



BTC TANZANIA

**BELGIAN
DEVELOPMENT AGENCY**

HIV / AIDS AWARENESS CREATION PROGRAMME TAN0501711- ANNUAL REPORT 2010



Table of Contents

1 Overview	3
1.1 Institutional anchoring and execution modalities	3
1.2 Intervention background	3
1.2.1 Agreements.....	3
1.2.2 Context of the intervention.....	4
2 Annual progress report 2010	6
3 Lessons learned and recommendations.....	14
3.1 Lessons learned	14
3.2 Recommendations.....	14
3.3 Worked out recommendations.....	15
3.4 Challenges	15
3.5 Beneficiaries.....	15
3.6 Indirect beneficiaries.....	16
4 Operational planning – update 2011	17
4.1 Annual planning of the activities 2011.....	17
4.2 Annual planning of public contracts – update Q1 2011	20
4.3 Annual financial planning 2011 (€).....	20
4.4 Comments on operational planning – update Q4 2010	22
4.4.1 Risk analysis 2011	22

1 Overview

1.1 Institutional anchoring and execution modalities

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.

1.2 Intervention 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" of January 1984. A new general agreement on bilateral development cooperation 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 which is withstanding until the new IDCP is agreed.

1.2.1 Agreements

The intervention HIV/AIDS awareness creation programme targeting youth and adolescents in primary schools in Dar es Salaam and six selected districts in Tanzania title of the intervention is an agreement between the Government of Tanzania a name of the partner cond The Kingdom of Belgium. A Specific Agreement was signed between both parties on the 20th October 2006 date of signature and will last until 2011end of the

Specific Agreement.

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.

1.2.2 Context of the intervention

In 2007, the Belgian Technical Cooperation organised two formulation missions to prepare Technical and Financial File (TFF) for the project. A JLPC meeting was convened on the 19th June 2008 which approved the Formulation Report and the Technical and Financial File (TFF) signalling the start of the project.

The programme was initially identified by BTC in collaboration with the Ministry of Health and Social welfare. However subsequent dialogue resulted into the programme to be shifted to the Ministry of Education and vocational training as its main implementing partner. Therefore the project offices are now located within the latter Ministry's offices.

The intervention started on 1/3/2009 (date of signature of the CMO or the date of the notification regarding the exact start date of the intervention) and ends on 31/12/2011. The actual Implementation started September 2009.

During implementation, attention is paid to improving local ownership of the Programme at the community level, in the villages and in the schools.

Continuous advocacy and sensitization about Adolescent sexual and Reproductive Health, HIV and AIDs among all stakeholders involved has been mainstreamed throughout the program cycle as this constitutes a key – determinant factor for achieving more efficient, dynamic and proactive programme management, planning and supervision.

Awareness raising, training and capacity building are main activities for the realization of the expected results.

General Objective

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

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.

The following expected results have been identified:

- An enabling environment for HIV/AIDS programmes targeting adolescents and youth is created.
- The capacity of the districts in HIV/AIDS programming, management, monitoring and supervision is strengthened.
- Teachers and School Guardians/Councillors are trained and skilled in HIV/AIDS and life skills education.
- In-school adolescents' and youth's access to curriculum and extra-curriculum HIV/AIDS information and education has improved.
- Use of ASRH/HIV/AIDS, and support services by adolescents and youths has increased.

The Project covers seven Districts; Ilala, Kinondoni and Temeke in Dar-es-Salaam, Bagamoyo and Mkuranga in the Coast region, Karatu in Arusha and Rombo in Kilimanjaro,

For each District only one ward has been selected and in each Ward four schools have been selected as beneficiaries of the project.

2 Annual progress report 2010

R1: Creation of an enabling environment

Objective: Strengthening of local government capacity in HIV and AIDS programming, management, monitoring and evaluation.

Risks: Districts Officials are too much committed to other activities giving little attention to the HIV project

Activities	Sub activities	State execution/Analysis of progress made	Indicators	Quality criteria	Person in charge	Remarks - Difficulties - Points of attention
A .1.4	Capacity building for 476 SCAEC members from the 28 project schools	SCAEC meetings conducted in the 28 project schools.	All 28 project schools have established SCAEC and there are SCAEC meetings quarterly.	476 SCAEC members from the 28 project schools have appropriately been given HIV and AIDS education.	Facilitators, DFP, WEO.	Meetings were conducted. Reports of the meeting are in the office.
A .1.3	SCAEC planning for quarterly Activities. SCAEC quarterly meetings	Quarterly activities Plans done in the 28 project schools.		SCAEC implementing the work plans in every project school area.		

R2: District Management Capacity Building.

Objectives: Strengthening the capacity of the district in HIV and AIDS programming, management, monitoring and supervisions

Risks: Turnover of trained district staff

Activities	Sub activities	State of of excution/analysyis of progress made	Indicators	Quality cretaria	Person in charge	Remarks, difficulties, and point of attention
A.2.2	Training DEO, DFP, WEO, DSI, SHs and CHIMT	77 District officers 11 from each district were trained in HIV and AIDS, Programme management, monitoring and supervision.	Number of districts with DFPs. Number of trained DEOs DFPs, WEOs, DIS, SHs and CHMC.	Very appropriate training done to 77 district official.	Facilitators and DFPs.	Well done
A.2.3	Reporting, Monitoring and supervision	Monitoring and supervision visits to the project schools was done	Number of district using the stsnderdised reporting monitoring and supervision tool. Number of visits on monitoring and supervision .	Visits done not very appropriate.	DFPs	No reports of the visits District officers busy with other chores and not easily available for the activity.

R3: Teacher Training and Capacity building.

Objectives: Adequate and Quality training for all teachers in ASRH, HIV and AIDS.

Risks: none.

Activities	Sub activities	State of execution	Indicators	Quality criteria	Person in charge	Remarks - Difficulties – Points of attention
A.3.3	Intensive training of School Guardians/Counselors.	The training was facilitated by MoEVT in collaboration with MoHSW. One training was organised for participants from Arusha and Kilimanjaro regions and convened in Karatu, another one at Mlandizi for Coast Region and ADEM Bagamoyo for Dar-es-Slaam. They took place concurrently.	Number of teacher's counsellors trained in ASRH, HIV and AIDS. Number of schools with trained teacher's counsellors.	All teachers male and females selected counsellors in the project schools have been trained in ASRH, HIV and AIDs	AFO, Facilitators. NPC, DFP, WEO,	The trainings were conducted for eight days, four days for counselling methods and four days for peer education training. The attendance was 100%.

A.3.1	Intensive and interactive training of school teachers	All project school teachers 804 were given training in ASRH, HIV and AIDS.	Number of teachers trained in each project schools.	All project school teachers have been trained in ASHR, HIV and AIDS.	Facilitators and DFPs.	
A.3.4	Refreshment Training of the school counsellors	<p>The training was conducted in all the Districts in one of the project school.</p> <p>All the 112 school counsellors were given three refresher training course.</p>	Number of school counsellors given refresher course.	Appropriate refresher course has been given to all counsellors. It had 100% attendance.	Facilitators and DFPs	

R4: Youth HIV/AIDS information and education.

Objectives: Improving School adolescents and youth's access to curriculum HIV and AIDS information and education.

Risks: none

Activities	Sub-activities	State of activities	Indicators	Quality criteria	Person in charge	Remarks- Difficulties- Points of attention
A.4.3	Peer education training for teachers.	The training for teachers in peer education was conducted for the school Guardians/counsellors.	Number of school counsellors trained in peer education	All the 112 school counsellors were well trained in peer education. Attendance was 100%.	DFP, DEO, Facilitators.	It was done for four days. Attendance was 100%.
	Peer education training for school pupils	The eight days training was done in each school by the trained school counsellors.	Number of school club members who have been trained as peer educators.	The training had 100% attendance.	School counsellors, DFP, DEO, TOTs	The pupils were very much impressed by the training and they participated actively.

A.4.1	Development of support materials	<p>Training was done for all officers at once in Bagamoyo.</p> <p>This activity was for orienting the DFP and DSI of how to the HIV/AIDS topics from the syllabuses in order to prepare a scheme of work and lesson plans</p>		<p>Topics were selected from three subjects; science, civics and personality and sports.</p> <p>The training was well done. The guidelines and important points to be taught given to the DFP and DSI to orient the teachers in the schools.</p>	DFP, DSI, Facilitators	<p>A guideline was formed for use in schools.</p> <p>The orientation of the teachers to the guidelines have already been done</p>
A.4.3	Training of ToTs for Peer Education	Four days Training was done for Peer Education	NPC, AFO, Consultant.	<p>The Training was well done for Education officers and facilitated by a consultant.</p> <p>A training guideline was prepared by the consultant, edited and is in place for use by teachers.</p>	20 Ministry officials were trained in ToTs for peer education.	The well trained ToTs were used to train school counsellors.

R5: Use of ASRH and HIV/AIDS support Services

Objectives: Increasing the use of ASRH, HIV and AIDS services by adolescents and youths.

Activities	Sub-activities	State of activity	Indicators	Quality criteria	Responsible person	Remark-Difficulties-Points of attention.
A.5.1	Training Health Staff	The training was facilitated by MoHSW in collaboration with MoEVT. It took place in each District.	Number of health staff at the village dispensary and the Ward health centre trained in adolescent and youth friendly attitude. Number of schools that established an ASRH, HIV and AIDS support and referral system.	105 Health practitioners were trained 15 in each district	DED, DMOs, DFP, DEO, facilitators.	The training attendance was good. only Bagamoyo and Mkuranga had problems in getting a Health facilitators.

R6: Information and communication

Objectives: Develop and implement Exit strategies for the consolidation and expansion of the programme.

Risks: Other government priorities may affect the successful expansion of the programme.

Activities	Sub-activities	State of execution	Indicators	Quality criteria.	Person in charge	Remarks-Difficulties-Points of attention
A.6.3	Baseline Survey	Dissemination of the Baseline Study draft to DPs and stakeholders was done in July. The completed document was sent electronically to stakeholders.	Number of national and international stakeholders in ASRH, HIV and AIDS having received a copy of publications BLS report. Lesson learnt and good practices, conference proceeding).	Baseline Survey results disseminated to DPs, and stakeholders.	SPO, NPC, AFO.	Very poor response from the DPs and Stakeholders. Even those who responded to have received the document gave no comments.

3 Lessons learned and recommendations

3.1 Lessons learned

Some of the issues which came up during the discussions were:-

- The project has been positively accepted and appreciated by direct and indirect beneficiaries.
- Teachers and pupils have opened up to discuss issues about ASRH, HIV and AIDS that they were not doing before or were shy of doing.
- The ASRH, HIV and AIDS education programme of the MoEVT have come to be known or known better.
- School peer educators had much appreciation for the training and asked for more time.
- Time for training was said not to be enough.

3.2 Recommendations

- There should be close supervision to see that teaching in class and extra-curriculum activities on ASRH, HIV and AIDS to support the class teaching is done.
- All Counsellors (peer educators) should meet and exchange experience and good practise.
- There should be an exchange programme whereby counsellors from one District could go to train pupils in another district and vice versa.
- Time on the timetable for peer education in the schools should be the same for all schools in a district.
- Time for training should be increased.
- There should be a guideline for training of counsellors so as to have equal knowledge and skills delivery.
- To have Medical experts in every training to carter for the scientific topics.

3.3 Worked out recommendations

- A guide for counsellors to train peer education has been prepared and produced by the office.
- Books for pupils in peer education have been reproduced by the office and are available in all the schools.
- Time for peer education has been left for the head teachers to arrange and they have arranged to do it at the same time in every district.
- A guide for training teachers for means of communication –using sports and arts as a means of transmitting ASRH, HIV and AIDS messages is in the final stage.
- Heads of schools of each district have chosen a day or two for peer education for all the four schools in the district.
- Medical experts are invited to trainings to teach scientific subjects like CD4, administering ARVs.

3.4 Challenges

- MoEVT developed instruments to guide HIV and AIDS education are not in place and not known by many in schools and those in place are not in use.
- Adolescents have not yet received youth friendly services as we are still pushing to have the health club building and referral funds in place.
- Inspectors cannot easily go to schools to monitor the project activities because of transport problems.
- DFPs are much occupied with other district chores that they have failed to help the head teacher to utilize the money for the health club building early enough to meet the time set.

Before training could take place, there was a need of developing a training manual which is now in the final process as review was done on it.

3.5 Beneficiaries

- The beneficiaries are divided into two groups; direct and indirect.
- Direct beneficiaries
- The project direct beneficiaries are:
- In school youths at 28 selected schools.
- The 28 heads of schools
- The 804 teachers
- The 112 school counsellors
- The 476 SCAEC members
- The 77 district officials DEOs, DIS, CHMT,
- The health service providers.

3.6 Indirect beneficiaries

Parents and out of school youth in the community surrounding the selected schools.

4 Operational planning – update 2011

4.1 Annual planning of the activities 2011

R1: Creation of an enabling environment

Activities	Sub activities	J	F	M	A	M	J	J	A	S	O	N	D	Person in charge
A.1.3	SCAEC quarterly meetings			X			X			X			X	DEO and FP

R2: District Management Capacity Building

Activities	Sub activities	J	F	M	A	M	J	J	A	S	O	N	D	Person in charge
A.2.3	Reporting, monitoring and supervision			X			X			X			X	District officials, FP and NPC

R3: Teachers training and capacity building

Activities	Sub activities	J	F	M	A	M	J	J	A	S	O	N	D	Person in charge
A.3.2	Activation of School Guardians/Counsellors					X								NPC and FP
A.3.4	Refreshment Training School Guardians/Counsellors											X		NPC, FP and District Officials

4.2 Annual planning of public contracts – update Q1 2011

The construction of health club rooms will be done by the respective school committees. The total amount per room including furniture would be euro 5,300. The school committees have been mandated to process procurement of goods according to government procurement procedures. And in this case they will have to ask for 3 quotations.

4.3 Annual financial planning 2011 (€)

FIT Budget Line	Description	Total Budget	Expend. 2009 and 2010	Total Annual Budget 2011	Q1 2011
A_01_01	Start-up activities at District level	2,870	2,830		
A_01_02	Start-up activities at village level	17,080	16,834		
A_01_03	Establishment/ activation SCAEC	63,000	36,653	17,560	4,390
A-01_04	Capacity Building SCAEC	42,700	39,008		
A_02_01	Reporting, monitoring and evaluation - tools	3,500	3,461		
A_02_02	Training DEOs,PFP,WEO	27,060	25,167		
A_02_03	Reporting, monitoring and supervision	63,000	14,827	21,000	5,250
A_03_01	Training teachers	69,580	69,469		
A_03_02	Activation School Guardians/counsellors	28,000	11,726	14,000	
A_03_03	Intensive training school guardians/counsellors	23,310	23,138		
A_03_04	Refreshment training school guardian/counsellors	25,510	5,236	10,220	
A_04_01	Support materials	30,800	27,552		
A_04_02	School Health Clubs	196,000	99	195,901	195,901

A_04_03	Peer Education Trainings	216,240	72,654	87,080	
A_04_04	Arts/Sport workshops	174,300	1,891	56,900	56,900
A_04_04					
A_04_05	ASRH/HIV/AIDS Sensitization	39,000	10,324	14,000	
A-05_01	Training health Staff	19,425	14,164		
A_05_02	Referral system	42,000	0	14,000	3,500
A_06_01	Base-line survey	25,000	21,793		
A_06_02	Lessons learned	11,000	0		
A_06_03	End of program conference	7,500	0		
X_01_01	Budget reserve	8,417	0		
Z_01_01	National Program Coordinator	16,200	10,095	5,400	1,350
Z_01_02	Administrative and Finance Officer	43,200	20,692	14,400	3,600
Z_01_03	Technical staff	13,600	3,758	4,800	1,200
Z_01_04	Other Staff Costs	24,000	9,420	7,980	2,745
Z_02_01	Motor vehicle	30,000	26,654		
Z_02_02	Office equipment	10,500	4,191		
Z_02_03	Equipment IT	1,800	4,490		
Z_03_03	Maintenance vehicle/fuel	18,000	16,147	5,131	1,500
Z_03_04	Telephone, fax and email	7,200	1,465	2,400	600
Z_03_05	Office materials	15,000	7,246	5,000	1,240
Z_04_01	Service and maintenance	40,000	453	20,000	
Z_04_02	Audit	30,000	0	15,000	
Z_04_03	Backstopping	120,000	13,737	40,000	
	Total	1,549,832	476,077	540,552	278,176

4.4 Comments on operational planning – update Q4 2010

We had planned for the health club rooms' construction work to have started in Q4 2010 but now to take place in Q1 of 2011. After construction funds were transferred to the Districts the funds were to be again transferred to the schools accounts for proper accountability a process which was cumbersome thus delaying the exercise.

4.4.1 Risk analysis 2011

Major risks:

- Other governmental priorities can affect the successful implementation of the program.
- Turn-over of trained staff in the schools can affect the implementation.
- Rooms for the School Health Clubs can be used as ordinary class rooms.
- Misconduct of the Municipal /District Officials needing retrenchment.