification of the appropriate content for each level of the target group.
- ❖ To identify clear tasks and roles for each implementer.
- ❖ To have common teaching/learning approaches of SRH/HIV/LS.
- ❖ To enable policy makers to provide minimum standards of SRH/HIV/LS activities.
- ❖ All implementers to be in the same **truck**.
- ❖ To enable in maintaining balance between the three components that is SRH, HIV and LS.
- ❖ To provide adequate, comprehensive and common trainings in all educational institutions.
- ❖ To maintain uniformity in teaching SRH/HIV/LS.
- ❖ Each implementer will be able to select the activity according to his/her needs and level.

#### **4.13: Current Implementation approaches of SRH/HIV/LS activities in Zanzibar**

This study indicated that there are no common approaches used by all implementers of SRH/HIV/LS education in Zanzibar and this justifies the development of guidelines. The predominant method used by majority of teachers in learning institutions has been the classroom lecture method with limited brainstorming. Participatory methods such as dramas, games, role plays, discussions and case studies have been rarely used by almost all implementers. On the other side while currently the MOEVT seriously opposes the teaching of condoms use to students, other CSOs sensitize the use of condoms among youths as preventive measures. CSOs also give the youth enough freedom to discuss those issues openly thinking that this is the appropriate approach for students. Thus, there is a contradiction between school teachers and those providing education to young people from CSOs which again warrants for guidelines to provide the correct accepted approach.

Some respondents, who supported CSOs approach, have reasons that young people should be given correct education if we really want them to have knowledge as their right. They maintain that *“Failure to discuss SRH and HIV issues openly always cause students to get wrong message which eventually mislead them”*. However, the openness that is claimed here is taken by the MoEVT with care because of naïve and the tender age of school students. The right of being too open without considering the age, culture and faith of the beneficiaries of this education will not be entertained and will not be put in the cover of human rights. Respondents suggested the need for having common approaches of teaching SRH/HIV/LS in and out of schools.

#### **4.14: How SRH/HIV/LS activities in Zanzibar can be implemented as a program**

To get respondents’ ideas on what should be the implementing modality for SRH/HIV/LS education in Zanzibar, specific questions were designed in this assessment. In answering such questions, some respondents thought that those activities can be implemented as a program through preparing a National SRH/HIV/LS package managed and organized by special unit. This package should be developed into content for various levels, implementation strategies, monitoring and evaluation system, teaching approaches, identification of roles of each implementer and resources.

On the other hand some of MOEVT officials said that SRH/HIV/LS activities should not be implemented as independent program, but those activities can be mainstreamed within the MOEVT main programs such as Zanzibar Education Development Plan (ZEDP).

There are other respondents who suggested SRH/HIV/LS education should be independent subjects and examined as other core – subjects in order to give its deserved impetus.

#### **4.15: Community Involvement in the implementation of SRH/HIV/LS activities in Zanzibar**

It has been learnt that community involvement in the implementation of SRH/HIV/LS education in Zanzibar is very limited. Almost all interviewed respondents said that community should be sensitized more on how to play their roles as educators of their children while at home through Parent – Children Communication on SRH/HIV/LS education. In addition, skills should be reinforced to parents/guardians so that subsequently they can confidently train their children. It is virtually agreed that the acquired knowledge obtained at schools is not adequate in order to change behaviors. This can be done through School Committees, Shehia administrative teams, religious institutions, Faith Based Organizations and local leaders at district level. However, the respondents emphasized the involvement of community from the preparation or at initial stage so as to avoid imposition of the new unethical and unacceptable things to the community which can be the source of community resistance against these programs.

## CHAPTER FIVE

### CONCLUSION AND RECOMMENDATIONS

#### 5.1: Conclusion

Findings from this assessment indicate that the education sector SRH/HIV/LSE has been implemented as activities but not as a program.

Despite the fact that the MoEVT has been strengthening the teaching of these topics in terms of development of working documents such as SRH/HIV/LS manuals. The content of these subjects are integrated into four subjects namely Biology, History, Civics and Geography; and thus don't appear as standalone subjects.

It has been also established that there is still a sort of stigma in teaching these topics that may be posed by cultural or religious values. This becomes more pronounced in our system of co-education whereby the presence of males and females in the class increases the feelings of lack of freedom by the teacher in mentioning sensitive sexual related issues.

Findings further showed that the integration has been still done through carrier subjects. Thus the subjects are taught only in institutions where the carrier subjects in which RSH/HIV/LS have been mainstreamed are taught. Many other institutions including technical colleges and vocational training centers are not taught these topics just because they don't learn Biology, Geography and History. Even in schools where these subjects are taught, not all students benefit equally from these topics. This is because the earlier program started with primary schools while secondary schools started later. Furthermore, the earlier plans focused to cover secondary level up to Form II while at primary level the coverage was up to Std 7. Thus the number of primary students benefited from SRH/HIV/LS education surpasses those of secondary level.

It has been also established that the SRH/HIV/LS topics are not easily seen in the supervision guidelines as they are mainstreamed in various subjects. The content has been taught as extra-curricular activities which are not supervised. Teachers trained on this package who reported to be able to teach these topics confidently are few and inadequate. This warrants for more capacity building in terms of training more teachers and supply teaching aids and updating the available reference books. Regarding the content of the package few respondents were able at least to comment on that except some teachers who are teaching the topics who had opinions that a review of the content need to be done and to make necessary additions and suggest the contents that will be suitable for each level of education – primary, secondary, vocational training centers, colleges and universities.

For workplaces, a separate training manual was proposed that will reflect the adult teaching approaches suitable for teaching staff at working institutions under the MoEVT. Together with

the facilitator's manual, both groups (students in the learning institutions and staff at workplaces) need to have reference manual (trainees manual) for SRH/HIV/LSE education well designed and illustrated on various issues of SRH, HIV and LS for their reference. Most respondents, especially teachers and education officers proposed that, in order for all institutions to benefit, SRH/HIV/LS should have a separate curriculum that will be given the same weight and priority as other topics of taught subjects.

It has been reported that the topics have no independent papers but have some questions in examination papers of the career subjects that make students and teachers feel that the topics are not as important as other topics. This move can be supported by local school examinations and routine assessment like other subjects.

Despite having coordinator for these topics at the ministry level, there is no specific management for these topics. No monitoring is done to track the progress and whether the set objectives for these topics are realized. Likewise, there is no evaluation on the outcomes and impact of long term teaching of these topics overtime with respect to the changing behavior of target groups or beneficiaries.

Considering the existing institutional structure, there is virtually no level where specific weight is given to these topics, despite the fact that **there is a push at the ministerial level to create conducive environment of teaching these topics. Directorate responsible for these topics is not taking** active role in ensuring teaching standard of these topics and subsequently the school inspectors, head teachers and eventually teachers teaching these topics.

For teachers in practice of teaching these topics, findings have shown that only theoretical part of it is provided to the beneficiaries but the practical side of it is not given. Questions about whether teachers are doing extra-curricular activities for these topics and how were asked, but none of the interviewed teachers reported to have given students a sort of any activity after theoretical sessions. However, suggestions were given to use drama groups through the use of members of school clubs to perform plays relating to these subjects. Talks from invited special guests knowledgeable about the topics can also be used as an approach for these and definitely other subjects.

Coordination and partnership on providing training for SRH/HIV/LS is currently weak. There are a number of life skills training that was being done under the MLYWCD and ZAC, each with its own manuals. HIV and AIDS knowledge is given by a number of public and private sectors with necessarily no specific focus on age of the recipients. Sexual and reproductive health issues including adolescent RH is being trained by many NGOs including Zanzibar Nurses Association (ZANA), UMATI and others with limited coordination and partnership and sharing on what others are doing.



## 5.2: Recommendations

Based on the findings it is hereby recommended that:-

- ❖ Deliberate efforts need to be taken by the MoEVT to lay down strategies that will strengthen the teaching of SRH/HIV/LS education in learning institutions in Zanzibar
- ❖ More capacity building to be done for teachers on SRH/HIV/LS to increase their capacity and their number
- ❖ Special SRH/HIV/LS training package should be developed which cater for different levels of education
- ❖ The pre – and in service teacher training should be reinforced to impart trainees with essential skills in training children/youths on life skills.
- ❖ The SRH/HIV/LS Unit should be established within MOEVT to coordinate, supervise and oversee the progress of teaching of these topics.
- ❖ The SRH/HIV/LS activities should be incorporated in the existing Education, Management of Information System (EMIS) to get reliable information from all schools. School inspectors should prepare Monitoring and Evaluation Tool and develop indicators on SRH/HIV/LS.
- ❖ The SRH/HIV/LS coordinating unit should conduct quarterly review meeting for staff implementing SRH/HIV/LS education and stakeholders Annual Review Meeting to discuss monitoring report on SRH/HIV/LS activities.
- ❖ Through School Committees, community should be involved not only during the implementation rather from the initial stages to avoid resistance and build sense of ownership.
- ❖ The National SRH/HIV/LS guidelines should be developed to provide standards and authorize MOEVT to organize, coordinate and supervise SRH/HIV/LS activities at national level.
- ❖ Both formative and summative evaluation should be introduced to assess the understanding of students/youths on SRH/HIV/LS during teaching learning process and at the end of the academic year.
- ❖ The MOEVT should develop Memorandum of Understanding (MOU) for working with government institutions, local and international NGOs and Development Partners on SRH/HIV/LS for effective implementation.

- ❖ Teachers should be equipped with both knowledge and approaches of SRH/HIV/LS in order to be confident in teaching those activities.
- ❖ The SRH/HIV/LS activities should be clearly allocated in the MOEVT Budget.
- ❖ The existing Research Unit within MOEVT should be trained on SRH/HIV/LS and its staff empowered with adequate resources.
- ❖ The MoEVT should strengthen coordination and partnership with other government sectors and civil society organizations to work together in the implementation of SRH/HIV/LS education.
- ❖ Government to allocate funds for supporting activities of SRH/HIV/LS education and the MoEVT to mobilize resources from other sources.
- ❖ Learning institutions to develop plans to invite experienced persons from SRH/HIV/LS related institutions to provide external lectures or talks as extra-curricular activities.
- ❖ Community involvement through sensitization meetings, the use of mobile cinemas/video shows on the SRH/HIV/LS education issues in order to help shaping children and young peoples' behavior.
- ❖ SRH/HIV/LS education interventions in work places to be strengthened

**ANNEX 3A: LIST OF PERSONS TO BE CONSULTED FOR IN DEPTH INTERVIEWS - UNGUJA**

<b>Date</b>	<b>Name</b>	<b>Position</b>	<b>Institution</b>
<i>Ministry of Education and Vocational Training</i>			
<b>18/10/10</b>	<b>1. Ms Mwanaidi</b>	<b>Principal Secretary</b>	<b>MoEVT</b>
<b>to</b>	<b>2. Ms Khadija Ali</b>	<b>Director of Planning and Administration</b>	<b>MoEVT</b>
<b>21/10/10</b>	<b>3. Mr Hassan Juma Muhsin</b>	<b>HIV and AIDS Focal Person</b>	<b>MoEVT</b>
	<b>4. Mr Rijaal A. Rijaal</b>	<b>SRH/HIV/LS Coordinator</b>	<b>MoEVT</b>

	<b>5. Mr Uledi Juma Wadi</b>	<b>Director Primary Education</b>	<b>MoEVT</b>
	<b>6. Mr Vuai</b>	<b>Director Secondary Education</b>	<b>MoEVT</b>
	<b>7. Mr Ameir Njeketu</b>	<b>Director Higher Education</b>	<b>MoEVT</b>
	<b>8. Ms. Aida Juma Maoulid</b>	<b>HLIs HIV contact person</b>	<b>MoEVT</b>
	<b>9. Mr Mohammed Ali Mohammed</b>	<b>Focal person - Curricula Development unit</b>	<b>MoEVT</b>
<b><i>Ministry of Labour, Youth, Women and Children Development</i></b>			
<b>22/10/2010</b>	<b>10. Ms. Radhia Rashid</b>	<b>Director of Planning and Administration</b>	<b>MLYWCD</b>
	<b>11. Ms Mwanaidi</b>	<b>HIV and AIDS Focal Person</b>	<b>MLYWCD</b>
	<b>12. Mr Hassan</b>	<b>Life Skill Program Coordinator</b>	<b>MLYWCD</b>
	<b>13. Ms Halima A. Omar</b>	<b>Gender Focal Person/Gender Programme Manager</b>	<b>MLYWCD</b>
<b><i>Ministry of Health and Social Welfare</i></b>			
<b>25/10/10</b>	<b>14. Mr Juma Rajab Juma</b>	<b>Director of Planning and Administration</b>	<b>MoHSW</b>
	<b>15. Ms Khadija Shaaban</b>	<b>HIV and AIDS Focal Person</b>	<b>MoHSW</b>
	<b>16. Dr Hanuni W. Sogora</b>	<b>RCH Program Manager</b>	<b>MoHSW</b>

	<b>17. Ms. Halima Maulid</b>	<b>Director of Social Welfare</b>	<b>MoHSW</b>
<b>Zanzibar AIDS Commission (ZAC)</b>			
<b>26/10/2010</b>	<b>18. Ms Halima A. M. shamte</b>	<b>Head – Policy and Planning</b>	<b>CMO</b>
	<b>19. Mr Said Juma</b>	<b>UNV</b>	<b>CMO</b>
	<b>20. Ms. Nuru Ramsa Mbarouk</b>	<b>Head – Information, Education and Communication</b>	<b>CMO</b>
<b>Zanzibar AIDS Control Programme (ZACP)</b>			
<b>27/10/2010</b>	<b>21. Ms Saumu</b>	<b>Care and Treatment</b>	<b>MOHSW</b>
	<b>22. Ms Fatma Mbwana</b>	<b>HBC Coordinator</b>	<b>MOHSW</b>
	<b>23. Ms Hamida Bungala</b>	<b>IEC Officer</b>	<b>MOHSW</b>
<b>Private Institutions</b>			
<b>28/8/10</b>	<b>24. Mr Said Salim</b>	<b>Coordinator</b>	<b>UMATI (U)</b>
	<b>25. Mr Ali Abeid</b>	<b>Executive Director</b>	<b>UWZ</b>
<b>Civil Society Organizations</b>			
<b>29/10/2010</b>	<b>26. Mr Seif/Masoud Hemed</b>	<b>Executive Director</b>	<b>ZAPHA+</b>
	<b>27. Mr Omar Abdalla</b>	<b>Chairperson</b>	<b>ZANA</b>
	<b>28. Ms Lucy Majaliwa</b>	<b>Secretary</b>	<b>ZAYEDES</b>
	<b>29. Mr Ugoda/Hikmany</b>	<b>Secretary</b>	<b>UKUEM</b>
<b>Bilateral and Multilateral Institutions</b>			
	<b>30. Ms. Fatma Gharib</b>	<b>Liaison Officer</b>	<b>UNFPA</b>
	<b>31. Mr. Ali Mohammed</b>	<b>Programme Officer</b>	<b>UNICEF</b>

	<b>32. Ms. Mwanaate Shaaban</b>	<b>Coordinator</b>	<b>UNESCO</b>
<i>International NGOs</i>			
<b>25/10/2010</b>	<b>33. Ms Khadija Ali Juma</b>	<b>Coordinator</b>	<b>Action Aid</b>
	<b>34. Ms Maymuna Omar</b>	<b>Coordinator</b>	<b>SCF</b>

**ANNEX 3B: LIST OF PERSONS TO BE CONSULTED FOR IN DEPTH INTERVIEWS -  
PEMBA**

<b>Date</b>	<b>Name</b>	<b>Position</b>	<b>Institution</b>
<b>25/10/10</b>	<b>37. Ms Asha Msabah Abdalla</b>		<b>MoEVT</b>
<b>to</b>	<b>38. Mr Abdalla Salim</b>		<b>District Office</b>
	<b>39. Mr Khamis A. Shambi</b>		<b>MoEVT</b>
	<b>40. Layla Hemed Ali</b>		<b>MoHSW</b>
<b>26/10/10</b>	<b>41. Juma</b>		<b>MLYWD</b>
	<b>42. Khamis Rashid</b>		<b>UMATI (P)</b>
	<b>43. Kassim Ali Omar</b>	<b>Secretary</b>	<b>PAYDO</b>
	<b>44. Ramla</b>		<b>WAMATA (P)</b>
	<b>45..Moh'd Hamad Khamis</b>	<b>In charge</b>	<b>Wingwi TC</b>
	<b>45. Mkubwa Ahmed Omar</b>		<b>MoEVT</b>

**Annex 5: SUMMARY OF REQUIRED CONSULTATIONS AND PROPOSED DATES**

<b>DATE</b>	<b>INSTITUTION TO BE CONSULTED</b>	<b>WHERE TO BE FOUND</b>
<b>Structured and In depth Interviews(Unguja)</b>		
<b>18/10/10 – 19/10/10</b>	<b>MoEVT HQ</b>	<b>Mazizini</b>
<b>20/10/2010</b>	<b>MLYWCD</b>	<b>Kwa Mchina</b>
	<b>MoHSW</b>	<b>Mnazi Mmoja</b>
<b>21/10/2010</b>	<b>MoFEA</b>	<b>Vuga</b>
	<b>ZAC</b>	<b>Mambo Msiige</b>
	<b>ZACP</b>	<b>Mnazi Mmoja</b>
<b>22/10/2010</b>	<b>UMATI (U)</b>	<b>Kwa Mchina</b>
	<b>UWZ (U)</b>	<b>Mnazi Mmoja</b>
	<b>ZACA</b>	<b>Mwanakwerekwe )</b>
	<b>ZAPHA+(U)</b>	<b>Vuga</b>
	<b>ZANA</b>	<b>Mwanakwerekwe )</b>
	<b>ZAYEDES</b>	<b>Mazizini</b>
	<b>UKUEM</b>	<b>Mwanakwerekwe )</b>
	<b>YOUTH FORUM</b>	
	<b>UNDP</b>	<b>Kinazini – ZSTC Building</b>
	<b>UNFPA</b>	
	<b>UNICEF</b>	
<b>UNESCO</b>		

<b>25/10/2010</b>	<b>RFE</b>	<b>Not yet known</b>
	<b>Action Aid</b>	<b>Mlandege</b>
	<b>SCF</b>	<b>Mji Mkongwe</b>
	<b>ICAP</b>	<b>Mlandege</b>
<b><i>Structured and In depth Interviews(Pemba)</i></b>		
<b>25/10/10 - 26/10/10</b>	<b>MoEVT Head Office</b>	<b>Chake</b>
	<b>MoEVT - Chake District</b>	<b>Chake District</b>
	<b>MoEVT - Wete District</b>	<b>Wete District</b>
	<b>MoEVT – Mkoani District</b>	<b>Mkoani District</b>
	<b>MoEVT - Micheweni District</b>	<b>Micheweni District</b>
	<b>MoHSW Head Office</b>	<b>Wete</b>
	<b>MoHSW</b>	<b>Chake (Zone)</b>
	<b>MLYWCD Office</b>	<b>Chake</b>
	<b>MLYWD</b>	<b>Chake</b>
	<b>UMATI (P)</b>	<b>Chake</b>
	<b>PAYDO</b>	<b>Chake</b>
	<b>WAMATA (P)</b>	<b>Chake</b>
<b><i>Focused Group Discussions</i></b>		
<b>23/10/2010</b>	<b>Unguja (4 FGDs)</b>	<b>Schools</b>
<b>27/10/2010</b>	<b>Unguja (2 FGDs)</b>	<b>Colleges and Universities</b>
<b>27/10/2010</b>	<b>Pemba (4 FGDs)</b>	<b>Schools</b>

**Annex 6: TERMS OF REFERENCE FOR THE WORK**

**Annex 7: PROPOSED DATA COLLECTION TOOLS**

**7.1: Structured Interview Tool**

**SURVEY ON ASSESSING AND IDENTIFYING STRENGTHS AND WEAKNESSES OF  
EDSEC SRH/HIV/LS IN LEARNING INSTITUTIONS IN ZANZIBAR**

**STRUCTURED INTERVIEW**

**INTRODUCTION**

The Ministry of Education and Vocational Training under the support of UNESCO has assigned team of consultants to develop National Guidelines for implementing SRH/HIV/LS programs in learning institutions. Prior to the development of guidelines an assessment needs to be conducted to identify strengths and weaknesses of Education Sector SRH/HIV/LS program.

In conducting this assessment, a number of stakeholders within the Ministry of Education and Vocational Training (MOEVT) and other sectors will be involved in order to collect their views which will help the team to develop the National Guidelines for implementing SRH/HIV/LS program. Therefore, we kindly request you to respond to our questions honestly and without prejudice.

**A: GENERAL INFORMATION**

1. Sex : Male ( ) Female : ( )
2. Age : ( )
2. Education level:
  - i) Primary ( )
  - ii) Secondary ( )
  - iii) College ( )
  - iv) University ( )
3. Occupation: .....
4. Working experience on SRH/HIV/LS ( ) years

**B: QUESTIONS**

**1. What types of youth related problems do you experience in your institution?**

.....  
.....  
.....  
.....

**2. Is there any program run by your institution to address these problems?  
b) If yes please mention them**

.....  
.....  
.....  
.....

**3. As a teacher/counselor/peer educator/student/focal person what kinds of training  
have you received on SRH/HIV/LS**

.....  
.....  
.....  
.....

**4. What other types of training do you need to help you work/live/learn more  
confidently?**

.....

.....  
.....  
.....

**5. What supporting documents/learning materials/teachers resources do you have which help you to work/learn SRH/HIV/LS?**

**5.1: SRH**.....  
.....

**5.2: HIV**.....  
.....

**5.3: LSE**.....  
.....

**6. Are these documents adequate for you reference?**

- a. For RSH Yes ( ) No ( )
- b. For HIV Yes ( ) No ( )
- c. For LS Yes ( ) No ( )

**7. Name other documents which you think are appropriate for:**

**(i) SRH**.....  
.....

**(ii) For HIV**.....  
.....

**(iii) For LS**.....  
.....

**8. What financial/physical structures are available for the SRH/HI/LS activities?**

**(i) Physical.....**

.....

**(ii) Financial.....**

.....

**9. Please list the content (topics) you remember to learn/teach under:**

**(i) SRH.....**

.....

.....

.....

**(ii) HIV.....**

.....

.....

.....

**(iii) LS.....**

.....

.....

.....

**10. How is the content of the program appropriate to the age, education level, and culture of the learners and how harmonious it is to the global trend?**

**(i) Age**.....  
.....

**(ii) Education Level**.....  
.....

**(iii) Culture**.....  
.....

**11. Are the activities structured as independent subjects or integrated with core subjects?**

.....

**12. Are the activities implemented in extra – curriculum activities or allocated in the school learning time or both?**

.....

**13. What is the structural management of the SRH/HIV/LS activities at the ministry and school?**

**(i) At the Ministry**.....  
.....

**(ii) At School**.....  
.....

**14. How the SRH/HIV/LS activities monitored at the school/college/university/work place and national level?**

**(i) At School.....**

.....

**(ii) At College.....**

.....

**(iii) At Universities.....**

.....

**(iv) At Work places.....**

.....

**15. What challenges are experienced during the implementation of the SRH/HIV/LS activities?**

**(i) SRH Activities.....**

.....

**(ii) HIV Activities.....**

.....

**(iii) LS Activities.....**

.....

**16. What governmental and non-governmental organizations are involved in the program at the school/college/university and ministry level?**

<b>Education Level</b>	<b>Governmental</b>	<b>Non-Governmental</b>
<b>Ministry</b>		
<b>Universities</b>		
<b>Colleges</b>		
<b>Schools</b>		

**17. Is the SRH/HIV/LS content examined to assess the level of understanding of the learners/recipients?**

- (i) For SRH Yes (    ) No (    )**
- (ii) For HIV Yes (    ) No (    )**
- (iii) For LS Yes (    ) No (    )**

**18. Mention learning approaches (methods) that are used in the delivery of the knowledge in the learning environment and out rich activities**

**(i) Learning Environment.....**

.....  
.....

**(ii) Outreach Activities.....**

.....  
.....

**19. How appropriate and effective are the learning approaches (methods)?**

.....  
.....  
.....

**20. How are the peers – learning organized, effectiveness and challenges?**

.....  
.....  
.....

**21. Is the program structured to fit specific educational levels and work places and how they are linked each other?**

.....  
.....  
.....

**22. Are SRH, HIV and LS programs taught as a package or individual component?**

.....

**23. What parents/community reactions or responses towards these learning activities?**

.....

.....

.....

**24. What strengths, weaknesses and challenges that program experience?**

**a) Strengths**

.....

.....

.....

**b) Weaknesses**

.....

.....

.....

**c) Challenges**

.....

.....

.....

**a) Accepted School/college/university**

.....

.....

.....

**b) Give the suggestions on how the program can be improved in:**

**(i) Management**

.....

.....

.....

**(ii) Delivery**

.....

.....

.....

**(iii) Monitoring**

.....

.....

.....

**(iv) Evaluation**

.....

.....

.....

## **7.2: FOCUSED GROUP DISCUSSION GUIDE**

### **MINISTRY OF EDUCATION AND VOCATIONAL TRAINING SRH/HIV/LS ASSESSMENT**

#### **FOCUSED GROUPS DISCUSSION GUIDE**

##### **PART I: Knowledge about the SRH/HIV/LS and its importance**

- 1.1: Ever heard about the SRH/HIV/LS taught in schools?**
- 1.2: The significance of teaching SRH/HIV/LS in schools**
- 1.3: Appropriateness of teaching SRH/HIV/LS in schools? (Probe: Why)**
- 1.4: If participants want this program to continue at all levels of education and work places (Probe: Why)**
- 1.5: If it is to continue - under what design this program should continue**

##### **PART II: Modality of its Implementation**

- 2.1: The proposed appropriate teaching approaches of SRH/HIV/LS**
- 2.2: The approach for teaching SRH/HIV/LS in primary schools**
- 2.3: The approach of teaching SRH/HIV/LS in secondary schools**
- 2.4: The approach of teaching SRH/HIV/LS in colleges and universities**
- 2.5: Under what approach this should be implemented in work places?**

##### **PART III: Structure/content of the SRH/HIV/LS**

- 3.1: What do you suggest as appropriate teaching content of SRH/HIV/LS?**
- 3.2: For Nursery Schools**
- 3.3: For Primary Schools**
- 3.4: For Secondary Schools**
- 3.5: For Colleges and Universities**

**PART IV: Structure/content of the SRH/HIV/LS**

- 4.1: What are good approaches for teaching SRH/HIV/LS in Nursery Schools?**
- 4.2: What are good approaches for teaching SRH/HIV/LS in primary schools?**
- 4.3: What are good approaches for teaching SRH/HIV/LS in secondary schools?**
- 4.5: What are good approach for teaching SRH/HIV/LS in universities and colleges?**

**PART V: Comment on the acceptance of teaching SRH/HIV/LS in learning institutions**

- 5.1: Your own comment**
- 5.2: Perceived Comments of community members**

**7.3: IN DEPTH INTERVIEW GUIDE**

**MINISTRY OF EDUCATION AND VOCATIONAL TRAINING  
SRH/HIV/LS ASSESSMENT  
IN DEPTH INTERVIEW GUIDE**

***QUESTIONS FOR IN DEPTH INTERVIEW***

- 1. What do you think are the strengths of the SRH/HIV/LS package?**  
.....  
.....
- 2. What do you think are the weaknesses of the SRH/HIV/LS package?**  
.....  
.....
- 3. What do you think are the existing opportunities of the SRH/HIV/LS package?**  
.....  
.....
- 4. What do you think are the threats of the SRH/HIV/LS package?**  
.....  
.....
- 5. Why do you think we need to have SRH/HIV/LS guidelines in Zanzibar**  
.....  
.....
- 6. What can you say about the organization and management of the SRH/HIV/LS activities in Zanzibar situation?**  
.....  
.....
- 7. What can you comment on implementation approaches of SRH/HIV/LS activities in Zanzibar situation**  
.....  
.....

**How do you think SRH/HIV/LS activities in Zanzibar can be implemented as a program?**

.....

.....

**8. Is the existing institutional structure adequately support the implementation of SRH/HIV/LS activities in Zanzibar?**

**Please Comment:**

.....

.....

**9. How do you think community can be involved in the implementation of SRH/HIV/LS activities in Zanzibar situation?**

.....

.....

**10. What do you think can be added up/removed in the existing structure to implement SRH/HIV/LS activities/program in Zanzibar?**

**To be added up:**

.....

.....

**To be removed:**

.....

.....

**What do you think can be added up/removed in the existing content of SRH/HIV/LS activities/program in Zanzibar?**

**Topics to be added up:**

.....

.....

**Topics to be removed:**

.....

.....

**11. What issues are:**

**A: Supporting organization and Management of the activities?**

.....

.....

**B: Opposing organization and Management of the activities?**

.....

.....

**14: Which institutions can be best partners of these activities and how this partnership can be built up?**

**A: Institutions**

.....

.....

**B: How partnership can be built up?**

.....

.....

**15: What services do you propose to have linkages with SRH/HIV/LS activities?**

.....

.....

**16: What level of capacity do you think SRH/HIV/LS activities implementers have?**

.....

.....

**17: What can be done to improve the level of capacity of SRH/HIV/LS implementers?**

.....

**18: What can be done to improve the level of capacity of SRH/HIV/LS infrastructure?**

.....

.....

**19: What can be done to improve the level of capacity of SRH/HIV/LS management?**

.....

.....

**20: What can be done on the area of research in relation to SRH/HIV/LS activities?**

.....

.....

**21: What can you say about financing of SRH/HIV/LS activities? Is financing adequate or not?**

.....

**If adequate/not adequate: Explain why**

.....

.....

**22: What can be done to improve financing of SRH/HIV/LS activities?**

.....

.....

**23: How do you think SRH/HIV/LS activities can be best monitored?**

.....

.....

**24: What role the GOZ can play to scale up implementation of SRH/HIV/LS activities in Zanzibar?**

.....

.....

**25: What role the MoEVT can play to scale up implementation of SRH/HIV/LS activities in Zanzibar?**

.....

.....

**27: What role do you think community can play to scale up implementation of SRH/HIV/LS activities in Zanzibar?**

.....

.....

**28: What actions do you think can be generally done to scale up implementation of SRH/HIV/LS activities in Zanzibar?**

.....

.....

## **Annex 8 Monitoring Indicators**

### **Global core indicators to be considered:**

- a) Percentage of young women and men aged 10 to 24 years who both correctly identify ways of preventing the transmission of HIV and reject major misconceptions about HIV transmission [revised UNGASS #13]**
- b) Percentage of young women and men aged 15 to 24 years who had sexual intercourse before the age of 15 [revised UNGASS #15]**
- c) National Composite Policy Index (NCPI) (to include a measurement of the readiness of the EDSEC response) [revised UNGASS #2]**
- d) Percentage of educational institutions that provided life skills–based HIV and AIDS education, including sexuality, within the curricula for the stated minimum hours in the last academic year [revised UNGASS #11]**
- e) Percentage of teachers and lecturers who have both received training to teach provided life skills–based HIV education, including sexuality, and taught the subject in the last academic year**
- f) Percentage of educational institutions that have both adopted and communicated a code of conduct related to physical safety, stigma and discrimination and sexual harassment/abuse.**

### **Additional indicators to be considered for the Region:**

- a) Current school attendance among orphans and non-orphans by level [revised UNGASS #12]**
- b) Percentage of school enrolment which is orphaned**
- c) Percentage of OVC who received free basic support at school [revised UNGASS #10]**

- d) Percentage educational institutions with psychosocial support services provided by appropriately trained personnel**
- e) Percentage of education personnel reached by a comprehensive HIV prevention, treatment, case and support programme in the workplace**
- f) Percentage of learners who permanently left school due to illness or death in the last academic year**
- g) Percentage of teacher absenteeism due to illness or compassionate reasons in the last academic year**
- h) Teacher attrition rate in the last academic year (including reason)**
- i) Percentage of educational institutions that provided extracurricular life skills – based HIV education, including sexuality, in the last academic year**
- j) Percentage of youth who were provided with provided life skills–based HIV and AIDS education, including sexuality, in out-of-school settings.**

**Recommendations to be considered to improve the collection, compilation and analysis of data related to education and HIV and AIDS:**

- a) EMIS must meet the minimum norms and standards set by SADC**
- b) Alignment of the M&E framework for the Ministries of Education with the 12 components of a functional M&E framework**
- c) Review of EMIS and data collection instruments to include a minimum set of HIV-sensitive indicators**
- d) Ongoing training to be provided to all EMIS and M&E personnel to raise awareness on HIV sensitive data**
- e) Delivery of recurrent capacity building on technical issues, statistical methods and general record-keeping at school level.**

**5.5.4 Recommendations to be considered to improve the dissemination and utilisation of data related to education and HIV and AIDS:**

- a) Leadership within the MOE to take a very clear and critical role in the effective collection, utilisation and dissemination of information**
- b) Within the EMIS budget, provision of adequate funds for data dissemination must be made**
- c) Information products must be packaged in a simple, user-friendly manner to meet the needs of the different stakeholders and made publicly available. These must be marketed to the Council of the Ministers of Education, Country Parliamentarians and District Education Boards**
- d) Need to hold annual dissemination meetings and workshops to release data, to both internal and external users, including all stakeholders and partners**
- e) EDSEC data should feed into the national M&E plans and complement other sector plans where necessary, to encourage a multi-sectoral approach**
- f) EMIS data needs to be in a flexible, accessible database and there should be an effective archiving process to ensure availability of the data for future use as well.**

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