

# **TECHNICAL & FINANCIAL FILE**

**HIV/AIDS AWARENESS CREATION PROGRAMME TARGETING  
YOUTH AND ADOLESCENTS IN PRIMARY SCHOOLS IN DAR ES  
SALAAM AND SIX SELECTED DISTRICTS IN TANZANIA**

**TANZANIA**

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## **ABBREVIATIONS**

ABC	Abstinence, Be Faithful, Condom Use
ASRH	Sexual and Reproductive Health of Youth and Adolescents
BTC	Belgian Technical Cooperation
CAC	Council AIDS Committee
CBO	Community Based Organisation
CHAC	Council HIV/AIDS Coordinator
CHMT	Council Health Management Team
DAC	District AIDS Coordinator
DED	District Executive Director
DEO	District Educational Officer
DGCD	Directorate General for Development Cooperation
FBO	Faith Based Organisation
FLE	Family Life Education
GoB	Government of Belgium
GoT	Government of Tanzania
HIV	Human Immuno-deficiency Syndrome
HQ	Head Quarters
IDC	Infectious Disease Centre
IDCP	Indicative Development Co-operation Programme 2003-2007
IEC	Information, Education and Communication
JLPC	Joint Local Partner Committee
MoEVT	Ministry of Education and Vocational Training
MoF	Ministry of Finance
MoHSW	Ministry of Health and Social Welfare
MTEF	Medium Term Expenditure Framework
NACP	National AIDS Control Programme
NAHDS	National Adolescent Health and Development Strategy
NGO	Non-governmental Organisation
NMSF	National Multi-Sectoral HIV/AIDS Strategies Framework 2003-2007
NPC	National Programme Coordinator
NSGRP	National Strategy for Growth and Reduction of Poverty
NSRP	National Strategy for Reduction of Poverty
PEDP	Primary Education Development Programme
PFP	Programme Focal Person
PLWHA	People Living With HIV/AIDS
PMORALG	President's Office for Regional Administration and Local Government
PRS	Poverty Reduction Strategy
SA	Specific Agreement
SCAEC	School Counselling and AIDS Education Committee
SGCS	School Guidance and Counselling Services
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TACAIDS	Tanzania Commission for AIDS
TOT	Trainer of Trainers
TRCHS	Tanzania Reproductive and Child Health Survey
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS

UNICEF  
WEO  
WHO  
YFS

United Nations Children's Fund  
Ward Educational Officer  
World Health Organisation  
Adolescent and Youth Friendly Support and Referral Services

## **BACKGROUND**

The co-operation between the Government of Belgium (GoB) and the Government of Tanzania (GoT) has been laid down in a “General Agreement for Development Co-operation between the Kingdom of Belgium and the United Republic of Tanzania”, which was signed during the 6th Joint Commission on Development Co-operation on the 16th of October 2002. As a result of a policy dialogue on the development co-operation programme between the two Governments, the Indicative Development Co-operation Programme 2003-2007 (IDCP) was formulated and adapted in October 2002. The IDCP outlined the objectives and the sectors as well as the modalities of the programme both countries agreed upon for the period 2003-2007.

Within the framework of the IDCP, the Government of Tanzania (GoT) and the Government of Belgium identified HIV/AIDS as one of the priority sectors that needed special attention. It was specified that Belgium will support the HIV/AIDS awareness creation in primary schools. Since it was identified that HIV/AIDS and poverty are interlinked and influence each other, and that this linkage hampers poverty reduction and human development which are the targets of both governments, it was seen that the intervention is vital for the development of future Tanzanian generations as it targets young people.

During the annual reviewing meeting of the IDCP on 29th April 2005 both governments confirmed their commitment to this programme as a priority for development of the country.

Henceforth, the GoT and GoB both agreed to set up a mission in order to prepare an Identification Document for the possible intervention mentioned above. The GoT, which was responsible for the identification phase, had requested the assistance of the GoB to identify the new intervention. The identification study was financed and carried out by the Embassy of Belgium. The ministries responsible for this programme are the Ministry of Health and Social Welfare (MoHSW) and the Ministry of Education and Vocational Training (MoEVT). The Identification Document was reviewed and approved by the Joint Local Partner Committee (JLPC) meeting on 11th October 2005. The Identification Document was reviewed at the Belgian Directorate General for Development Cooperation (DGCD) and at headquarters of the Belgian Technical Cooperation (BTC). There were a number of issues in the Identification Document that needed clarification and revision. Accordingly, the Attaché and the Resident Representative of BTC agreed that BTC, in consultation with the MoHSW and the MoEVT would finalise the Identification Document. Consultants were identified to review the document on basis of the numerous observations formulated by DGCD and BTC Headquarters. The final Identification Document was approved in February 2006 by the Attaché and the authorities of Tanzania.

On 8th May 2006 DGCD asked BTC for the price offer for the formulation of the programme. A Specific Agreement between the Kingdom of Belgium and the United Republic of Tanzania was signed on the 20th October 2006. A first formulation mission was conducted in March 2007. The results and the draft report of this mission were not up to the standards of the BTC formulation criteria. It was therefore proposed to organise a 2nd formulation mission to engage an International Consultant with the support of a National Expert to review all the above documents and to rewrite the formulation document. The mission took place in June 2007 and submitted its report on 10th August 2007.

The Belgian Technical Co-operation, BTC, as the executing agency for the Belgian Directorate for International Co-operation, the DGIC, is responsible for the implementation of the bilateral cooperation on behalf of the Belgian party. On the one hand the IDCP draws on those specific expertises of BTC that are of interest to the GoT for developing components of its own policies

and planning. On the other hand, it focuses on initiating projects or programmes, which have been focal areas for the Belgian co-operation in previous decades. Among others the fight against HIV/AIDS was noted as one of the areas for future cooperation and support. Both countries agreed to support an intervention on “HIV/AIDS Awareness Creation Programme Targeting Youth and Adolescents in Primary Schools in Dar es Salaam and Six Selected Districts in Tanzania.”

## **EXECUTIVE SUMMARY**

Tanzania is one of the countries most affected by the HIV/AIDS pandemic in the world. The National AIDS Control Programme (NACP) estimates the total number of HIV infected people in the country at 1.8 million people, or 12% of the total population. 55% of all new infections are with young people aged 15-24 years. Girls aged 15-19 years run a particularly high risk of being infected, compared to boys of the same age-group.

The fight against HIV/AIDS is also one of the priorities of the Ministry of Education and Vocational Training (MoEVT) which developed a Strategic Plan for HIV/AIDS 2003-2007 as well as Guidelines for Implementing HIV/AIDS and Life Skills Education Programme in Schools (May 2004) which are also valid for primary schools. On the 20th October 2006 the Kingdom of Belgium and the United Republic of Tanzania signed a Specific Agreement on “HIV/AIDS Awareness Creation Programme Targeting Youth and Adolescents in Primary Schools in Dar es Salaam and Six Selected Districts”. According to the Specific Agreement the general objective of the programme is to contribute towards a decreased morbidity and mortality rate due to AIDS and other sexual and reproductive health problems. The specific objective is to empower youth to practice behaviours that protect their sexual and reproductive health by increasing their knowledge of age specific sexual and reproductive health in Tanzania.

The programme aims at supporting the MoEVT in the implementation of the Guidelines. The programme has been conceived as a pilot programme and will be implemented the following districts:

- Dar es Salaam: Kinondoni, Ilala, Temeke
- Coastal Region: Mkuranga, Bagamayo
- Arusha: Karatu
- Kilimanjaro: Rombo

In each of the districts one ward will be selected and in each ward four schools will be selected, on basis of pre-established selection criteria.

The direct beneficiaries of the programme are in-school youth and the members of the School Health Clubs that will be established, as well as the School Heads, the teachers, the School Guardians/Counsellors, the members of the School Counselling and AIDS Education Committees, the District Education Officers, the School Inspectors and the Council Health Management Teams, the providers of ASRH/HIV/AIDS services at the village dispensaries and the ward health centres in the respective districts/wards/schools. Parents and out-of school youth in the communities surrounding the selected schools will be indirect beneficiaries of the programme.

The programme will be developed along six axes:

1. strengthening of local government capacity in HIV/AIDS programming, management, monitoring and evaluation capacities
2. continuous advocacy, awareness-raising, sensitisation and good communication between the national and the local governments and the schools as well as with the broader community, the parents and the religious leaders through the establishment and/or strengthening of the SCAEC
3. adequate and quality training for all teachers in HIV/AIDS curriculum teaching and life skills education, with specific attention to improving their communication skills on HIV/AIDS and other sexual and reproductive health (SRH) related issues



4. use of participatory and interactive approach, whereby participation of youth and adolescents in programme management, implementation and evaluation should be actively be encouraged through the establishment of School Health Clubs
5. a gender-based approach at all levels of the programme implementation, whereby particular attention should be paid to the creation of a safe environment for girls
6. development and integration of exit strategies right from the start of the programme implementation, consisting of regular information and communication about the programme.

The following expected results have been identified:

- R1. An enabling environment for HIV/AIDS programmes targeting adolescents and youth is created.
- R2. The capacity of the districts in HIV/AIDS programming, management, monitoring and supervision is strengthened.
- R3. Teachers and School Guardians/Counsellors are trained and skilled in HIV/AIDS and life skills education.
- R4. In-school adolescents' and youth's access to curriculum and extra-curriculum HIV/AIDS information and education has improved.
- R5. Use of ASRH/HIV/AIDS and support services by adolescents and youth has increased.
- R6. Information and communication to national and international stakeholders in ASRH/HIV/AIDS, including donors, about the programme results is an integrated part of the programme implementation.

Throughout the implementation process particular attention will be paid to improving local ownership of the programme at the community level, in the villages and in the schools. Continuous advocacy and sensitisation about ASRH/HIV/AIDS constitutes a key-determinant for efficient, dynamic and proactive programme management, planning and supervision. Awareness-raising, training and capacity building are main activities for the realisation of 5 of the 6 expected results.

As the programme is conceived as a pilot programme, continuous information and communication about the programme results to other stakeholders in ASRH/HIV/AIDS, including donors, have explicitly been integrated as one of the expected results of the programme.

At the start of the programme an independent base-line survey will be organised. The results of the base-line survey will be integrated into the training, educational and health service activities and provide reliable data that allowing for better measuring. At the end of the programme lessons learned and good practices will be identified and documents. The results will be shared with at wider audience at a national end-of programme conference.

The programme also includes quarterly backstopping visits the purpose of which is to provide administrative and technical support to the management, planning, and implementation of the programme, as well as to the organisation of the base-line survey, and the identification and documentation of lessons learned.

The project will be administered according to the principles of partnership and joint implementation. Institutions that bear responsibility for the administrative coordination of the project are: the Ministry of Finance, the Ministry of Education and Vocational Training, the Ministry of Health and Social Welfare, the Directorate General for Development Cooperation and

the Belgian Technical Cooperation. A mid-term review and a final evaluation will be organised as well as two audits.

The total duration of the programme is three years.

## **1. SITUATION ANALYSIS**

The programme has been conceived as a pilot programme aimed at enhancing the implementation of the MoEVT *Guidelines for Implementing HIV/AIDS and Life-skills Education Programme at Schools*.

Throughout the implementation process particular attention will be paid to improving local ownership of the programme at the community level, in the villages and in the schools. Continuous advocacy and sensitisation about ASRH/HIV/AIDS among all stakeholders involved will be mainstreamed throughout the programme cycle as this constitutes a key-determinant for achieving more efficient, dynamic and proactive programme management, planning and supervision. Awareness-raising, training and capacity building are main activities for the realisation of 5 of the 6 expected results.

As the programme is conceived as a pilot programme, it should also attract support of other donors and stakeholders in ASRH/HIV/AIDS who can contribute to its consolidation and expansion, continuous information and communication about the programme results have explicitly been integrated as one of the expected results of the programme (expected result R6).

## **2. STRATEGIC APPROACH OF THE INTERVENTION**

### **2.1 AXES OF INTERVENTION**

In order to facilitate acceptance of the programme at the community level, it is recommended to pay due attention to the development of continuous initiatives aimed at increasing programme ownership among the local stakeholders and maximising the programme impact. In this respect, the programme should be developed according to the following axes:

1. Strengthening of local government capacity in HIV/AIDS programming, management, monitoring and evaluation capacities.
2. Continuous advocacy, awareness-raising, sensitisation and good communication between the national and the local governments and the schools as well as with the broader community, the parents and the religious leaders through the establishment and/or strengthening of the SCAEC.
3. Adequate and quality training for all teachers in HIV/AIDS curriculum teaching and life skills education, with specific attention to improving their communication skills on HIV/AIDS and other sexual and reproductive health (SRH) related issues.
4. Use of participatory and interactive approach, whereby participation of youth and adolescents in programme management, implementation and evaluation should be actively be encouraged through the establishment of School Health Clubs.
5. A gender-based approach at all levels of the programme implementation, whereby particular attention should be paid to the creation of a safe environment for girls.
6. Development and integration of exit strategies right from the start of the programme implementation, consisting of regular information and communication about the programme results in order to motivate other national and international stakeholders in ASRH/HIV/AIDS and donors to support the consolidation and expansion of the programme.

### **2.2 BENEFICIARIES**

#### **1. Direct Beneficiaries**

- In-school youth at 28 selected primary schools in the 7 selected districts in Tanzania. Estimated number of direct beneficiaries: 30.800 girls and boys.<sup>1</sup>
- The members of the School Health Club (boys and girls) (840 adolescents and youth; 420 boys and 420 girls).<sup>2</sup>
- The School Heads (28).
- The teachers (756).
- The School Guardians/Counsellors (112; 56 men and 56 women).
- The members of the School Counselling and AIDS Education Committees (420; 210 men and 210 women).
- The District Education Officers (7) and the School Inspectors (7).

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<sup>1</sup> Estimated average number of students per school: 1100; ratio student/teacher: 41

<sup>2</sup> The number of members of the School Health Club is estimated at maximum 30 (15 boys and 15 girls).

- The Council Health Management Teams (21)
- The providers of ASRH/HIV/AIDS services at 28 village dispensaries and 7 ward health centres (105; 52 men and 53 women).<sup>3</sup>

## **2. Indirect Beneficiaries**

Parents and out-of school youth in the communities surrounding the selected schools will be indirect beneficiaries of the programme through improved access to HIV/AIDS and ASRH related information that can be provided by the teachers and the school peer educators living in the community who will all have been adequately trained. Schools are also expected to organise annual ASRH/HIV/AIDS sensitisation events to which the community can be invited.

## **2.3 PARTNERS**

The programme will be implemented by the MoEVT and the MoHSW with support of the BTC.

## **2.4 LOCATION**

The programme to the following regions and districts:

- Dar es Salaam: Kinondoni, Ilala, Temeke
- Coastal Region: Mkuranga, Bagamayo
- Arusha: Karatu
- Kilimanjaro: Rombo.

In each of the seven districts one ward will be selected and in each ward four schools will be selected for the piloting of the programme. The selection will be made by the districts on the basis of predefined selection criteria and will need to be approved by the Joint Local Partner Committee (JLPC).<sup>4</sup>

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<sup>3</sup> Each ward has a health centre and each village has a dispensary. In each of these health facilities 3 members of the health staff will be trained in YFS.

<sup>4</sup> See Annex 2: Selection criteria for the wards and schools where the programme will be implemented.

## **3. OPERATIONAL PLANNING**

### **3.1 OBJECTIVES**

#### **1. General Objective**

To contribute towards a decreased morbidity and mortality rate due to AIDS and other sexual and reproductive health problems.

#### **2. Specific Objective**

To empower youth to practice behaviours that protect their sexual and reproductive health by increasing their knowledge of age specific sexual and reproductive health in Tanzania.

### **3.2 RESULTS**

The following expected results have been identified:

- R1. An enabling environment for HIV/AIDS programmes targeting adolescents and youth is created.
- R2. The capacity of the districts in HIV/AIDS programming, management, monitoring and supervision is strengthened.
- R3. Teachers and School Guardians/Counsellors are trained and skilled in HIV/AIDS and life skills education.
- R4. In-school adolescents' and youth's access to curriculum and extra-curriculum HIV/AIDS information and education has improved.
- R5. Use of ASRH/HIV/AIDS and support services by adolescents and youth has increased.
- R6. Information and communication to national and international stakeholders in ASRH/HIV/AIDS, including donors, about the programme results is an integrated part of the programme implementation.

R1: The creation of an enabling environment will be paramount for a successful implementation and the sustainability of the programme (MoEVT Guidelines §3.5). The gradual elimination of prevailing taboos and resistance to HIV/AIDS programmes for youth and adolescents at primary schools will increase the acceptance of the programme by the parents, the community and the faith based organisations. It will be a guarantee that the HIV/AIDS curriculum can effectively be taught and the extra-curriculum activities can be organised. The SCAEC will play a key-role in this respect (MoEVT Guidelines 4.7.4).

R2: Successful implementation of the programme is highly dependant on a good understanding of a comprehensive approach to HIV/AIDS prevention among youth and adolescents as well as the managerial capacities of the local government and the School Heads to effectively implement, monitor and supervise the programme.

R3: Within the school system, teachers play a key role in HIV/AIDS prevention. They are responsible for teaching on HIV/AIDS and life-skills. They will be informed on new developments

in HIV/AIDS prevention and life-skills. Their approach should be learner-centred and they should also be familiar with using creative and varied techniques to fit the class at hand (MoEVT Guidelines §4.5.1). The School Guardians/Counsellors will be key in counselling students, supporting the School Health Clubs and the organisation of the referral system to YFS (Guidelines §4.7.1 - 4.7.2).

R4: In-school adolescents and youth do not only acquire HIV/AIDS knowledge and life-skills through in-class teaching, but also through extra-curriculum activities that address HIV/AIDS in a more accessible, attractive and non-examinable way. The organisation of extra-curriculum activities will enable youth to develop themselves as active agents who are capable of taking initiative and assuming responsibilities. (MoEVT Guidelines §4.6-4.7)

R5: A comprehensive approach to HIV/AIDS prevention among adolescents and youth requires the development of a referral system to adolescent and youth friendly support and health services. In its Guidelines the MoEVT recognizes the right of adolescents and youth to access social and support services, which should be made adolescent and youth friendly. At the same time, however, the MoEVT acknowledges that schools may not have all the social services that students require and that these will have to be sought in the community surrounding the schools and will need to be made more youth-friendly. The organisation of adolescent and youth friendly SRH/HIV/AIDS and support services is part of the mandate of the MoHSW. The organisation of a support and referral system will be an integrated part of the programme (MoEVT Guidelines §.5).

R6: In order to maximize the chances of sustainability, phasing-out strategies will be developed and implemented right from the start of the programme. The strategy will mainly consist of information and communication about the programme results to national and international stakeholders in ASRH/HIV/AIDS, including donors. It will include information and communication about the results of the base-line survey at the start of the programme, the lessons learned and good practices, and the organisation of a national end-of programme conference.

### **3.3 ACTIVITIES**

#### **R1. An enabling environment for HIV/AIDS programmes targeting youth and adolescents is created**

##### **R1A1. Organisation of programme start-up activities at the district level.**

At the district level start up activities will be organised with the aim to officially inform the District about the programme, its objectives and its implementation. This activity will be organised according to the prevailing rules and regulations.

##### **R1A2. Organisation of programme start-up activities at the village level.**

At the start of the programme an official activity will be organised at the village level with the aim to officially launch the programme. The activity will be supported by the Village Executive Officer, the Village Development Committee, the School Head, the School Management Committee, the parents, the faith based organisations and the students.

##### **R1A3. Establishment and/or activation of the School Counselling and AIDS Education Committees.**

In each of the schools where the project will be implemented a SCAEC will be established according to the regulations of the MoEVT Guidelines and/or reactivated.

The School Head will be responsible for the establishment of the SCAEC with support of the District Educational Officer (DEO). The SCAEC will perform their roles and responsibilities according to the MoEVT Guidelines. Their role is to plan, coordinate, harmonize and advise on the implementation of HIV/AIDS, STI and life-skills education activities in the school and the surrounding community. The School Head will be the main overseer. (MoEVT Guidelines §3.1.6.) The School Head will advocate for community members to participate in the selection of the SCAEC member (MoEVT Guidelines §4.7.4.)

#### **R1A4. Capacity building of the SCAEC members in HIV/AIDS programming.**

The SCAEC members will be trained in order to acquire the necessary skills for the planning, coordination, harmonisation of and advise on HIV/AIDS activities at schools and in the surrounding community. The training will be given according to the MoEVT Guidelines and will cover the following topics: facts about HIV/AIDS and life-skills; care of AIDS patients; sexual and reproductive health; communication skills; gender and HIV/AIDS; roles and responsibilities of SCAEC. (MoEVT Guidelines §6.5.)

The trainings will be organised per school at the school venue. The trainings will be provided by the MoEVT. Duration: 5 days.

### **R2. The capacity of the districts in HIV/AIDS programming, management, monitoring and supervision is strengthened.**

#### **R2A1. Development of standardized reporting, monitoring and supervision tools.**

In order to determine the impact of the programme, close supervision and monitoring will be required, as well as adequate reporting to the District Council. The use of standardized reporting, monitoring and supervision tools will be paramount for assessing the impact of the programme and identifying its strengths and weaknesses. These tools should be in line with the rules and regulations of the MoEVT and the MoHSW and at the same time allow for adequate reporting to the BTC.

Attention for gender aspects will be fully integrated in these tools. The tools will be developed by the NPC in collaboration with the MoEVT and the MoHSW. The NPC will take all measures necessary to make sure that the tools are adequately used.

#### **R2A2. Training of the District Educational Officers, Programme Focal Persons (PFP), Ward Educational Officers (WEO), School Inspectors, School Heads and the Council Health Management Team in HIV/AIDS programme monitoring and supervision.**

According to the MoEVT Guidelines the DEOs and School Inspectors are responsible for the monitoring and the supervision of the programme implementation in the schools. (MoEVT Guidelines §9.1) The WEO act as liaison person between the districts, the Ward Development Committee and the Village Development Committee. The Council Health Management Teams are responsible for the monitoring and supervision of the adolescent and youth friendly health services. They will all be trained in HIV/AIDS programme management and supervision. The use of the reporting, monitoring and supervision tools will be an integrated part of the training.



Gender will be an integrated part of the training. The trainings will be given by the MoEVT in collaboration with the MoHSW. One training will be organised for the participants from the region of Arusha and Kilimanjaro; one training for the participants from the Coastal Region and Dar es Salaam. Duration of each training: 5 days.

### R2.A3. Regular Monitoring and Supervision of the Programme

The DEO and CHMT will organise regular, joint monitoring and supervision visits to the schools and health facilities in their district which are involved in the programme. For the monitoring and supervision as well as the reporting they will use the standardized tools that have been developed. These visits will be conducted on a quarterly basis as to synchronize with other supportive supervisions by the CHMT.

## **R3. Teachers and School Guardians/Counsellors are trained and skilled in HIV/AIDS and life-skills education.**

### R3A1. Teacher training and capacity building workshops in HIV/AIDS and life-skills.

All teachers will receive an intensive and interactive training in HIV/AIDS and life-skill. According to the MoEVT Guidelines they will be trained in the following issues: SRH, nature and scope of HIV/AIDS and sexually transmitted infections (STI), transmission of HIV and STI, how to prevent HIV and STI transmission, life-skills education, basic principles of guidance and counselling, teaching techniques that deal with skills/attitudes/information provision (participatory approach), exploration and clarification of personal values and attitudes, exploration of personal/social/political/cultural/sexual issues regarding HIV/AIDS, STI and life-skills; classroom management skills, HIV/AIDS and gender, stigma and discrimination, care and support for people living with HIV/AIDS and STI (MoEVT Guidelines §6.3). All teachers will be given a work package with ASRH/HIV/AIDS support materials developed by the MoEVT. Active participation of female teachers will be encouraged. The trainings will be organized per school. The trainings will be given the MoEVT. Duration: 5 days.

### R3A2. Selection and Activation of the School Guardians/Counsellors.

In each of the selected schools 4 School Guardians/Counsellors (2 men and 2 women) will be selected instead of 1 as proposed in the MoEVT Guidelines (Guidelines §4.7.1). This means that the procedures will be slightly adapted but that nevertheless both students and teachers will actively participate in the selection. The students will propose 6 names of teachers (3 men and 3 women) of their preference to become School Counsellor/Guardian. The School Committee College Board, in collaboration with the schools/teachers will identify 4 teachers of the proposed list (2 men and 2 women) to be the School Guardian/Counsellor.

The organization of the selection will be the responsibility of the School Head. The School Guardians/Counsellors will also be responsible for support and guidance to the School Health Clubs. The School will dispose of an annual budget to cover expenses of the School Guardians.

### R3A3. Intensive training of the School Guardians/Counsellors.

In addition to the general teachers' training, the School Guardians/Counsellors will receive an intensive and interactive training in guidance and counselling on HIV/AIDS and other ASRH related issues, as well as the organization of and support to the School Health Club. They will also be trained to provide refreshment trainings to the other teachers at school.

The training will be given by a national expert in ASRH/HIV/AIDS under the technical supervision of the MoEVT and the MoHSW. The trainings will be organized per district/ward in one of the schools. Duration: 5 days.

#### **R3A4. Refreshment trainings for the School Guardians/Counsellors.**

The intensive trainings will be complemented by six-monthly refreshment trainings, the purpose of which is to refresh knowledge and information, to share experiences, to discuss problems encountered and to identify solutions.

The training will be given by a national expert in ASRH/HIV/AIDS under the technical supervision of the MoEVT and the MoHSW. The trainings will be organized per district/ward in one of the schools. Duration: 1 day.

#### **R4. In-school adolescents' and youth's access to curriculum and extra-curriculum HIV/AIDS information and education has improved.**

##### **R4A1. Reproduction and dissemination of ASRH/HIV/AIDS support materials.**

All schools will receive enough copies of existing support materials on ASRH/HIV/AIDS that have already been developed by the MoEVT and the MoHSW to cover the needs of the students.

##### **R4A2. Establishment and equipment of School Health Clubs.**

In each school a School Health Club will be established. The School Health Clubs will be directed by the students and supported and supervised by the School Guardians/Counsellors. The students will actively participate in the development of the statutes and the annual activity plans of the club.

A proper room will be built to house the School Health Club. This room will be furnished and provided with a School Health Library which will be freely accessible to teachers and students. The School Health will also be equipped with sport and other (re)creative materials according to the wishes of the students. The kind of materials purchased and the rules and regulations for their use will be decided by the members of the School Health Club with the support and under the supervision of the School Guardians/Counsellors.

Due attention will be given to encouraging girls' membership and their active participation. The School Head will be responsible for the organization of the School Health Clubs.

##### **R4A3. Organization of ASRH/HIV/AIDS peer education trainings.**

The members of the School Health Clubs will be trained as ASRH/HIV/AIDS peer educators. The trainings will be interactive and participatory and will combine ASRH/HIV/AIDS information with communication skills. Active participation of girls will be encourage and special attention will be given to the gender aspects affecting ASRH and the vulnerability of youth for HIV/AIDS.

The peer educators will be trained according to the MoEVT Guidelines in the following issues: the role of peer educators, facts about HIV/AIDS and sexually transmitted infections (STI), Sexuality and HIV/AIDS and STI, risky behaviour and related consequences, life-skills, responsible attitudes to care and support HIV/AIDS patients, and SRH issues (Guidelines .

The trainings will be given by national experts in ASRH/HIV/AIDS under the supervision of the MoEVT and the MoHSW. Each year 1 training will be organized for each School Club. The trainings will be given at school, and if possible at the School Health Club. Duration: 8 days.

#### R4A4. Organization of arts/sport workshops.

For the members of the School Health Clubs workshops will be organised on how to use arts/sport to transmit the ARH/HIV/AIDS message. The workshops will be given by national experts in the use of arts and sport as means of communication. For each School Health Club a maximum of 5 workshop days per year will be organized.

#### R4A5. Organization of ASRH/HIV/AIDS sensitization events.

The School Counselling and AIDS Education Committees will be responsible for the organization on a yearly ASR/HIV/AIDS event in collaboration with the School Health Club and the School Guardians/Counsellors. This event will be organized in commemoration of the World AIDS Day and target the whole school community.

### **R5. Use of ASRH/HIV/AIDS and support services by adolescents and youth has increased**

#### R5A1. Training workshops for health staff at village dispensary and the ward health centre in youth friendly attitudes.

At the village dispensary and the ward health centre three members of the health staff working in the field of SRH/HIV/AIDS, will be trained in adolescent and youth friendly attitudes concerning ASRH/HIV/AIDS. The trainings will be organized per district/ward by the MoHSW. Duration: 5 days.

#### R5A2. Organization of an ASRH/HIV/AIDS support and referral system for adolescents and youth.

In all schools a support and referral system to available adolescent and youth friendly support and health services in the village/ward will be organized. Such system can take different forms: mobile units whereby health staff trained in YFS visit schools on a regular basis, or referral to the nearest by health facility where health staff has been trained in youth friendly attitudes, or the nearest by YFS clinic, etc. An annual budget will be provided for facilitating access of youth to the health services. This budget is intended 1/ to remove all financial barriers (medical costs of 1st and 2nd line health services as well transport costs) for the schoolchildren who need to be referred and 2/ to finance action plans which propose structural measures to strengthen the referral system in collaboration between the schools and the health facilities (f.e. set up of referral and counter-referral system, training of health staff regarding the referral system). The School Counselling and AIDS Education Committees will be responsible for the management of this budget and, in collaboration with the School Guardians/Counsellors and the School Health Clubs, will be responsible for the organization of the referral system and will be supported by the MoHSW.

### **R6. Information and communication to national and international stakeholders in ASRH/HIV/AIDS, including donors, about the programme results is an integrated part of the programme implementation.**

#### R6A1. Organisation of a base-line survey and publication and dissemination of the results

At the start of the programme an independent base-line survey will be organised in order to have more accurate information about adolescents' and youth's knowledge, beliefs, attitudes, behaviour and practices concerning their sexual and reproductive health, HIV/AIDS. The results of the base-line survey will be integrated into the training, educational and health service activities and provide base-line data for the indicators that have developed for measuring the impact of the programme. The base-line survey will be conducted in the seven districts/wards where the programme will be implemented. The base-line survey will be conducted according to internationally accepted scientific criteria.

The base-line survey will be conducted by an independent national expert in collaboration with the MoEVT and the MoHSW. The results of the base-line survey will be published as a booklet or brochure and disseminated among national and international key-stakeholders in ASRH/HIV/AIDS in Tanzania -including international agencies such as UNAIDS, UNFPA, UNICEF, UNESCO, WHO and the Global Fund - as well as among the main stakeholders involved in the programme. The publication will be in English and in Kiswahili.

**R6A2. Research aimed at the identification, documentation and publication of lessons learned and good practices.**

The programme implementation will be supported by a research activity aimed at the identification of lessons learned and good practices. The results will be documented and published as a booklet or brochure. The publication will be disseminated among national and international key-stakeholders in ASRH/HIV/AIDS in Tanzania as well as among the main stakeholders involved in the programme. The publication will be in English and in Kiswahili.

The identification and documentation of lessons learned and good practices will be done by an independent national expert in collaboration with the MoEVT and the MoHSW.

**R6A3. Organisation of a national end-of- programme conference.**

At the end of the programme a national conference will be organised where the programme results, lessons learned and good practices will be shared with the main stakeholders in the programme and other national and international key-stakeholders in ASRH/HIV/AIDS in Tanzania. The conference proceedings will be published and disseminated.

### **3.4 INDICATORS AND MEANS OF VERIFICATION**

For the monitoring and evaluation of the realisation of the programme's specific objective, the following indicators and means of verification have been identified:

<b>Specific Objective</b>	<b>Indicators</b>	<b>Means of Verification</b>
To empower youth to practice behaviours that protect their SRH by increasing their knowledge of age specific sexual and reproductive health in Tanzania.	<p>Knowledge of boys and girls about how to protect their SRH has improved.</p> <p>Knowledge of boys and girls about how to protect themselves from being infected with HIV has improved</p> <p>Use of ASRH/HIV/AIDS and support services by both boys and girls.</p>	<p>Base-line survey report.</p> <p>Research report on lessons learned and good practices.</p> <p>Focus group discussions with students.</p> <p>Referral reports.</p> <p>Health facility reports.</p>

		Reports of social support services.
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For the monitoring and evaluation of the realisation of the programme's expected results, the following indicators and means of verification have been identified:

<b>Expected Results</b>	<b>Indicators</b>	<b>Means of Verification</b>
<b>R1.</b> An enabling environment for sustainable HIV/AIDS programmes targeting youth and adolescents at primary schools is created.	Number of schools that have established a SCAEC.  Number of SCAEC meetings.	Minutes founding meeting.  Annual SCAEC working plans.  Annual SCAEC activity reports.  Interviews with the SCAEC.
<b>R2.</b> The capacity of the districts in HIV/AIDS programming, management, monitoring and evaluation is strengthened.	Number of districts with a Programme Focal Person.  Number of trained DEOs, PFPs, WEOs, School Inspectors, School Heads and CHMC members.  Number of districts and SCAEC using the standardised reporting, monitoring and supervision tools.  Number of district monitoring and supervision visits.	Written appointment of Programme Focal Person and his/her TOR.  Training attendance list.  Quarterly and annual DEO monitoring and supervision reports.  School Inspector reports.  SCAEC monitoring and supervision reports.  Interviews with the DEO, the School Inspectors, the School Heads and the Council Health Management Team.
<b>R3.</b> Teachers are trained and skilled in HIV/AIDS and life skills education.	Number of schools where teachers have been trained in ASRH/HIV/AIDS.  Number of teachers trained in ASRH/HIV/AIDS.  Number of teachers who received a work package with support materials.  Number of schools disposing of trained School Guardians/Counsellors.  Number of female teachers who were selected as School Guardians/Counsellors.  Number of School Guardians/Counsellors who received an intensive training.  Number of female School Guardians/Counsellors who received an intensive training.  Number of School Guardians/Counsellors who attended refreshment trainings.  Number of female School Guardians/Counsellors who attended refreshment trainings.	SCAEC activity reports.  Teacher training attendance lists.  Receipt list of work packages and support materials.  School Guardians/Counsellors training attendance lists.  Focus group discussions with the teachers and the School Guardians/Counsellors.  Interviews with the School Head
<b>R4.</b> In-school adolescents' and youth's access to curriculum and extra-curriculum HIV/AIDS information and education has improved.	Number of students who have access to ASRH/HIV/AIDS support materials.  Number of schools that established a School Health Club.  Number of School Health Clubs that have a	SCAEC activity reports.  Membership list of the School Health Clubs.  Statutes and annual activity plan of the School Health Clubs.

	<p>venue of their own.</p> <p>Number of School Health Clubs that are equipped with a ASRH/HIV/AIDS library, sport and (re)creative materials.</p> <p>Number of School Health Club members who have been trained as peer educators.</p> <p>Number of girls who are member of the School Health Club.</p> <p>Number of girls who have been trained as peer educators.</p> <p>Number of peer educators who organised at least 1 peer education activity per year.</p> <p>Number of girl peer educators who organised at least 1 peer education activity per year.</p> <p>Number of School Health Clubs that received arts/sport workshops.</p> <p>Number of arts/sport workshops that were organised.</p> <p>Number of ASRH/HIV/AIDS sensitisation events that have been organized.</p> <p>Number of schools that organised at least one ASRH/HIV/AIDS sensitisation event.</p>	<p>Attendance list peer education training.</p> <p>Attendance list arts/sport workshops.</p> <p>Peer education reports.</p> <p>Visits to the School Health Clubs.</p> <p>Focus group discussions with the members of the School Health Clubs (boys and girls).</p> <p>Focus group discussion with the students (boys and girls).</p>
<p><b>R5.</b> Use of SRH/HIV/AIDS services by adolescents and youth has increased.</p>	<p>Number of health staff at the village dispensary and the ward health centre trained in adolescent and youth friendly attitudes.</p> <p>Number of village dispensaries/ward health centres with staff trained in adolescent and youth friendly attitudes.</p> <p>Number of schools that established an ASRH/HIV/AIDS support and referral system.</p> <p>Number of adolescent boys and girls using ASRH/HIV/AIDS and support services.</p>	<p>Attendance list health staff training.</p> <p>SCAEC activity reports.</p> <p>Village dispensary and ward health centre records.</p> <p>Social support service records.</p> <p>Interviews with health and support service providers.</p> <p>Focus group discussions with the students (boys and girls).</p>
<p><b>R6.</b> Exit strategies for the consolidation and expansion of the programme are developed and implemented.</p>	<p>Publication of base-line survey results</p> <p>Publication of research results on lessons learned and good practices.</p> <p>Number of national and international participants to end-of-programme conference.</p> <p>Number of national and international stakeholders in ASRH/HIV/AIDS having received a copy of the publications (base-line survey, lessons learned and good practices, conference proceeding).</p> <p>Number of donors supporting the consolidation and/or expansion of the programme.</p>	<p>Base-line survey report.</p> <p>Base-line survey publication.</p> <p>Dissemination list of the base-line survey publication.</p> <p>Research report on lessons learned and good practices.</p> <p>Publication on lessons learned and good practices.</p> <p>Dissemination list of the publication on lessons learned and good practices.</p> <p>Conference attendance list.</p> <p>Publication of the conference proceedings.</p>

		<p>Dissemination list of the conference proceedings.</p> <p>Contracts with other donors.</p> <p>Interviews with interested donors.</p>
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### 3.5 ASSUMPTIONS AND RISKS

In the design of the programme the following assumptions and risks have been taken into account:

Expected Results	Assumptions	Risks
R1. An enabling environment for sustainable HIV/AIDS programmes targeting youth and adolescents at primary schools is created.	<ul style="list-style-type: none"> <li>- Members of the SCAEC are highly motivated.</li> <li>- The capacity building of the SCAEC members contributes to increased awareness about the importance of ASRH/HIV/AIDS education at primary school.</li> </ul>	<ul style="list-style-type: none"> <li>- The SCAEC oppose to teaching HIV/AIDS within the broader context of ASRH at primary schools.</li> </ul>
R2. The capacity of the districts in HIV/AIDS programming, management, monitoring and evaluation is strengthened.	<ul style="list-style-type: none"> <li>- The programme is fully supported the Mayor/Chairman and the Municipal Director/District Executive Officer, the Ward Development Committee and the Village,</li> </ul>	<ul style="list-style-type: none"> <li>- Poor interest of the District, Wards and Villages for the programme.</li> <li>- School Inspectors neglect the supervision of HIV/AIDS education at school.</li> <li>- Turnover of trained district staff.</li> </ul>
R3. Teachers are trained and skilled in HIV/AIDS and life skills education.	<ul style="list-style-type: none"> <li>- Teachers will use the support materials and the skills learned for their classes on HIV/AIDS.</li> <li>- School Guardians/Counsellors are adequately supported by the School Head and the District.</li> </ul>	<ul style="list-style-type: none"> <li>- Teachers (incl. School Guardians/Counsellors) are already overburdened and therefore poorly motivated to teach HIV/AIDS and life-skills.</li> <li>- High turn-over of trained School Guardians/Counsellors.</li> </ul>
R4. In-school adolescents' and youth's access to curriculum and extra-curriculum HIV/AIDS information and education has improved.	<ul style="list-style-type: none"> <li>- The GoT meets its commitments to protect adolescents and youth from HIV/AIDS and to implement the policies it has developed to achieve this aim.</li> <li>- The support materials are used.</li> <li>- The school community, including the students, are enthusiastic about the idea of the School Health Club.</li> <li>- The MoEVT contributes 3.500.000 TSH for the building of the School Health Clubs</li> <li>- the community contributes 2.500.000 TSH for the building of the School Health Clubs (may be in kind).</li> </ul>	<ul style="list-style-type: none"> <li>- The rooms for the School Health Clubs are used as ordinary class rooms.</li> </ul>
R5. Use of SRH/HIV/AIDS services by adolescents and youth has increased.	<ul style="list-style-type: none"> <li>- The MoHSW prioritises the wards/villages where the programme is implemented for the establishment of YFS.</li> </ul>	<ul style="list-style-type: none"> <li>- Turn-over of trained staff.</li> <li>- Poor transport facilities and financial barriers hamper access of adolescents and youth to health facilities.</li> </ul>
R6. Exit strategies for the consolidation and expansion of the programme are developed and implemented.	<ul style="list-style-type: none"> <li>- Other national and international key-stakeholders in ASRH/HIV/AIDS are interested in the programme and its</li> </ul>	<ul style="list-style-type: none"> <li>- Poor management skills and other governmental priorities affect the successful implementation of the</li> </ul>

	<p>approach.</p> <ul style="list-style-type: none"><li>- The programme's lessons learned and good practices are integrated in the further consolidation and expansion of the programme.</li><li>- The programme results are very positive.</li></ul>	<p>programme.</p>
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## **4. FINANCIAL PLANNING**

### **4.1 HUMAN RESOURCES**

Programme Management Unit staff:

- National Programme Coordinator (full-time)
- Financial and Administrative Officer (full-time)
- driver (full-time).

National experts on consultancy basis for:

- base-line survey
- identification and documentation of lessons learned and good practices
- training of the School Guardians/Counsellors
- peer education training
- arts/sport workshops

International experts on consultancy basis for:

- mid-term and final evaluation
- quarterly administrative and technical backstopping.

The National Programme Coordinator (NPC) will be recruited on the open market and assigned with the MoEVT. It's the MOEVT which will pay his/her basic salary. The programme will provide only an extra-allowance for the extra responsibilities the NPC will be charged with. He/she will be based in Dar-es-Salaam.

The Financial and Administrative Officer will be employed by BTC and assigned to the MoEVT. He/she will be responsible for the administrative support and financial expenditure together with the NPC.

The driver will be employed by BTC.

Short term experts and consultants will be employed by BTC.

### **4.2 MATERIAL RESOURCES**

Material resources needed for the implementation of the programme activities:

- work packages for trainings
- IEC and support materials
- building of School Health Clubs
- equipment of School Health Clubs with furniture, library, sport/recreation materials
- publication of base-line survey, lessons learned and good practices

General material resources:

- vehicle
- office furniture and equipment
- IT equipment

## 4.3 FINANCIAL RESOURCES

BUDGET TOTAL				TOTAL BUDGET	Local contribution*	Year 1	Year 2	Year 3
<b>A</b>	<b>To empower youth in their SRH</b>			<b>1174915</b>		<b>523615</b>	<b>414400</b>	<b>236900</b>
R	01	<i>Creation of an enabling environment</i>		125650		125650	0	0
R	01	A1	Start-up activities at district level	2870		2870	0	0
R	01	A2	Start-up activity at village level	17080		17080	0	0
R	01	A3	Establishment/activation SCAEC	63000		63000	0	0
R	01	A4	Capacity building SCAEC	42700		42700	0	0
R	02	<i>District management capacity building</i>		93560		51560	21000	21000
R	02	A1	Reporting, monitoring and supervision tools	3500		3500	0	0
R	02	A2	Training DEO, PFP, WEO School Inspectors, School Heads, CHMT	27060		27060	0	0
R	02	A3	Reporting, monitoring and Supervision	63000		21000	21000	21000
R	03	<i>Teacher training and capacity building</i>		160440		112000	24220	24220
R	03	A1	Training teachers	69580		69580	0	0
R	03	A2	Activation School Guardians/Counselors	42000		14000	14000	14000
R	03	A3	Intensive training School Guardians/Counselors	23310		23310	0	0
R	03	A4	Refreshment training School Guardians/Counselors	25550		5110	10220	10220
R	04	<i>Youth HIV/AIDS information and education</i>		704340		189980	355180	159180
R	04	A1	Support materials	30800		30800	0	0
R	04	A2	School Health Clubs	196000	(3554)	0	196000	0
R	04	A3	Peer education trainings	261240		87080	87080	87080
R	04	A4	Arts/sport workshops	174300		58100	58100	58100
R	04	A5	ASRH/HIV/AIDS sensitisation event	42000		14000	14000	14000
R	05	<i>Use of ASRH/HIV/AIDS and support services</i>		61425		33425	14000	14000
R	05	A1	Training health staff	19425		19425	0	0
R	05	A2	Referral system	42000		14000	14000	14000
R	06	<i>Information and communication</i>		29500		11000	0	18500
R	03	A1	Base-line survey	11000		11000	0	0
R	03	A2	Lessons learned and good practices	11000		0	0	11000
R	03	A3	End-of-programme conference	7500		0	0	7500
<b>Y</b>	<b>Miscellaneous (max 5% * total activities)</b>			<b>8417</b>		<b>8417</b>	<b>0</b>	<b>0</b>
Y	01	<i>Réserve budgétaire</i>		8417		8417	0	0
Y	01	01	Miscellaneous co-management	8417		8417	0	0
Y	01	02	Miscellaneous direct management	0		0	0	0
<b>Z</b>	<b>General means</b>			<b>366500</b>		<b>139500</b>	<b>106000</b>	<b>121000</b>
Z	01	<i>Staff costs</i>		97000	(53100) <sub>x</sub>	31800	32600	32600
Z	01	02	National Programme Coordinator	16200	x	5400	5400	5400
Z	01	03	Administrative and Financial Officer	43200		14400	14400	14400
Z	01	04	Technical staff	13600	x	4000	4800	4800
Z	01	05	Other staff costs	24000	x	8000	8000	8000
Z	02	<i>Investments</i>		39300		39300	0	0
Z	02	01	Vehicle	30000		30000	0	0
Z	02	02	Office equipment	7500		7500	0	0

Z	02	03	Equipment IT	1800		1800	0	0
Z	02	04	Office maintenance	0		0	0	0
Z	03		<i>Operational costs</i>	<i>40200</i>		<i>13400</i>	<i>13400</i>	<i>13400</i>
Z	03	01	Rent office	0		0	0	0
Z	03	02	Services and maintenance office	0		0	0	0
Z	03	03	Maintenance vehicles/fuel	18000		6000	6000	6000
Z	03	04	Telephone, fax and e-mail	7200		2400	2400	2400
Z	03	05	Office materials	15000		5000	5000	5000
Z	03	06	Missions	0		0	0	0
Z	03	07	Representation costs	0		0	0	0
Z	03	08	Training/Capacity building	0		0	0	0
Z	03	09	Consultancy fees	0		0	0	0
Z	03	10	Financial costs	0		0	0	0
Z	03	11	TVA	0		0	0	0
Z	03	12	Others	0		0	0	0
Z	04		<i>Audit, monitoring and evaluation</i>	<i>190000</i>		<i>55000</i>	<i>60000</i>	<i>75000</i>
Z	04	01	Monitoring and evaluation	40000		0	20000	20000
Z	04	02	Audit	30000		15000	0	15000
Z	04	03	Backstopping BTC (technical and administrative)	120000		40000	40000	40000
<b>TOTAL</b>				<b>1549832</b>	<b>671532</b>	<b>520400</b>	<b>357900</b>	

\* The local contribution is not counted in the total budget. It just gives the budget lines where there is a local contribution (construction of School Health Clubs and the staff basic salaries, except the salary of the Administrative and Financial Officer which will be entirely paid by the project).

## **5. IMPLEMENTATION TERMS**

### **5.1 MANAGEMENT MODALITIES**

The programme will be administered according to the principle of partnership and joint implementation and aimed at reinforcing local processes.

The programme will be implemented through using both co-management and direct management mechanisms. The direct management mechanisms will be used in order to facilitate the purchase of materials as well as the recruitment of programme staff, national and international consultants.

### **5.2 LEGAL FRAMEWORK**

International consultants will be recruited according to the Belgian rules and regulations. Local staff and consultants will be recruited according to the prevailing rules and regulations in Tanzania. Tanzania Public procurement Act of 2005, will govern the procurement of supplies, services and works from the funds under the Co-management budget.

### **5.3 IMPLEMENTATION STRUCTURE**

#### **5.3.1 Administrative Coordination**

The project will be administered according to the principles of partnership and joint implementation. Institutions that bear responsibility for the administrative coordination of the project are:

- Ministry of Finance (MoF) : Authorizing Officer
- Ministry of Education and Vocational Training (MoEVT)
- Ministry of Health and Social Welfare (MoHSW)
- Directorate General for Development Cooperation (DGDC)
- Belgian Technical Cooperation (BTC): co-Authorizing Officer

The MoF has the responsibility to supervise the financial aspects of the Specific Agreement (SA) on behalf of the Tanzanian Party. It will authorize the financial flow to the project. The MoEVT has the responsibility to supervise the technical arrangements of the Specific Agreement (SA) on behalf of the Tanzanian Party and supported by the MoHSW.

The DGDC has the responsibility to monitor policy issues and respect for the SA on behalf of the Belgian Party. The DGDC shall exercise this role through the Attaché for International Cooperation at the Belgian Embassy in Dar es Salaam. The BTC is designated as a co-Authorizing Officer and responsible for the implementation aspect of the project on behalf of the Belgian Party. BTC shall exercise this role through its Resident Representative in Dar es Salaam, as co-authorizing officer of the project.

### 5.3.2 Implementation Structure

Institutions that bear responsibility for project implementation are:

- Ministry of Education and Vocational Training through the National Programme Coordinator (NPC)
- Ministry of Health and Social Welfare
- District Education Officer of target districts (DEOs)
- District Health Management
- School Heads and SCAEC of the target schools.
- Belgian Technical Cooperation (BTC)

The NPC will be supported by and report to the *Joint Local Partner Committee (JLPC)* that will meet at least every six months. As stipulated in the Specific Agreement, the JLPC will be composed of the following members:

- A representative of the MOE
  - a representative of the MoHSW
  - a representative of the MoF
  - a representative of the PO-RALG
  - a representative of TACAIDS
  - the BTC Resident Representative, co-authorising office
  - the DEO from one of the districts
  - the Multi-sectoral HIV/AIDS Coordinator from one of the Districts
  - a teacher of a primary school from one of the Districts
  - a parent from one of the Districts
- or their respective deputies.

The NACP will act as secretariat.

As stipulated in the Specific Agreement, the JLPC will have the following duties and modalities of execution:

- advise on the TFF for approval by the Parties
- supervise the execution of the contribution of the Parties
- appraise the progress of the programme and the achievement of its specific objective, based on the progress reports
- approve annual work plans and budgets
- approve any necessary changes in the intermediate results, respecting the specific objective and the total budget of the programme
- analyse any problem related to the management of resources (human, financial or material) including the interpretation of the Specific Agreement and its attached Technical and Financial File, which may obstruct the smooth implementation of the project and not be resolved by the project management
- formulate to the parties recommendations on possible necessary modifications in the programme's design components, budgets and future directions
- approve the final report of the programme and close the programme
- at the end of the programme agree on the transfer of property of the equipment, based on a proposal submitted by the Project Management.
- the JPLC will be installed at the start of the project and will meet at least twice a year or at request of one of the parties
- JPLC will take its decisions by consensus

- The project manager and liaison officer will constitute a secretariate

The *Ministry of Education and Vocational Training* through the *National Programme Coordinator* will be responsible for:

- the overall coordination, planning, management and supervision of the programme
- the preparation and follow-up of the JLPC
- development of the standardised reporting, monitoring and supervision tools
- coordination and communication with the DEDs and the DEOs
- coordination and communication with the MoHSW
- coordination and communication with the Council Health Management Teams
- coordination and communication with the BTC Resident Representative
- communication with other key-stakeholders in ASRH/HIV/AIDS in Tanzania
- the development of the reporting, monitoring and supervision tools
- the organisation of the training for the DEOs, their assistants and the School Inspectors
- the (re)production and dissemination of support and IEC materials
- support to the realisation of the base-line survey, the identification and documentation of lessons learned and good practices
- the production of the publications
- the organisation of the end-of-programme conference.

The *Ministry of Health* will be responsible for:

- support to the trainings for health staff in youth friendly attitudes
- support to the organisation of a referral system to SRH/HIV/AIDS services
- support to the realisation of the base-line survey, the identification and documentation of lessons learned and good practices
- support to the organisation of the end-of-programme conference.

The *District Educational Officers* will be responsible for the management and supervision of the programme in their respective districts. They will be responsible for

- the appointment and the development of the terms of reference of a Programme Focal Person who will assist them in the management and supervision of the programme
- the communication with the Ward Development Committee, the Ward Educational Officer, the villages and the School Heads
- the monitoring and supervision of the programme implementation
- the selection of the wards and the schools
- the selection of the SCAEC in the target schools
- the organisation of the start-up activities in the villages
- the organisation of the capacity building for the SCAEC members
- the organisation of the training of the teachers
- the organisation of the training of the School Guardians/Counsellors
- support to the building and equipment of the School Health Clubs

The *Council Health Management Team* will be responsible for the

- the organisation of the trainings for health staff in youth friendly attitudes

- support to the organisation of a referral system to SRH/HIV/AIDS services
- the monitoring and supervision of the youth friendliness of the health facilities involved in the programme
- the monitoring and supervision of the adolescent and youth referral systems organised by the schools

The *School Heads* will be responsible for the planning and implementation of the programme in their schools with support of the *SCAEC*. The School Head will be responsible for:

- the planning, monitoring and supervision of the programme in his/her school
- the secretariat of the SCAEC
- the selection of the School Guardians/Counsellors
- support to the training of the teachers
- the building and equipment of the School Health Clubs
- the organisation of the peer education trainings and arts/sports workshops
- the organisation of the ASRH/HIV/AIDS sensitisation event
- the organisation of the adolescent and youth referral system to SRH/HIV/AIDS services.

The *Belgian Technical Cooperation* will be responsible for:

- the recruitment of the programme staff
- the purchase of programme equipments and vehicles
- the organisation of the base-line survey
- the identification of lessons learned and good practices
- the organisation of the mid-term and final evaluation
- the organisation of the technical and administrative back-stopping missions
- the recruitment of national and international experts.

### **5.3.3 Financial Management**

*Tanzanian partner contribution:* Contributions of the Central Government will be disbursed through the MoF straight to the District Councils. The use of the funds will be administered and reported through the existing financial system of the Districts. Contributions of the Districts will be channelled by the MoF through the Regional Administration. Administration and reporting will follow the District's financial system as well.

*Belgian partner contribution:* The Belgian budget will be managed in two different modes indicated as: i) Co-management and ii) Direct Management.

The funds under Co-management will be disbursed via BTC-Brussels to a EURO account at the Commercial Bank of Tanzania. The signatories of this account will be the Tanzanian authorizing officer for the project appointed by the Ministry of Finance and the BTC Resident Representative in Dar es Salaam as Co-authorizing officer. As the ownership of the project is vested in the Tanzanian Party, the management of funds in Co-management will be according to Tanzanian legislation unless differently specified. The funds that fall under the budget mode Direct Management are managed directly through a BTC account according to Belgian regulations.

In each target district the District Executive Director will open a programme account at the National Micro-Finance Bank to facilitate the further disbursement of the Belgian Co-managed contribution. Authorization of further disbursement to the accounts of targeted schools will be done by the DED with the DEO as co-signatory. The signatories will be appointed by the JLPC. To ensure proper financial management (in disbursement and reporting) a BTC accountant will assist through the regional office in coordinating the administration of the Belgian Partner contribution at district level. This will include the use of the financial reporting tool FIT which facilitates the monthly financial reporting system of BTC.

### **5.3.4 Administrative Procedures**

*Tanzanian financial contribution:* The District Accounting Officer will prepare and maintain accounting records according to the GoT public accounting guidelines.

*Belgian financial contribution:* The District Accounting Officer, will prepare monthly financial reports and submit them to BTC through the office of the DED. The report will be accompanied with the copy of receipts, invoices, and other relevant document. For this purpose the BTC financial management tool FIT will be used in full harmony with the district's financial system. After verifications, BTC will report back to DED, MoF, MoEVT and MoHSW and request Belgium replenishment from BTC HQ.

## **5.4 FOLLOW-UP AND EVALUATION**

### **5.4.1 Base-line Survey**

At the start of the programme an independent base-line survey will be organised in order to have more accurate information about adolescents' and youth's knowledge, beliefs, attitudes, behaviour and practices concerning their sexual and reproductive health, HIV/AIDS. The results of the base-line survey will be integrated into the training, educational and health service activities and provide reliable data that allowing for better measuring the impact of the programme and identifying lessons learned and good practices. The base-line survey will be conducted in the seven districts where the programme will be implemented. The base-line survey will be conducted according to internationally accepted scientific criteria. The results of the base-line study will be published and disseminated to other national and international stakeholders in ASRH/HIV/AIDS and presented in such a way that they can be used as an advocacy tool for attracting other donors to support the consolidation and expansion of the programme.

### **5.4.2 Quarterly Backstopping**

Each year 4 backstopping visits can be organised. The backstopping missions will be organised on request of the stakeholders and according to the needs in the field. The backstopping will be done by BTC or by a contracted external consultant. The purpose is to give administrative support as well as technical support to the management, planning, and implementation of the programme, as well as to the organisation of the base-line



survey, and the identification and documentation of lessons learned. Reports of the backstopping will be sent to the JLPC for information and follow-up.

### **5.4.3 Planning, follow-up and implementation reports**

#### **5.4.4 Planning**

- The NPC develops annual work plans that will be approved by the JLPC.
- The DEO will develop annual district work plans within the framework set by the NPC annual work plan.
- The School Heads, in collaboration with the SCAEC, will develop annual work plans within the frameworks set by the DEO.

#### **5.4.5 Reporting**

- The School Heads, in collaboration with the SCAEC, will report quarterly to the DEO.
- The DEO consolidates the School Head Reports in a semi-annual reports to the DED.
- The village dispensaries and ward health centres report quarterly to the CHMT.
- The CHMT consolidates the quarterly reports into semi-annual reports to the DED.
- The DED approves the reports and forwards them to the NPC.
- The NPC consolidates the semi-annual DED reports into annual reports for the JLPC and the BTC.
- At the end of the programme the NPC will make a final programme report that will be approved the JLPC.

Reporting will be done using the standardized reporting, supervision and monitoring tools.

### **5.4.6 Mid-term Review and Final Evaluation**

A mid-term review will be organised in year 2 and a final evaluation at the end of year 3. The evaluations will be conducted by an independent international expert and supported by the BTC, MoEVT, the MoHSW and the NPC. The terms of reference of the evaluations will be developed by the JLPC and approved by BTC HQ. The mid-term review will be approved by the JLPC.

### **5.4.7 Financial Audit**

Two audits will be made according to the Tanzanian rules and regulations by a national audit expert. The first audit will be organised at the end of year 1. At the end of the programme a final audit will be done.

## **5.5 ENDING THE COOPERATION ACTIVITY**

Exit strategies are an integrated part of the programme and are mainly based on information and communication about the programme results to national and international stakeholders in

ASRH/HIV/AIDS and possibly interested donors. Information and communication will consist of :

- the publication and dissemination of the base-line survey results
- the publication and dissemination of the lessons learned and good practices
- the organisation of an end-of-programme conference.

The exit strategies target national and international key-stakeholders in ASRH/HIV/AIDS, including possibly interested donors.

At the end of the programme a final programme report will be made.

The financial and administrative closure of the programme will be done according to the stipulations in the Specific Agreement.

The financial balance shall be elaborated by the Direction of the intervention according to CTB procedures and shall be presented to the JLPC after verification by CTB.

The amounts in 'direct management' non-utilised at the end of the intervention, as well as the balance of the non-disbursed financial contribution on the accounts in 'co-management' will be annulated at the end of the intervention. The balance on the bankaccounts in 'co-management' shall be reallocated in consensus.

After the end of the Specific Convention it is not authorised to spend funds unless prior engagements were made and noted in the minutes of the JLPC meetings.

## **6. CROSS CUTTING THEMES**

### **6.1 ENVIRONMENT**

As the programme is mainly aimed at prevention HIV/AIDS at the level of primary schools, it will not directly affect the environment. Attention has been paid, to the extent possible, to improving the geographical concentration of the programme implementation areas and limiting travelling between districts all over the nation.

### **6.2 GENDER**

Gender is explicitly dealt with as a mainstream issue throughout the programme cycle. The encouragement of gender parity in all activities is considered to be an important first step in achieving higher gender sensitivity among programme stakeholders as well as among the beneficiaries. Gender will be a main issue in all training activities and is also integrated as an important issue of attention in the base-line survey, the identification of lessons learned and good practices and the monitoring, supervision and evaluation of the programme.

### **6.3 HIV/AIDS**

The proposed intervention has been conceived as a comprehensive approach to HIV/AIDS education for adolescents and youth within the broader context of ASRH. Attention is paid to improving their SRH/HIV/AIDS knowledge and access to information through curriculum and extra-curriculum activities, combined with activities to improve the youth friendliness of health facilities as well as the organisation of a ASRH/HIV/AIDS referral and support system for adolescents and youth.

### **6.4 RIGHTS OF THE CHILD**

The whole conception of the programme is based on the promotion and protection of the rights of children and adolescents as stipulated in the Convention of the Rights of the Child. Particular attention has been paid to the basic principle of the right of the child to be heard and actively participate in the whole programme cycle. The vulnerability of children and adolescents to HIV/AIDS has been put between the broader context of their SRH rights, and more particularly to their right to correct information, quality education and quality care and support. To the extent possible, efforts are also made to the promotion of their right to treatment and SRH services through improving the youth friendliness of existing SRH services. Specific attention is also paid to empowering girls with the aim to reduce their vulnerability where SRH and HIV are concerned.

## **7. ANNEXES**

Selection criteria for the wards/schools where the programme will be implemented.  
Logical Framework.  
Detailed Budget.

## **7.1 SELECTION CRITERIA FOR THE WARDS/SCHOOLS WHERE THE PROGRAMME WILL BE IMPLEMENTED**

The selection will be made by the districts on basis of the selection criteria as described below and will be approved by the Joint Local Partner Committee (JLPC). For the selection of the wards where the programme will be implemented, the districts will take into account the following selection criteria:

- For each district only 1 (one) ward will be selected.
- The Ward Counsellor, the Ward Development Committee and the Ward Development Committee have explicitly expressed
  - o their interest for the programme to be implemented in their ward.
  - o their commitment to actively support the implementation of the programme in their ward.
- Preference will be given to wards with:
  - o a highly vulnerable population (i.e. high HIV/AIDS and STI prevalence among youth, high prevalence of teenage and unwanted pregnancies, high number of PLWHA, high risk of sexual and gender-based violence)
  - o little or no coverage by other HIV/AIDS prevention initiatives.

For the selection of the schools where the programme will be implemented, the districts will involve the wards in the selection procedure and take into account the following selection criteria:

- All schools will be located in villages belonging to the same ward.
- The Village Chairman and the Village Development Committee of the villages where the selected schools are located, have explicitly expressed
  - o their interest for the programme to be implemented in their village
  - o their commitment to actively support the implementation of the programme in their village.
- The School Heads and the School Management Committee of the schools where the programme will be implemented have explicitly expressed
  - o their interest for the programme to be implemented in their school
  - o their commitment to actively support the implementation of the programme in their school.
- Preference will be given to schools with:
  - o highly vulnerable youth ((i.e. high HIV/AIDS and STI prevalence among youth, high prevalence of student pregnancies, high drop-out of girl students because of pregnancy and/or early marriage, high number of youth PLWHA, youth at high risk of sexual and gender-based violence)
  - o little or no coverage by other HIV/AIDS prevention initiatives.

## 7.2 LOGICAL FRAMEWORK

Logical Framework			
<b>Project title:</b> HIV/AIDS Awareness Creation Program Targeting Youth and Adolescents in Primary Schools in Dar es Salaam and Six Selected Districts in Tanzania <b>Global Objective:</b> To contribute towards a decreased morbidity and mortality rate due to AIDS and other Sexual and Reproductive Health (SRH) Problems			<b>Prepared on:</b> June - July 2007
SPECIFIC OBJECTIVE	INDICATORS	Means of Verification	RISKS & ASSUMPTIONS
To empower youth to practice behaviours that protect their SRH by increasing their knowledge of age specific sexual and reproductive health in Tanzania.	Knowledge of boys and girls about how to protect their SRH has improved.  Knowledge of boys and girls about how to protect themselves from being infected with HIV has improved  Use of ASRH/HIV/AIDS and support services by both boys and girls.	Base-line survey report.  Research report on lessons learned and good practices.  Focus group discussions with students.  Referral reports.  Health facility reports.  Reports of social support services.	<u>Risks:</u> - Difficult collaboration between the MoE, the MoH and the NTPC. - MoE and the faith-based organisations maintain their resistance to sexuality education and the promotion of condom use at primary schools. <u>Assumptions:</u> - MoE and MoH fully support the implementation of the programme. - The community and the faith-based organizations are supportive to the implementation of the programme. - The School Heads, the teachers - and more particularly the School Guardians/Counsellors –are highly motivated and supportive to the implementation of the programme. - The trainers made the teachers feel more comfortable and skilled to teach on HIV/AIDS and address adolescent and youth sexuality. - Referral systems to YFS are established and operational. - The programme approach appeals to the interests of the adolescents and youth, both boys and girls and is received with enthusiasm.

No.	RESULTS	INDICATORS	Means of Verification	RISKS AND ASSUMPTIONS
R01	An enabling environment for sustainable HIV/AIDS programmes targeting youth and adolescents at primary schools is created.	<p>Number of schools that have established a SCAEC.</p> <p>Number of SCAEC meetings.</p>	<p>Minutes founding meeting.</p> <p>Annual SCAEC working plans.</p> <p>Annual SCAEC activity reports.</p> <p>Interviews with the SCAEC.</p>	<p><u>Risks</u></p> <ul style="list-style-type: none"> <li>- The SCAEC oppose to teaching HIV/AIDS within the broader context of ASRH at primary schools.</li> </ul> <p><u>Assumptions</u></p> <ul style="list-style-type: none"> <li>- Members of the SCAEC are highly motivated.</li> <li>- The capacity building of the SCAEC members contributes to increased awareness about the importance of ASRH/HIV/AIDS education at primary school.</li> </ul>
R02	The capacity of the districts in HIV/AIDS programming, management, monitoring and supervision is strengthened.	<p>Number of districts with a Programme Focal Person</p> <p>Number of trained DEOs, PFPs, WEOs, School Inspectors, School Heads and CHMC members.</p> <p>Number of districts and SCAEC using the standardised reporting, monitoring and supervision tools.</p> <p>Number of district monitoring and supervision visits.</p>	<p>Written appointment of Programme Focal Person and his/her TOR.</p> <p>Training attendance list.</p> <p>Quarterly and annual DEO monitoring and supervision reports.</p> <p>School Inspector reports.</p> <p>SCAEC monitoring and supervision reports.</p> <p>Interviews with the DEO, the School Inspectors, the School Heads and the Council Health Management Team.</p>	<p><u>Risks</u></p> <ul style="list-style-type: none"> <li>- Poor interest of the District for the programme.</li> <li>- School Inspectors neglect the supervision of HIV/AIDS education at school.</li> <li>- Turnover of trained district staff.</li> </ul> <p><u>Assumptions</u></p> <ul style="list-style-type: none"> <li>- The programme is fully supported by de Mayor/Chairman and the Municipal Director/District Executive Officer.</li> </ul>
R03	Teachers and School Guardians/Counsellors are trained and skilled in HIV/AIDS and life skills education.	<p>Number of schools where teachers have been trained in ASRH/HIV/AIDS.</p> <p>Number of teachers trained in ASRH/HIV/AIDS.</p> <p>Number of teachers who received a work package with support materials.</p> <p>Number of schools disposing of trained School Guardians/Counsellors.</p>	<p>SCAEC activity reports.</p> <p>Teacher training attendance lists.</p> <p>Receipt list of work packages and support materials.</p> <p>School Guardians/Counsellors training attendance lists.</p> <p>Focus group discussions with the teachers</p>	<p><u>Risks</u></p> <ul style="list-style-type: none"> <li>- Teachers (incl. School Guardians/Counsellors) are already overburdened and therefore poorly motivated to teach HIV/AIDS and life-skills.</li> <li>- High turn-over of trained School Guardians/Counsellors.</li> </ul> <p><u>Assumptions</u></p> <ul style="list-style-type: none"> <li>- Teachers will use the support materials and</li> </ul>

		<p>Number of female teachers who were selected as School Guardians/Counsellors.</p> <p>Number of School Guardians/Counsellors who received an intensive training.</p> <p>Number of female School Guardians/Counsellors who received an intensive training.</p> <p>Number of School Guardians/Counsellors who attended refreshment trainings.</p> <p>Number of female School Guardians/Counsellors who attended refreshment trainings.</p>	<p>and the School Guardians/Counsellors.</p> <p>Interviews with the School Heads.</p>	<p>the skills learned for their classes on HIV/AIDS.</p> <p>- School Guardians/Counsellors are adequately supported by the School Head and the District.</p>
R04	<p>In-school adolescents' and youth's access to curriculum and extra-curriculum HIV/AIDS information and education has improved.</p>	<p>Number of students who have access to ASRH/HIV/AIDS support materials.</p> <p>Number of schools that established a School Health Club.</p> <p>Number of School Health Clubs that have a venue of their own.</p> <p>Number of School Health Clubs that are equipped with a ASRH/HIV/AIDS library, sport and (re)creative materials.</p> <p>Number of School Health Club members who have been trained as peer educators.</p> <p>Number of girls who are member of the School Health Club.</p> <p>Number of girls who have been trained as peer educators.</p> <p>Number of peer educators who organised at least 1 peer education activity per year.</p> <p>Number of girl peer educators who</p>	<p>SCAEC activity reports.</p> <p>Membership list of the School Health Clubs.</p> <p>Statutes and annual activity plan of the School Health Clubs.</p> <p>Attendance list peer education training.</p> <p>Attendance list arts/sport workshops.</p> <p>Peer education reports.</p> <p>Visits to the School Health Clubs.</p> <p>Focus group discussions with the members of the School Health Clubs (boys and girls).</p> <p>Focus group discussion with the students (boys and girls).</p>	<p><u>Risks</u></p> <p>- The rooms for the School Health Clubs are used as ordinary class rooms.</p> <p><u>Assumptions</u></p> <p>- The GoT meets its commitments to protect adolescents and youth from HIV/AIDS and to implement the policies it has developed to achieve this aim.</p> <p>- The support materials are used.</p> <p>- The school community, including the students, are enthusiastic about the idea of the School Health Club.</p> <p>- The MoE contributes 3.500.000 TSH for the building of the School Health Clubs.</p> <p>- The community contributes 2.500.000 TSH for the building of the School Health Clubs (may be in kind).</p>



		<p>organised at least 1 peer education activity per year.</p> <p>Number of School Health Clubs that received arts/sport workshops.</p> <p>Number of arts/sport workshops that were organised.</p> <p>Number of ASRH/HIV/AIDS sensitisation events that have been organized.</p> <p>Number of schools that organised at least one ASRH/HIV/AIDS sensitisation event.</p>		
R05	Use of ASRH/HIV/AIDS and support services by adolescents and youth has increased.	<p>Number of health staff at the village dispensary and the ward health centre trained in adolescent and youth friendly attitudes.</p> <p>Number of village dispensaries/ward health centres with staff trained in adolescent and youth friendly attitudes.</p> <p>Number of schools that established an ASRH/HIV/AIDS support and referral system.</p> <p>Number of adolescent boys and girls using ASRH/HIV/AIDS and support services.</p>	<p>Attendance list health staff training.</p> <p>SCAEC activity reports.</p> <p>Village dispensary and ward health centre records.</p> <p>Social support service records.</p> <p>Interviews with health and support service providers.</p> <p>Focus group discussions with the students (boys and girls).</p>	<p><u>Risks</u></p> <ul style="list-style-type: none"> <li>- Turn-over of trained staff.</li> <li>- Poor transport facilities and financial barriers hamper access of adolescents and youth to health facilities.</li> </ul> <p><u>Assumptions</u></p> <ul style="list-style-type: none"> <li>- The MoH prioritises the wards/villages where the programme is implemented for the establishment of YFS.</li> </ul>
R06	Information and communication to national and international stakeholders in ASRH/HIV/AIDS, including donors, about the programme results is an integrated part of the programme implementation.	<p>Publication of base-line survey results</p> <p>Publication of research results on lessons learned and good practices.</p> <p>Number of national and international participants to end-of-programme conference.</p> <p>Number of national and international stakeholders in ASRH/HIV/AIDS</p>	<p>Base-line survey report.</p> <p>Base-line survey publication.</p> <p>Dissemination list of the base-line survey publication.</p> <p>Research report on lessons learned and good practices.</p> <p>Publication on lessons learned and good</p>	<p><u>Risks</u></p> <ul style="list-style-type: none"> <li>- Poor management skills and other governmental priorities affect the successful implementation of the programme.</li> </ul> <p><u>Assumptions</u></p> <ul style="list-style-type: none"> <li>- Other national and international key-stakeholders in ASRH/HIV/AIDS are interested in the programme and its approach.</li> <li>- The programme's lessons learned and good</li> </ul>

		<p>having received a copy of the publications (base-line survey, lessons learned and good practices, conference proceeding).</p> <p>Number of donors supporting the consolidation and/or expansion of the programme.</p>	<p>practices.</p> <p>Dissemination list of the publication on lessons learned and good practices.</p> <p>Conference attendance list.</p> <p>Publication of the conference proceedings.</p> <p>Dissemination list of the conference proceedings.</p> <p>Contracts with other donors.</p> <p>Interviews with interested donors.</p>	<p>practices are integrated in the further consolidation and expansion of the programme.</p> <p>- The programme results are positive.</p>
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No.	ACTIVITIES per RESULT	MEANS	COSTS
R01A1	Organization of programme start up activities at the district level.	Per diems, refreshments, rent venue	€ 2870
R01A2	Organization of start up activities of the programme at the village level.	Per diems, refreshments, rent venue	€ 17080
R01A3	Establishment and/or activation of the School Counselling and AIDS Education Committees (SCAEC).	Operational budget	€ 63000
R01A4	Capacity building of the SCAEC members in HIV/AIDS programming.	Trainer allowance, per deisms, work package	€42700
R02A1	Development of standardized reporting, monitoring and supervision tools.	Lump sum	€ 3500
R02A2	Training of the District Educational Officers, the School Inspectors, the School Heads and the Council Health Management Team in HIV/AIDS programme monitoring and supervision.	Trainer allowance, rent venue, per diems, accommodation, transport, work package	€ 27060
R02A3	Regular monitoring and supervision of the programme.	Operational budget for district and schools	€ 63000
R03A1	Teacher training and capacity building workshops in HIV/AIDS and life-skills. Selection and activation of the School Guardians/Counsellors	Trainer allowance, per diem, work package Annual budget	€ 69 580

R03A2	Intensive training for the School Guardians/Counsellors.	Intensive trainings: per diem, transport, work package, fee national expert.	€ 42000
R03A3			€ 23310
R03A4	Refreshment trainings of the School Guardians/Counsellors	Refreshment trainings: per diems, transport, work package, fee.	€ 25550
R04A1	Reproduction and dissemination of ASRH/HIV/AIDS support materials.	Budget for reproduction and dissemination.	€ 30800
R04A2	Establishment and equipment of School Health Clubs.	Building, furniture, library, sport/recreation materials, annual budget, fee supervision building.	€ 196000
R04A3	Organization of ASRH/HIV/AIDS peer education trainings.	Fee national expert, refreshments, work packages.	€ 261240
R04A4	Organization of arts/sport workshops.	Fee national expert, refreshments, workshop materials	€ 174300
R04A5	Organization of ASRH/HIV/AIDS sensitization events.	Lump sum for the organisation of the event.	€ 42000
R05A1	Training workshops for health staff at village dispensary and the ward health centre in youth friendly attitudes.	Per diems, transport, rent venue, work package, trainer allowance.	€ 19425
R05A2	Organization of a ASRH/HIV/AIDS support and referral system for adolescents and youth.	Annual budget	€ 42000
R06A1	Organization of a base-line survey and publication and dissemination of the results	Lump sum for the realisation of the study, publication and dissemination of the results.	€ 11000
R06A2	Identification, documentation and publication of lessons learned and good practices.	Lump sum for the realisation of the research, publication and dissemination of the results	€ 11000
R06A3	Organization of a national end-of- programme conference.	Lump sum for the organisation of the conference and the publication and dissemination of the proceedings.	€ 7500

## 7.3 DETAILED BUDGET

DETAILED BUDGET				Unit	Number	Amount	Financial mechanism	TOTAL BUDGET	%	Year 1	Year 2	Year 3	
<b>A</b>	<b>To empower youth to practice behaviours that protect SRH by increasing their knowledge</b>							<b>1174915</b>	<b>76%</b>	<b>523615</b>	<b>414400</b>	<b>236900</b>	
<i>R</i>	<i>01</i>	<i>Creation of an enabling environment</i>							<i>125650</i>	<i>8%</i>	<i>125650</i>	<i>0</i>	<i>0</i>
R	01	A1	Start-up activities at district level	activity	7,00	410,00	co-management	2870		2870	0	0	
			per diem (7x10 pers= 70 pers)	pers/day	70,00	15,00	co-management	1050		1050	0	0	
			refreshments (7x40 pers=280 pers)	pers/day	280,00	4,00	co-management	1120		1120	0	0	
			rent venue (7 )	venue	7,00	100,00	co-management	700		700	0	0	
R	01	A2	Start-up activity at village level	activity	28,00	610,00	co-management	17080		17080	0	0	
			per diem (28x10 pers= 280 pers)	pers/day	280,00	15,00	co-management	4200		4200	0	0	
			refreshments (28x90 pers=2520 pers)	pers/day	2.520,00	4,00	co-management	10080		10080	0	0	
			rent venue (28)	venue	28,00	100,00	co-management	2800		2800	0	0	
R	01	A3	Establishment/activation SCAEC	budget	84,00	750,00	co-management	63000		63000	0	0	
			operational budget	budget	84,00	750,00	co-management	63000		63000	0	0	
R	01	A4	Capacity building SCAEC	training	28,00	1.525,00	co-management	42700		42700	0	0	
			trainer allowance	training	28,00	325,00	co-management	9100		9100	0	0	
			per diem participants(15pers x 5days x 28schools)	pers/day	2.100,00	15,00	co-management	31500		31500	0	0	
			work package (15 pers X 28 schools)	package	420,00	5,00	co-management	2100		2100	0	0	
<i>R</i>	<i>02</i>	<i>District management capacity building</i>							<i>93560</i>	<i>6%</i>	<i>51560</i>	<i>21000</i>	<i>21000</i>
R	02	A1	Reporting, monitoring and supervision tools	lump sum	7,00	500,00	co-management	3500		3500	0	0	
			development, production and dissemination	lump sum	7,00	500,00	co-management	3500		3500	0	0	
R	02	A2	Training DEO,School Inspectors,School Heads,CHMT	training	2,00	13.530,00	co-management	27060		27060	0	0	
			trainer allowance	training	2,00	325,00	co-management	650		650	0	0	
			rent venue (5 days x 2)	day	10,00	100,00	co-management	1000		1000	0	0	
			per diem participants (77 pers x 5 days)	pers/day	385	15,00	co-management	5775		5775	0	0	
			accomodation (77 pers x 5 nights)	day	385	30,00	co-management	11550		11550	0	0	
			transport (77 pers)	person	77	100,00	co-management	7700		7700	0	0	
			work package (77)	package	77	5,00	co-management	385		385	0	0	
R	02	A3	Reporting, monitoring and Supervision	distr/year	21,00	3.000,00	co-management	63000		21000	21000	21000	
			annual district operational budget (7districtsx3years)	year	21,00	2.000,00	co-management	42000		14000	14000	14000	
			annual school operational budget(28schoolsx3years)	school/year	84,00	250,00	co-management	21000		7000	7000	7000	

R 03		Teacher training and capacity building				160440	10%	112000	24220	24220		
R	03	A1	Training teachers	training	28,00	2.485,00	co-management	69580		69580	0	0
			allowance trainer (transport, accom., per diem)	allowance	28,00	325,00	co-management	9100		9100	0	0
			per diem (756 pers x 5days)	pers/day	3.780,00	15,00	co-management	56700		56700	0	0
			work package (756)	package	756,00	5,00	co-management	3780		3780	0	0
R	03	A2	Activation School Guardians/Counselors	school	84,00	500,00	co-management	42000		14000	14000	14000
			annual budget (28 schools x 3 years)	school	84,00	500,00	co-management	42000		14000	14000	14000
R	03	A3	Intensive training School Guardians/Counselors	training	7,00	3.330,00	co-management	23310		23310	0	0
			per diem (16 pers x 7 districts x 5 days)	pers/day	560,00	15,00	co-management	8400		8400	0	0
			transport (16 pers x 7 district x 5 days)	pers/day	560,00	10,00	co-management	5600		5600	0	0
			work package (16 pers x 7 districts)	person	112,00	5,00	co-management	560		560	0	0
			fee national expert (7 trainings x 5 days)	day	35,00	250,00	co-management	8750		8750	0	0
R	03	A4	Refreshment training School Guardians/Counselors	training	35,00	730,00	co-management	25550		5110	10220	10220
			per diems (16 pers x 35 days)	pers/day	560,00	15,00	co-management	8400		1680	3360	3360
			transport (16 pers x 35 days)	pers/day	560,00	10,00	co-management	5600		1120	2240	2240
			work package (16 x 35 trainings)	training	560,00	5,00	co-management	2800		560	1120	1120
			fee national expert (35 days)	pers/day	35,00	250,00	co-management	8750		1750	3500	3500
R 04		Youth HIV/AIDS information and education				704340	45%	189980	355180	159180		
R	04	A1	Support materials	student	30.800,00	1,00	co-management	30800		30800	0	0
			reproduction and dissemination	student	30.800,00	1,00	co-management	30800		30800	0	0
R	04	A2	School Health Clubs	club	28,00	7.000,00	co-management	196000		0	196000	0
			building	room	28,00	3.750,00	co-management	105000		0	105000	0
			furniture	school	28,00	750,00	co-management	21000		0	21000	0
			library	school	28,00	250,00	co-management	7000		0	7000	0
			sport/recreation materials	school	28,00	250,00	co-management	7000		0	7000	0
			annual budget	SHC/year	84,00	500,00	co-management	42000		0	42000	0
			fee expert building supervision	day	56,00	250,00	co-management	14000			14000	
R	04	A3	Peer education trainings	training	84,00	3.110,00	co-management	261240		87080	87080	87080
			fee national expert (28schoolsx8daysx3years)	day	672,00	250,00	co-management	168000		56000	56000	56000
			refreshments (30studx28trainingsx8daysx3 years)	stud/day	20.160,00	4,00	co-management	80640		26880	26880	26880
			work package (30 packages x 84 trainings)	package	2.520,00	5,00	co-management	12600		4200	4200	4200
R	04	A4	Arts/sport workshops	day	420,00	415,00	co-management	174300		58100	58100	58100
			fee national expert (28schoolsx5daysx3years)	day	420,00	250,00	co-management	105000		35000	35000	35000
			refreshments (30 studx28schoolsx5daysx3years)	student/day	9.450,00	4,00	co-management	37800		12600	12600	12600

			workshop materials	day	420,00	75,00	co-management	31500		10500	10500	10500
R	04	A5	ASRH/HIV/AIDS sensitisation event	activity	84,00	500,00	co-management	42000		14000	14000	14000
			organisation sensitisation event	lump sum	84,00	500,00	co-management	42000		14000	14000	14000
<b>R</b>	<b>05</b>		<i>Use of ASRH/HIV/AIDS and support services</i>					<b>61425</b>	<b>4%</b>	<b>33425</b>	<b>14000</b>	<b>14000</b>
R	05	A1	Training health staff	training	7,00	2.775,00	co-management	19425		19425	0	0
			per diem (15 pers x 5 days x 7 trainings)	pers/day	525,00	15,00	co-management	7875		7875	0	0
			transport (15 pers x 5 days x 7 trainings)	pers/day	525,00	10,00	co-management	5250		5250	0	0
			rent venue (5 days x 7 trainings)	day	35,00	100,00	co-management	3500		3500	0	0
			work package (15 pers x 7 trainings)	person	105,00	5,00	co-management	525		525	0	0
			trainer allowance (7 trainings)	training	7,00	325,00	co-management	2275		2275	0	0
R	05	A2	Referral system	school/year	84,00	500,00	co-management	42000		14000	14000	14000
			annual budget	school/year	84,00	500,00	co-management	42000		14000	14000	14000
<b>R</b>	<b>06</b>		<i>Information and communication</i>					<b>29500</b>	<b>2%</b>	<b>11000</b>	<b>0</b>	<b>18500</b>
R	03	A1	Base-line survey	total cost	1,00	11.000,00	direct management	11000		11000	0	0
			realization of the study	consultancy	1,00	10.000,00	direct management	10000		10000	0	0
			publication and dissemination	copy	1.000,00	1,00	direct management	1000		1000	0	0
R	03	A2	Lessons learned and good practices	total cost	1,00	11.000,00	direct management	11000		0	0	11000
			identification and documentation	consultancy	1,00	10.000,00	direct management	10000		0	0	10000
			publication and dissemination	copy	1.000,00	1,00	direct management	1000		0	0	1000
R	03	A3	End-of-programme conference	lump sum	1,00	7.500,00	co-management	7500		0	0	7500
			organisation and proceedings	lump sum	1,00	7.500,00	co-management	7500		0	0	7500
<b>Y</b>			<b>Miscellaneous (max 5% * total activities)</b>					<b>8417</b>	<b>1%</b>	<b>8417</b>	<b>0</b>	<b>0</b>
<b>Y</b>	<b>01</b>		<i>Réserve budgétaire</i>					<b>8417</b>	<b>1%</b>	<b>8417</b>	<b>0</b>	<b>0</b>
Y	01	01	Miscellaneous co-management				co-management	8417		8417	0	0
Y	01	02	Miscellaneous direct management				direct management	0		0	0	0
<b>Z</b>			<b>General means</b>					<b>366500</b>	<b>24%</b>	<b>139500</b>	<b>106000</b>	<b>121000</b>
<b>Z</b>	<b>01</b>		<i>Staff costs</i>					<b>97000</b>	<b>6%</b>	<b>31800</b>	<b>32600</b>	<b>32600</b>
Z	01	02	National Programme Coordinator	man/month	36,00	450,00	direct management	16200		5400	5400	5400
			NPC monthly allowance	man/month	36,00	450,00	direct management	16200		5400	5400	5400
Z	01	03	Administrative and Financial Officer	man/month	36,00	1.200,00	direct management	43200		14400	14400	14400
			Administrative and Financial Officer salary	man/month	36,00	1.200,00	direct management	43200		14400	14400	14400
Z	01	04	Technical staff	man/month	34,00	400,00	direct management	13600		4000	4800	4800
			Driver salary	man/month	34,00	400,00	direct management	13600		4000	4800	4800
Z	01	05	Other staff costs	lump sum	3,00	8.000,00	co-management	24000		8000	8000	8000
			allowances and accomodation costs field visits	lump sum	3,00	5.000,00	co-management	15000		5000	5000	5000
			JLPC meetings (2 x 3 years)	lump sum	6,00	1.500,00	co-management	9000		3000	3000	3000

Z	02		<i>Investments</i>					39300	3%	39300	0	0
Z	02	01	Vehicle	vehicle	1,00	30.000,00	direct management	30000		30000	0	0
			project vehicle (4x4)	vehicle	1,00	30.000,00	direct management	30000		30000	0	0
Z	02	02	Office equipment	lump sum	1,00	7.500,00	co-management	7500		7500	0	0
			computers	computer	2,00	1.500,00	co-management	3000		3000	0	0
			laptop	laptop	1,00	1.500,00	co-management	1500		1500	0	0
			furniture	lump sum	2,00	1.500,00	co-management	3000		3000	0	0
Z	02	03	Equipment IT	lump sum	1,00	1.800,00	co-management	1800		1800	0	0
			cell phone	cell phone	10,00	150,00	co-management	1500		1500	0	0
			internet connection	installation	2,00	150,00	co-management	300		300	0	0
Z	02	04	Office maintenance					0		0	0	0
								0		0	0	0
Z	03		<i>Operational costs</i>					40200	3%	13400	13400	13400
Z	03	01	Rent office					0		0	0	0
Z	03	02	Services and maintenance office					0		0	0	0
Z	03	03	Maintenance vehicles/fuel	month	36,00	500,00	co-management	18000		6000	6000	6000
Z	03	04	Telephone, fax and e-mail	month	36,00	200,00	co-management	7200		2400	2400	2400
Z	03	05	Office materials	lump sum	3,00	5.000,00	co-management	15000		5000	5000	5000
Z	03	06	Missions					0		0	0	0
Z	03	07	Representation costs					0		0	0	0
Z	03	08	Training/Capacity building					0		0	0	0
Z	03	09	Consultancy fees					0		0	0	0
Z	03	10	Financial costs					0		0	0	0
Z	03	11	TVA					0		0	0	0
Z	03	12	Others					0		0	0	0
Z	04		<i>Audit, monitoring and evaluation</i>					190000	12%	55000	60000	75000
Z	04	01	Monitoring and evaluation	mission	2,00	20.000,00	direct management	40000		0	20000	20000
Z	04	02	Audit	audit	2,00	15.000,00	direct management	30000		15000	0	15000
Z	04	03	Backstopping BTC (technical and administrative)	mission	12,00	10.000,00	direct management	120000		40000	40000	40000
<b>TOTAL</b>								<b>1549832</b>		<b>671532</b>	<b>520400</b>	<b>357900</b>

<b>direct management</b>	<b>315000</b>
<b>co-management</b>	<b>1234832</b>

<b>119800</b>	<b>84600</b>	<b>110600</b>
<b>551732</b>	<b>435800</b>	<b>247300</b>

<i>year 1 per quarter</i>	
Q1 =	132.000
Q2 =	179.844
Q3 =	179.844
Q4 =	179.844
	<b>671.532</b>

### **Assumptions**

Estimated costs based on information given by BTC Dar-es-Salaam and averages of official rates for daily subsistence allowances.

Exchange rate: €1,00 = TSH 1.600,00

Per diems/Motivations: €15.

Refreshments: € 4 per person

Rent venue for district events: € 100,00.

Work packages for conferences/trainings/workshops: € 5.00 per package.

Trainer allowance: per diem (€15per day), transport (€100), accomodation (€30 per night)

Transport costs within district: €10

Transport costs national: €100

The trainings for teachers, SCAEC and the School Guardians are organized at school  
(no budget for renting venue required).

Fee national experts: € 250,00 per day (transport,accomodation and per diem included)

Total cost for building School Health Club: €7500

contribution MoEVT: € 2187

+ contribution programme: € 3750

+ contribution community: € 1563

The National Programme Coordinator (NPC) will be recruited on the open market;  
his/her salary will be paid by the MoEVT and BTC will provide for a monthly allowance for  
"extra responsibilities".

Office rent and maintenance will be MoEVT contribution to the programme,

The programme is exempted from paying taxes, customs, duties (including TVA) as  
stipulated in the Specific Agreement.

In line with the recommendations of BTC Dar-es-Salaam only a small budget for miscellaneous costs (1%) has been included in year 1. This budget is aimed at covering unforeseen expenses that might occur during the starting-up phase of the programme.



## BUDGET SUMMARY PER ACTIVITY

				Unit	Number	Amount	Financial mechanism	TOTAL BUDGET
<b>A</b>	<b>To empower youth to practice behaviours that protect SRH by increasing their knowledge</b>							<b>1174915</b>
R	01	<i>Creation of an enabling environment</i>						<i>125650</i>
R	01	A1	Start-up activities at district level	activity	7,00	410,00	co-management	2870
R	01	A2	Start-up activity at village level	activity	28,00	610,00	co-management	17080
R	01	A3	Establishment/activation SCAEC	budget	84,00	750,00	co-management	63000
R	01	A4	Capacity building SCAEC	training	28,00	1.525,00	co-management	42700
R	02	<i>District management capacity building</i>						<i>93560</i>
R	02	A1	Reporting, monitoring and supervision tools	lump sum	7,00	500,00	co-management	3500
R	02	A2	Training DEO,PFP, WEO, School Inspectors,School Heads,CHMT	training	2,00	13530	co-management	27060
R	02	A3	Reporting, monitoring and Supervision	distr/year	21,00	3.000,00	co-management	63000
R	03	<i>Teacher training and capacity building</i>						<i>160440</i>
R	03	A1	Training teachers	training	28,00	2.485,00	co-management	69580
R	03	A2	Activation School Guardians/Counselors	school	84,00	500,00	co-management	42000
R	03	A3	Intensive training School Guardians/Counselors	training	7,00	3.330,00	co-management	23310
R	03	A4	Refreshment training School Guardians/Counselors	training	35,00	730,00	co-management	25550
R	04	<i>Youth HIV/AIDS information and education</i>						<i>704340</i>
R	04	A1	Support materials	student	30.800,00	1,00	co-management	30800
R	04	A2	School Health Clubs	club	28,00	7.000,00	co-management	196000
R	04	A3	Peer education trainings	training	84,00	3.110,00	co-management	261240
R	04	A4	Arts/sport workshops	day	420,00	415,00	co-management	174300
R	04	A5	ASRH/HIV/AIDS sensitisation event	activity	84,00	500,00	co-management	42000
R	05	<i>Use of ASRH/HIV/AIDS and support services</i>						<i>61425</i>
R	05	A1	Training health staff	training	7,00	2.775,00	co-management	19425
R	05	A2	Referral system	school/year	84,00	500,00	co-management	42000
R	06	<i>Information and communication</i>						<i>29500</i>
R	03	A1	Base-line survey	total cost	1,00	11.000,00	direct management	11000
R	03	A2	Lessons learned and good practices	total cost	1,00	11.000,00	direct management	11000
R	03	A3	End-of-programme conference	lump sum	1,00	7.500,00	co-management	7500
<b>Y</b>	<b>Miscellaneous (max 5% * total activities)</b>							<b>8417</b>
Y	01	<i>Miscellaneous</i>						<i>8417</i>
Y	01	01	Miscellaneous co-management				co-management	8417
Y	01	02	Miscellaneous direct management				direct management	0
<b>Z</b>	<b>General means</b>							<b>366500</b>

Z 01	Staff costs						97000
Z 01 02	National Programme Coordinator	man/month	36,00	450,00	direct management		16200
Z 01 03	Administrative and Financial Officer	man/month	36,00	1.200,00	direct management		43200
Z 01 04	Technical staff	man/month	34,00	400,00	direct management		13600
Z 01 05	Other staff costs	lump sum	3,00	8.000,00	co-management		24000
Z 02	Investments						39300
Z 02 01	Vehicle	vehicle	1,00	30.000,00	direct management		30000
Z 02 02	Office equipment	lump sum	1,00	7.500,00	co-management		7500
Z 02 03	Equipment IT	lump sum	1,00	1.800,00	co-management		1800
Z 02 04	Office maintenance						0
Z 03	Operational costs						40200
Z 03 01	Rent office						0
Z 03 02	Services and maintenance office						0
Z 03 03	Maintenance vehicles/fuel	month	36,00	500,00	co-management		18000
Z 03 04	Telephone, fax and e-mail	month	36,00	200,00	co-management		7200
Z 03 05	Office materials	lump sum	3,00	5.000,00	co-management		15000
Z 03 06	Missions						0
Z 03 07	Representation costs						0
Z 03 08	Training/Capacity building						0
Z 03 09	Consultancy fees						0
Z 03 10	Financial costs						0
Z 03 11	TVA						0
Z 03 12	Others						0
Z 04	Audit, monitoring and evaluation						190000
Z 04 01	Monitoring and evaluation	mission	2,00	20.000,00	direct management		40000
Z 04 02	Audit	audit	2,00	15.000,00	direct management		30000
Z 04 03	Backstopping BTC (technical and administrative)	mission	12,00	10.000,00	direct management		120000
<b>TOTAL</b>							<b>1549832</b>
					<b>direct management</b>		<b>315000</b>
					<b>co-management</b>		<b>1234832</b>

## 7.4 CHRONOGRAM

<i>R</i>	<i>01</i>		<i>Creation of an enabling environment</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>
R	01	A1	Start-up activities at district level	x	0	0
R	01	A2	Start-up activity at village level	x	0	0
R	01	A3	Establishment/activation SCAEC	x	0	0
R	01	A4	Capacity building SCAEC	x	0	0
<i>R</i>	<i>02</i>		<i>District management capacity building</i>			
R	02	A1	Reporting, monitoring and supervision tools	x	0	0
R	02	A2	Training DEO, PFP, WEO School Inspectors, School Heads, CHMT	x	0	0
R	02	A3	Reporting, monitoring and Supervision	x	x	x
<i>R</i>	<i>03</i>		<i>Teacher training and capacity building</i>			
R	03	A1	Training teachers	x	0	0
R	03	A2	Activation School Guardians/Counselors	x	x	x
R	03	A3	Intensive training School Guardians/Counselors	x	0	0
R	03	A4	Refreshment training School Guardians/Counselors	x	x	x
<i>R</i>	<i>04</i>		<i>Youth HIV/AIDS information and education</i>			
R	04	A1	Support materials	x	0	0
R	04	A2	School Health Clubs	0	x	0
R	04	A3	Peer education trainings	x	x	x
R	04	A4	Arts/sport workshops	x	x	x
R	04	A5	ASRH/HIV/AIDS sensitisation event	x	x	x
<i>R</i>	<i>05</i>		<i>Use of ASRH/HIV/AIDS and support services</i>			
R	05	A1	Training health staff	x	0	0
R	05	A2	Referral system	x	x	x
<i>R</i>	<i>06</i>		<i>Information and communication</i>			
R	03	A1	Base-line survey	x	0	0
R	03	A2	Lessons learned and good practices	0	0	x
R	03	A3	End-of-programme conference	0	0	x
<i>Z</i>	<i>04</i>		<i>Audit, monitoring and evaluation</i>			
Z	04	01	Monitoring and evaluation	0	x	x
Z	04	02	Audit	x	0	x
Z	04	03	Backstopping BTC (technical and administrative)	x	x	x

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