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TAN0501711

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

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Acronyms

AECU	AIDS Education Coordination Unit
AFO	Administrative and Financial Officer
AIDS	Acquired Immune Deficiency Syndrome
ARVs	Anti-Retro Virus drugs
ASRH	Adolescent Sexual and Reproductive Health
BLS	Baseline Study
BTC	Belgian Technical Cooperation
CCITWG	Cross Cutting Issues Technical Working Group
CHMT	Council Health Management Team
CMO	Council Medical Officer
DCIS	District Chief Inspector of Schools.
DED	District Executive Director
DEO	District Education Officer
DFP	District Focal Person
DGDC	Directorate General for Development Cooperation
DPs	Development Partners
GoT	Government of Tanzania
IDCP	Indicative Development Co-operation Programme
JLPC	Joint Local Partner Committee
M&E	Monitoring and Evaluation
MD	Municipal Director.
MoEVT	Ministry of Education and Vocational Training
MoF	Ministry of Finance
MoHSW	Ministry of Health and Social Welfare.
NPC	National Project Coordinator
PMO RALG	Prime Ministers' Office Regional Administration and Local Government
PMT	Project Management Team
SCAEC	School Counselling and AIDS Education Committee
SPO	Senior Programme Officer
TFF	Technical and Financial File
VCT	Voluntary Counselling and Testing
WAMO	Wageni Morogoro
WEO	Ward Education Officer

1.0 Project form

Project name	HIV/AIDS Awareness Creation Project
Project Code	TAN0501711
Location	Arusha, Coast, Dar-es-Salaam, Kilimanjaro in Tanzania
Budget	EURO 1,549,832
Key persons	NPC and AFO
Partner Institution	MoEVT, MoHSW, PMO RALG
Specific Agreement duration	2006-2013
Duration of implementation	42 Months
Target groups	Primary school youths and adolescents
Global Objective	To contribute towards a decreased morbidity and mortality rate due to HIV/AIDS and other sexual and reproductive health problem.
Specific Objective	To empower youth to practice behaviour that will protect their sexual and reproductive health by increasing their knowledge of age specific sexual and reproductive health in Tanzania.
Results	R1. An enabling environment for HIV/AIDS programmes targeting adolescents and youth is increased.
	R2. The capacity of the districts in HIV/AIDS programming, management, monitoring and supervision is strengthened.
	R3. Teachers and school Guardian/Counsellors are trained and skilled in HIV/AIDS and life skills education.
	R4. In school adolescent's, 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.

1.1 Context

Tanzania is one of the countries most affected by HIV and AIDS pandemic in the world. AIDS Education Programme in schools in Tanzania began in 1988, five years after the diagnosis of AIDS in Tanzania in 1983. The HIV and AIDS Awareness Creation 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 in primary schools.

The direct beneficiaries of the programme are in-school youth and the members of the school communities including school Heads, Teachers, School Guardians/Counsellors, members of School Counselling and AIDS Education Committees (SCAEC), District Education Officers, School Inspectors and Council Health Management Teams. Communities surrounding the project schools are indirect beneficiaries.

Throughout the implementation process particular attention has been 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 has been 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 buildings are main activities for the realisation of the 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 Agreements

The intervention HIV/AIDS awareness creation programme targeting youth and adolescents in primary schools in Dar es Salaam and four selected districts in Tanzania title of the intervention is an agreement between the Government of Tanzania and The Kingdom of Belgium. A Specific Agreement was signed between both parties on the 20th October 2006 and supposed to last until 2011, end of the Specific Agreement. An extension of 18 months has been allowed to complete the implementation as it started late.

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.

1.3 Duration of Implementation

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 and was planned to end on 31/12/2011.The actual Implementation started September 2009. However regarding the late start of the project, it has been agreed in the JLPC meeting of March 2011, to propose for extension for execution of the project. The period requested is 18 months, 12 months for Implementation and 6 for Project closure. The exchange of letters for the extension has been concluded.

1.4 General Objective

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

1.5 Specific Objective

"To empower youth to practice behaviours that protects 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 one Ward has been selected and in each Ward four schools as beneficiaries of the project.

	SCORE	COMMENTS
Specific Objective	A	This objective has been well delivered by the stakeholders and is being worked out effectively. It will protect the youth ASRH and therefore health Nation and probably a Nation without HIV in future.
Result: 1	A	All information about the implementation of the project activities is being well communicated to the DEDs, DEOs, WEOs and head teachers, SCAEC and therefore creating a good environment for the programme.
Result: 2	B	The project interventions could be owned more by the district officials after all the advocacy, awareness raising, sensitization and good communication made. In some districts the SCAEC meetings have been conducted without the districts meeting the costs for refreshments and transport for members hence some demoralization of the SCAEC members. DFPs doesn't put enough effort in following up implementation of project activities despite all the communication and information from PMT.
Result: 3	A	Adequate and quality training have been given to teachers in HIV/AIDS curriculum teaching, and life skills education specifically to improve their communication skills in HIV/AIDS and ASRH related issues.
Result:4	A	Youths have been trained in participatory and interactive approaches, allowing them to participate in implementation by using peer education and sport and arts.
Result: 5	B	The creation of friendly environment has not been of good results, funds allocated have not been spent as expected. The trained health officers have not visited the schools as planned and agreed during the training and as communicated to the District councils. DFPs are busy with other businesses, they do not have time to meet with the Health officers and Head teachers to reinforce the importance of implementing the activity in the schools.
Result : 6	C	Information and communication to national and international stakeholders in ASRH, HIV/AIDS, including donors about the programme implementation has not yet been done. It is considered in 2012 as a priority by the project.

2 Summary

2.1 Analysis of the intervention

Intervention logic	Efficiency	Effectiveness	Sustainability
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	A	A	B
Result 1: An enabling environment for HIV/AIDS programmes targeting adolescents and youth is increased**.**	A	A	A
Result 2: The capacity of Districts in HIV/AIDS programming, management, monitoring and supervision is strengthened**.**	B	B	B
Result 3: Teachers and school guardians/counsellors are trained and skilled in HIV/AIDS and life skills education.	A	A	B
Result 4: In school adolescent's and youth's access to curriculum and extra curriculum HIV/AIDS information and education has increased	A	A	A
Result 5: Use of ASRH/HIV/AIDS and support services has increased by adolescents and youth	B	B	B
Result 6: 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.	C	C	C

Budget	Expenditure per year 2011	Total expenditure year in 2011	Balance of the budget	Execution rate
1,549,832.00	941,070.00	439,860.00	608,762.00	60%

2.2 Key elements

The programme has been conceived as a pilot programme aimed at enhancing the implementation of the MoEVT Guideline for Implementing HIV/AIDS and Life skills Education Programme in primary schools.
Throughout the process particular attention has been paid to improving local ownership of the programme at the community level, in the village and in the schools. Continuous advocacy and sensitisation about ASRH/HIV/AIDS among all stakeholders has been mainstreamed throughout the programme cycle as this constitutes a key-determinant for achieving more efficient, dynamic and proactive programme management, in planning and supervision. Awareness-raising, training and capacity buildings are the main activities for the realisation of the expected results.

Continuous information and communication about the programme results have explicitly been integrated as one of the expected results of the programme to attract support by other donors and stakeholders for its consolidation and expansion.

2.3 Key Risks

1. Lack of financial motivation to the DFPs and other district staff, the district officials engage themselves into other tasks giving little attention to the HIV/AIDS Project activities.
2. Turnover of District officers like DEDs, DEOs, Health Officers, Head teachers and School Guardians/Counsellors may retard the successful implementation and sustainability of the project activities.
3. Other Government activities like health campaigns, political campaigns, workshops, missions, meetings, the supervision of examinations etc. receive higher priority and therefore affects the smooth implementation of project activities.

2.4 Key lessons learned and recommendations

2.4.1 Lesson Learnt

- The project has been positively accepted and appreciated by direct and indirect beneficiaries. The interventions involved make it easy to be accepted as it involves the communities in and out of the schools. Monitoring has revealed appreciation of both direct and indirect beneficiaries as they participate fully. They show a sense of ownership.
- Teachers and pupils have opened up to discuss in public issues on ASRH, HIV and AIDS without feeling shy.

  Before the training of the teachers, most of the science teachers who were supposed to teach the HIV/AIDS topics were not doing so for lack of confidence. They were not courageous to mention words related to sex as is considered taboo in most of our societies. Pupils were also afraid to disclose any information about their thoughts and engagements in sexual life thinking that they will be criticised as having bad manners.
- The ASRH, HIV and AIDS education programme of the MoEVT have come to be known and known better.

  Although there are Policy guidelines and books produced by the MoEVT which were sent to schools to implement the HIV/AIDS Education Programme, they were not being used, neither by teachers nor by pupils. The peer trainings conducted became very substantial. More knowledge and skills created more understanding and curiosity and questions and thereafter more skills. During the trainings peer educators are made free to talk and express themselves about anything that they know and that they do not understand and time become short as every question has to be answered and therefore they always recommend to be given more time for training.

  School peer educators have appreciated the training and they are now doing it without fear.

2.4.2 Recommendations

- There should be close supervision to see that teaching in both classroom and extra- curriculum activities on ASRH, HIV and AIDS which support the class teaching is done.

  After training successfully, the implementing of what has been conceived should be done thoroughly. In order to be successful during the final evaluation, we must make sure that all the activities are conducted in the schools as expected. This can be a success by making sure that frequent supervision is done as well as monitoring by Head teachers, DFPs, DSIs as well as the project.

- Peer education in the schools should be given the same time on the timetable for all schools in a particular district so that teachers from the four schools can sometime exchange ideas and facilitation methods.

  This will help in monitoring and supervision for the office and at District level. When going to school for monitoring it will be known exactly when to go and observe peer education and therefore there will be no time wasted.

- To have Medical experts in every training to carter for the scientific topics.

  During our circles of facilitation, we found out that, people do not believe that a person who had not gone to a Medical school can have enough knowledge concerning care and treatment. Likewise, pupils would like a medical practitioner to tell them about ARVs, CD4 VCT etc. They do believe and understand better this way.

2.4.3 Worked out recommendations

The project relies much on materials already developed by the MoEVT. However, the general training guide used by MoEVT for HIV/AIDS could not suffice the training of all the interventions. The project had to develop the several guides as followings:

- A guide for counsellors to train peer education. There were no guides for teacher counsellors. The project has developed and tested the guide which will be sent to the CCITWG. The guide will later be adapted and used by the MoEVT for all schools.
- Books for pupils in peer education have been reproduced by the project. It has been distributed to all project schools. Every pupil in the project schools has a peer education guide.
- A guide for training teachers on use of sports and arts as a means of transmitting ASRH, HIV and AIDS education and skills has been developed. The National Arts Council was engaged as consultants.
- 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 for scientific subjects like VCT, CD4, administering ARVs etc.

3 Analysis of the Intervention

3.1 Context

The implementation of the activities has resulted in the production of training guides. Guides produced in the year 2011 are teacher's guides for training peer educators and the use of arts and sports for transmitting HIV/AIDS/ASRH messages. The production of the guide for peer education was done after realizing the gap of understanding after the 1st training which was done in 2010 using the MoEVT Training Manual (Kinga). Teachers could not change to paradigm shift of teaching. Using a consultant a refresher course was done by using the teacher's guide which proved to be very successful.

The production of the teacher's guide for sports and arts was done by consultants from the National Arts Council. This has been used by teachers and it was very much appreciated making the training very successful.

3.1.1 Evolution of the context

In this year of implementation; pupils are very enthusiastic and conversant in HIV/AIDS issues as compared to when the project had started.

SCAEC members and the community have appreciated much the way the project activities are been implemented and some of the districts are holding meetings, planning and implementing Quarterly plans e.g. in Rombo district where they use Religious meetings to deliver HIV/AIDS messages.

Teachers have gained knowledge and competence that they did not have before in the HIV/AIDS curriculum and extra curriculum teaching.

MoEVT materials have been recognised and used.

Teacher counsellors are giving counselling services and are also competently supervising peer education as an extra curriculum according to the time table set in every district.

3.1.2 Institutional Anchoring and Execution Modalities:

The HIV/AIDS Awareness creation project is at the MoEVT under the AIDS Education Coordinating Unit (AECU). The NPC was recruited from the AECU which is in the department of the Commissioner for Education at the Ministry headquarters. The project is using the same policy guideline used by the MoEVT and the same materials produced and used by the MoEVT. Most of the trainings have been done by using the ToTs from the Ministry. At district level the coordinators for the Project are also the MoEVT/PMO-RALG coordinators for HIV/AIDS at district level making communication and collaboration easy. This constitutes a set of highly favourable conditions for the project implementation. In this favuor it can be said that the institutional anchoring and implementation is very appropriate. However there are some areas like sports and arts training where we had to contract consultants from the National Arts Council but which was once a MoEVT Institution.

3.1.3 Execution Modalities:

The programme is administered according to the principle of partnership and joint implementation and aimed at reinforcing local processes.
The programme is implemented through both co-management and direct management mechanisms. The direct management mechanisms are used to facilitate the purchase of materials as well as the recruitment of programme staff, national and international consultant.
International consultants are recruited according to the Belgian rules and regulations. Local staff and consultants are recruited according to the prevailing rules and regulations in Tanzania. Tanzania Public procurement act of 2005 governs the procurement of supplies, services and works from the funds under the co-management budget.

3.1.4 Harmo-dynamics: score-A.

The coordinator of the project (NPC) is from the MoEVT HIV/AIDS Coordination Unit making it easier for the project to be known by the Education DPs. The project is 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 Education and Vocational Training (MoEVT), Ministry of Health and Social Welfare (MoHSW), Ministry of Finance (MoF), Prime Minister's Office Regional and Administration of Local Government (PMO-RALG) and the Directorate General for Development Cooperation (DGD) and the Belgian Technical Cooperation (BTC).

The fact that the project implementation process is done by paying attention to improving local ownership of the programme at the community level, in the villages and in the schools, it is expected to be owned by the MoEVT and the PMO-RALG, whereby the DPs will help partly in financing the implementation for the rest of schools.

3.2 Specific Objective

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 strategy adopted was to pay particular attention to improving local ownership of the programme at the community level, in the villages and in schools. Awareness raising,training and capacity building are the main activities for the realization of the expected results. This has been done to all education officers, health officers and teachers. It has proved to be suitable as the first beneficiaries are pupils who need to be given knowledge and lifeskills in order to prevent them from infections and cope with the challenges they face in everyday life and therefore protecting their ASRH.

3.2.1 Indicators

At the begining of the project a rapid assessment was done and also a formal baseline study took place while the implementation was also on going. There were gaps identified that needed to be filled on the problems facing the schools and community arround as far as HIV/AIDS/ASRH is concerned and which were not attended. For the year 2011 peer education for teachers and pupils was done and has proved to be very effective in raising the capacity of teachers as well as pupils gaining competence in HIV/AIDS/ASRH discussions. Peer education under the baseline study was identified as a gap not well understood by both teachers and education officers at district and Ward levels. Communicating by using arts and sports though not mentioned in the baseline study results, is an activity in the TFF and has proved to be a very good method of increasing confidence in HIV/AIDS/ASRH messages transmission for both teachers and pupils.

3.2.2 Analysis of Progress made: score A.

As shown by the indicators above, it is seen that the project has made a very significant progress during the year 2011. The progress made is judged very satisfactory and is attributed the score A. However this progress is continuous as it started in the year 2010 and will also continue to next year to the end of the project. This significant increase of the various indicators is due to the project being under the mother Ministry-MoEVT, use of the same guidelines and teaching and learning materials and ToTs from the same ministry. There is also a high acceptance by the stakeholders, community and beneficiaries of the project, and hard work done by the PMT.

Relationship between result and specific objectives

The different results achieved during the year 2011 have significantly contributed to the progress towards the realization of the specific objective. All the results defined for the project have been accomplished for each of the different activities attributed as priorities for the project allowing it to make significant progress in the indicators related to the specific objective. The training guides were developed for each individual activity based on the specific problem identified as a way of preventive education on HIV/AIDS/ASRH. The guides developed based on the existing problems facing pupils and community and were used to ensure training of teachers and pupils for different activities by addressing the gaps and by increasing knowledge and skills. This process resulted in the significant increase of the different indicators related to the specific objective. There is direct relationship between the specific objective and the progressive realization of the different results. Result 4 for example, was completed by the use of arts and sports as a means of communication to transmit AIDS and ASRH messages which was very successful and stimulating new demands of meeting with the community to discuss about the problems facing them and planning for their solutions. These are bases of the progressive increase of the level of the specific objective indicators. In fact once demand is recorded from the recommendations actions are undertaken and achieved in view of ensuring its satisfaction through delivering the required service from the concerned part whether from head teachers, DFPs, DSIs or SCAEC members.

According to high demands realized when implementing the project activities, it has been a very tidious work for the PMT putting in mind that the DFPs are very busy with other chores.

Unexpected Results

Although the focus of the programme was on HIV/AIDS prevention among primary school pupils, the programme also succeeded, to a certain extent, in developing a HIV/AIDS workplace policy for the school staff. As all teachers have been trained in HIV/AIDS the programme also contributed to increasing their HIV/AIDS knowledge as well as to changing their attitudes they had to people living with HIV and AIDS. This has been observed at Mkuranga where PLWHA collect their ARV drugs in one of the schools. They are given by school teachers who are living positively with HIV who are also school counsellors.

At the beginning of the project treasurers were chosen at every district to help the DFP with the fund transactions. But it had been very difficult to get funds for implementing activities on time and even closing of transactions for each month has been very difficult. This has been caused by the treasures not been considered for any incentive like an allowance for the extra activities of the project.
The accounts have now been closed making transactions even more difficult for the AFO because he has to carry funds to the DFPs for the implementation of activities. This makes the DED and the district treasurer not to be directly involved. This has not been expected and another modality is been worked out to solve this problem.

As far as environment is concerned, support and referral system has been integrated as part of the programme for adolescents and youth to have a friendly support and health services. The organization of adolescent and youth friendly ASRH/HIV/AIDS and support services is part of the mandate of the MoHSW. The Health officers have failed to make this a success even after giving them a refresher course.

3.2.3 Risks and Assumptions

Major risks:

Risk/Assumption	Level	Measures Taken
1. Other governmental priorities affects the successful implementation of the program. DFPs are busy with other chores which affects success of implementation of project activities. They have their priorities like preparation of exams, marking of the exams and selection of pupils to join secondary schools, enrolment and transfers of teachers and pupils. These together with others are described activities that they value better than the project activities and therefore making the project activities to be a bit neglected	Medium	The PMT keeps on reminding the DFPs about the issues they need to follow up and supervise. During visits to the Districts meetings have been held with the MDs and DEDs including the SCIs to allow for the DFPs to have enough time for the project activities.
2. Turn-over of trained staff in the schools can affect the implementation. Most of the good teachers selected for counselling are also the ones seen good to be heads of schools and therefore causing transfers to take place. Good head teachers are also the ones who go for further studies or transferred to difficult schools so that they can make differences.	High	Teachers have the right to be transferred and promoted. Therefore more teachers have been trained to cover up the gap left by transfers. Moreover, the office had written letters to the District authorities asking for the trained health staff not to be transferred.
3. Rooms for the School Health Clubs can be used as ordinary class rooms. If School inspectors are not trained and tuned well to make a continuous monitoring even when the project ends up, then the rooms might be used as classes because of scarcity of classrooms. One of the school head teachers from Mkuranga had asked the DFP in one of their monitoring sessions that they could use the room for a classroom.	Low	The project has seen the importance of involving the school Inspectors to be more conversant with the objective of the project and monitor the proper use of the rooms when they go for inspection.
4. Misconduct of the Municipal/District Officials needing retrenchment also affects smooth implementation. This has happened in Rombo where the DEO and the DFP have been retrenched because of misconduct. In Bagamoyo the DEO was retrenched and DFP went for studies. In Ilala the DFP went for studies. In these Districts the Implentation of the activities lagged behind and with extra efforts we made things to start again and continue.	Medium	The PMT always introduce the implementation of the project to the new District officers because the project does not have any authority over the councils.

3.2.4 Quality criteria

	Score	Comments
Effectiveness	A	The competence and hard work of the PMT of the AIDS Awareness Creation Programme has made the results to be delivered smoothly and contributed to the realization of the specific objective.
Efficiency	A	The 4 interventions used have practically made the achievement of the activities to reach the results. All the results have been reached and achieved for the beneficiaries.
Sustainability	B	The programme under the MoEVT and is owned by the district, selected wards, schools and the communities around the schools. With good visibility of the project a continuity of giving knowledge and skills to others will be guaranteed. When the good practices are shown and documented then the Ministry, other DPs, and the districts will include the project in their budgets and therefore the scaling up of the project.
Relevance	A	The project is in line with the MoEVT Guidelines of implementing HIV/AIDS and Life skills Education programme at schools. The success reached is caused by the NPC, implementers, teaching and learning materials been in place. There was no new system which was involved to implement the project.

3.2.5 Potential Impact

The specific objective of empowering youth to protect their sexual and reproductive health by increasinng their knowledge of age specific sexual and reproductive health has brought about an increase in knowledge, skills and good practice amoung teachers, pupils and communuties around the schools by using the SCAEC members.

Based on the already recorded data, it appears that the HIV/AIDS project has generated an impact as there is a significant increase in the awareness, knowledge and skills for teachers and pupils on HIV/AIDS and ASRH. The teachers and pupils in the project schools can now talk and discuss issues openely and fluently. Teachers can now teach without reservations. In line with the Specific objective, it has shown that the activities implemented and the results observed has shown an increase of knowledge and skills among the direct and indirect beneficiaries.

3.2.6 Recommendations

Recommendations	Source	Actor	Deadline
1.Preparation of a guide for teachers consellers to train peer educators	Project Office	PMT and MoEVT	In place
2. Reproduce the peer educators guides	Recommendations from trainings	PMT, consultant and MoEVT	In place
3. A training guide for teachers and pupils on using sports and arts as means of transmitting HIV/AIDS/ASRH issues.	Project Office	Consultant and MoEVT	In place
4 .Have same days in a week for peer education in the project schools for each district.	Project Office	Head teachers	In place
5. Health experts to schools to teach science/ biological topics such as CD4, ARVs and its administering.	TFF and Office	Head teachers, Health officers.	Been done in schools.

3.3 Result 1

3.3.1 Indicators

Result 1: An enabling environment for HIV/AIDS Programmes targeting youth and adolescents is created**.**						**Progress B**
Indicators	***Baseline value***	***Progress year N-1***	***Progress year N***	***Target year N***	***End Target***	***Comments***
Number of schools that have established a SCAEC.	None	28	28	28	28	
Number of SCAEC meetings.	None	60	56	224	336	Efforts are been exerted for Quarterly meetings to be held. .

3.3.2 Evaluation of activities

Activities	**Progress:**				**Comments**
	A	B	C	D	
1. SCAEC Quarterly meetings			+++		SCAEC plans have been implemented in some schools. Some schools are not meeting every quarter due to difficulties in reaching a quorum like schools in Ilala district. Project office has tried several times to remind DFPs to ensure that meetings are held, resolutions are reached and are implemented

Activities	Sub activities	State of executive/analysis of progress made	Indicators	Quality criteria	Person in charge	Remarks, difficulties and point of attention
A. 1.3	SCAEC quarterly meetings	Meetings conducted in every school.	Number of schools with SCAEC reports. Number of SCAEC meeting reports for quarter one two and three.	-SCAEC plans have been implemented in some schools. -Plans are made quarterly. -Some schools are not meeting every quarter due to difficulties in reaching a quorum like schools in Ilala district.	Head teachers, SCAEC chairperson, SCAEC members.	Reports not available for Q1,2 and 3

3.3.3 Analysis of progress made

Relation between activities and result.

A training manual was prepared and produced for the members of the SCEC and the training was conducted for knowledge on HIV/AIDS and for their responsibilities. The training was to fill the gap observed by the rapid assessment which was done at the beginning which revealed that SCAEC was no longer in place and therefore activation and trainings were needed.

Sensitive factors and influencing factors.

At the beginning of the project there was identification and recruitment of the SCAEC members whose chairperson is the head teachers of the schools. The members include all different groups of the community members surrounding the school- two opinion leaders, two religious leaders, two people who are HIV+, two members of the school board, four school counsellors, two HIV/AIDS teachers, the head of school and two representatives of the pupils with gender responsive. It makes a total of 17 members. This composition of people is the right group to deliver the right message to schools and to the community; as to what to be taught in schools, and what to be delivered to the community and also formulating some rules for the community in prevention of the HIV transmission.

Unexpected results

Although the focus of the programme was on HIV/AIDS prevention among primary school pupils, the programme also succeeded, to a certain extent, in developing a HIV/AIDS workplace policy for non-staff- SCAEC members and the school staff. As all teachers have been trained in HIV/AIDS, the programme also contributed to increasing their HIV/AIDS knowledge as well as to changing their attitudes to people living with HIV and AIDS. It has been observed at Mkuranga where PLWHA collect their ARV drugs in one of the schools. They are given by school teachers who are

living positively with HIV who are also school counsellors and the information goes through the SCAEC members. A training guide for SCAEC was produced which will be used by MoEVT after going through the CCTWG.

3.3.4 Risks and Assumptions

Risk/Assumption	Level	Measures Taken
SCAEC oppose to teaching HIV/AIDS within the broader context of ASRH at primary schools.	B	After the training there was no resistance in any of the interventions.
Members of SCAEC are highly motivated	A	
The capacity building of SCAEC members contributes to increased awareness about the importance of ASRH/HIV/AIDS education in primary school.	A	

3.3.5 Quality criteria

Criterion	Score	Comments
Effectiveness	B	In most of the meetings that are being held quarterly, they plan and implement the activities planned like in Rombo they planned to have massages about HIV and AIDS in every community meetings specifically religious Fellowship meetings.
Efficiency	B	The implementation of the plans has been relatively done.
Sustainability	B	As SCAEC is one of the interventions in the MoEVT guideline for implementing HIV/AIDS education and Life skills and has been conceived positively, it can be sustained with effort made to make sure that they meet and implement what they plan.

3.3.6 Budget execution

66%

3.3.7 Recommendations

Recommendations	Source	Actor	Deadline
There should be close supervision and follow up to see that SCAEC meetings are been conducted and the members given transport fare to motivate them.	Office	DFP	Continuous process

3.4 Result 2

3.4.1 Indicators

Result 2: The capacity of the district in HIV/AIDS Programming, management, monitoring and supervision is strengthened.						**Progress A**
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Number of district with Focal Persons.	None	7	7	7	7	
Number of trained DEOs, DFPs, WEOs, School Inspectors School heads and CHMC members.	None	77	77	77	77	
Number of District and SCAEC using the standardised reporting, monitoring and supervision tools.	None	7	7	7	7	
Number of district monitoring and supervision visits.	None	4	20	112	336	

3.4.2 Evaluation of activities

Activities	**Progress:**				**Comments** (only if the value is C or D)
	A	B	C	D	
1. Reporting Monitoring and supervision			+		Follow up of activities very difficult as no concrete reports forthcoming. Most reports of the visits not well compiled and analysed at District level Visits done not very appropriate. DFPs are very busy to follow up this exercise and when they do they do not have time to compile the report and send it to the project office.

Activities	Sub activities	State of execution/ analysis of progress made	Indicators	Quality criteria	Person in charge	Remarks, difficulties, and point of attention
A.2.3	Reporting, Monitoring and supervision	Monitoring and supervision visits to the project schools was done	Number of district using the standardised reporting monitoring and supervision tool. Number of districts monitoring and supervision in visits.	Visits done not very appropriate. DFPs are very busy to follow up this exercise and when they do they do not have time to compile the report and send it to the project office.	DFPs, DEOs, CHMT, DSI and WEO.	-Most reports of the visits not well compiled and analysed at District level. -Three officers from the MoEVT have been assigned to go and collect data from the schools with the DFPs and compile them.

3.4.3 Analysis of the progress made

Relationship between activities and result

The activity planned is supposed to be done quarterly by the DFP, CHMT and the head teachers to assess the progress of the activities implementation. This is a very important activity because without assessing what is being done it will be difficult to reach the objective set.

Unexpected Result

The monitoring and supervision tools produced will be used nationally by the MoEVT as it was not in place. The tool will go through the CCITWG and on agreement it will be qualified for use by the Ministry .

Funds have been sent to the district but there has been very weak follow up and supervision from the district Officials.

Harmo dynamics.

The development of the tools was done by the PMT with the MoEVT officers, DFPs, DCSIs, and DEOs. This forms a strong coalition between the project, MoEVT and the PMORALG.

3.4.4 Risks and Assumptions

Risks/Assumption	Level	Measures Taken
Poor interest of the districts for the project	D Low	There is an outstanding interest of the districts to the project.
School inspectors neglect the supervision of the HIV/AIDS education	B Medium	Training of the School inspectors done and agreed in the supervision.

at school.		
The project is fully supported by the MD, DED	A High	They have been supporting the project since it started.

3.4.5 Quality Criteria

Criterion	Score	Comments
Effectiveness	A	The monitoring is very effective as it assesses the quality, stage and state of implementation
Efficiency	B	It has not been as efficient as expected because the implementers are too busy with other chores to do proper collection of data and compiling the reports.
Sustainability	A	This is very sustainable as is in the MoEVT policy.

3.4.6 Budget Execution

Budget execution is 33%

3.4.7 Recommendations

Recommendation	Source	Implementation
There should be training for the School Inspectors on monitoring and supervision.	PMT,Backstopping Experts-Mr. Dognht and Maryleen	The training will be done in Q1 N+1.

3.5 Result 3

3.5.1 Indicators

Result 3: Teachers and School Guardians/Counsellors are trained and skilled in HIV/AIDS and Life skills Education.						**Progress A**
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Number of schools where teachers have been trained in HIV/AIDS/ASRH.	None	28	28	28	28	
Number of teachers trained in HIV/AIDS/ASRH	None	879	879	879	950	

Number of teachers who received a work package with support materials	None	879	879	879	950	
Number of female and male Guardians/Counsellors who received intensive training	None	133	133	133	150	
Number of female and male Guardians/Counsellors who attended refresher courses	None	133	133	133	150	
Number of female Guardians/Counsellors who attended refresher courses						

3.5.2 Evaluation of activities

Activities	**Progress:**				**Comments** (only if the value is C or D)
	A	B	C	D	
1. Activation of school Guardian/Counsellors	+				.
Production of a teachers' training guide for peer education.	+				
2. Refreshment Training of school Counsellors on peer education.	+				
Production of a teachers' training Guide for arts and sports.	+				
3. Training of Sport and Arts School teachers.	+				

Activities	Sub activities	State of execution	Indicators	Quality criteria	Person in charge	Remarks, difficulties, and point of attention
A.3.2	Activation of School Guardian /Counsellors ..	Teacher Counsellors in Bagamoyo, Mkuranga, Karatu and Temeke have been transfered to other schools. An addition of 8 Cousellors in Temeke and 4 counsellors in Kinondoni and Ilala have been made by considering the big number of pupils in the schools. Agreed in the JLPC meeting. Those transferred have been replaced and trained.	128 teacher's counsellors selected. All 28 schools with trained teacher's counsellors.	All teachers male and females selected counsellors in the project schools to be given a refresher course in ASRH, HIV and AIDS	AFO, Facilitators. NPC, DFP, WEO ,	
A.3.4	Refreshment Training of the school counsellors.		Number of school counsellors given refresher course.	. Appropriate refresher course has been given to all counsellors. It had 100% attendance.	Facilitators and DFPs	

3.5.3 Analysis of progress made

Relation between activities and results.

Trainings were done to pupils as per indicator and results expected. Training manuals were prepared and produced for the trainings of peer education and arts and sports education. Teachers had to have a guide to have a common understanding during the training in order to reach the objective set.

Sensitive factors and influencing factors.
These teachers are the ones very close to pupils, they know their problems and they can tackle them effectively.

Unexpected results

Although the focus of the programme was on HIV/AIDS prevention among primary school pupils, the programme also succeeded, to a certain extent, in developing a HIV/AIDS

workplace policy for school staff. As all teachers have been trained in HIV/AIDS the programme also contributed to increasing their HIV/AIDS knowledge as well as to changing their attitudes to people living with HIV and AIDS. Training guides will be used by MoEVT after going through the CCTWG.

3.5.4 Risks and Assumptions

Risk/Assumption	Level	Measures Taken
1. Teachers including Guardians and Counsellors are already overburdened and therefore poorly motivated to teach HIV/AIDS and life skills as extra curriculum	C	The head teachers have been asked to reduce the number of periods for the teacher counsellors
2. High turn-over of trained school Guardians/ counsellors.	B	They are been replaced by training.
Teachers will use the support materials and the skills learned for their classes on HIV/AIDS.	A	

3.5.5 Quality criteria

Criterion	Score	Comments
Effectiveness	A	Very effective as it also help in teaching other subjects.
Efficiency	A	It is very efficient as it uses paradigm system which is very efficient in learning..
Sustainability	A	It is sustainable because education goes from one generation to another.

3.5.6 Budget execution

Budget execution is 98%

3.5.7 Recommendations

Recommendations	Source	Actor	Deadline
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	PMT	School Inspectors, DFPs, Head teachers and PMT.	Continuous process
• Time on the timetable for peer education in the schools should be the same for all schools in a district.	PMT	Head Teachers	done
• To have Medical experts in every training to carter for the science/biology topics.	PMT	Health Officers	Continuous process

3.6 Result 4

3.6.1 Indicators

Result 4: In school adolescents and youths access to curriculum and extra curriculum HIV/AIDS information and education has improved.						**Progress A**
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Number of pupils who have access to HIV/AIDS/ASRH support materials.	None	17122	17122	17177	36000	
Number of schools that established a school health club.	None	None	28	28	28	
Number of health club that have a venue	None	None	28	28	28	
Number of pupils that have been trained as peer educators.	None	None	840	840	840	
Number of girls who are members of health club.	None	None	6968	6968	6968	
Number of girls and boys who have been trained in arts and sports.	None	None	700	700	700	
Number of peer education and sports and arts events organised.	None	None	7	7	7	
Number of Schools that organised ASRH/HIV/AIDS sensitization events.	None	None	7	7	7	

Activities	**Sub-activities**	**State of activities**	**Indicators**	**Quality criteria**	**Person in charge**	**Remarks-Difficulties-Points of attention**
A.4.3	Peer education training for teacher Counsellors.	The training for school teacher counsellors in peer education. Training guide was developed by MoEVT officers.	128 school counsellors trained in peer education	All the 128 school counsellors were well trained in peer education in WAMO Morogoro.	Consultants, DFP and Facilitators.	It was done for four days. Attendance was 100%.
	Peer education training for school pupils	The five days training was done in each school by the trained school counsellors.	840 school pupils members who have been trained as peer educators.	Well trained peer educators implimenting in schools..	School counsellors, DFP, DEO, TOTs	They participated actively and it was very impressive. The training had 100% attendance
A 4.2	Build and equip School Health Club rooms.	Health Club rooms have been built in every project	Health Club room in every school.	Well built Health club rooms in every school.	The school construction	The school construction committee did a commandable

		school. The school community have been involved by using the school construction committee. The commetee is very efficient and the rooms have been well built and complete in all the 28 schools of the project.			committee, Local constructors, DFP, District engineer and school head teachers.	construction work. The rooms are been very useful as counselling rooms as the teachers did not have rooms for guidance and counselling. Prisons Coorporate Sole have been contracted for furnishing the rooms.

3.6.2 Evaluation of activities

Activities	**Progress:**				**Comments** (only if the value is C or D)
	A	B	C	D	
Building and equipping of health club rooms.	B				Well-built Health club rooms in every school Furniture's have been ordered but not delivered
2. Peer education training for school pupils.	A				
4. Training of pupils in the use of arts and sports in transmitting HIV/AIDS messages.	A				
4. Training of Sport and Arts School teachers..	A				

3.6.3 Analysis of progress made

Relation between activities and results.

Training of pupils in peer education and its practice in schools has made the training of using of arts and sports in transmitting HIV/AIDS messages very easy as the pupils had already the information and skills. The relationship between the activities and the result are very good as the objective have highly been met. Pupils can express themselves very fluently and teach others without shying away these are the results which are fully related.

Sensitive factors and influencing factors.

Sport teachers and officers who attended the trainings showed a high sense of creativity of different skills. This was also observed during the training of pupils. The trainers in arts and sports showed very high skills in teaching the techniques of arts and sports which made participants very enthusiastic.

3.6.4 Risks and Assumptions

Risk/Assumption	Level	Measures Taken
1. Rooms for the school health Clubs are used as ordinary class rooms.	C	Inspectors of schools will see that this do not happen.
2. The support materials are used properly.	B	
3. The pupils and the community are enthusiastic about the school health club.	A	

3.6.5 Quality criteria

Criterion	Score	Comments
Effectiveness	A	
Efficiency	A	
Sustainability	A	

3.6.6 Budget execution

Budget execution 58%

3.6.7 Recommendations

Recommendations	Source	Actor	Deadline
• There should be close supervision to see that extra- curriculum activities on ASRH, HIV and AIDS to support the class teaching are done.	PMT		

3.7 Result 5

3.7.1 Indicators

Result 5: Use of ASRH/HIV/AIDS and support services by adolescents and youth has increased.						**Progress A**
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Number of health staff trained in adolescent and youth friendly attitude.	None	105	105	105	105	
Number of schools with ASRH/HIV/AIDS support and referral system	None	28	28	28	28	
Number of adolescent boys and girls using ASRH/HIV/AIDS support services	None	17122	17122	17122	36000	
Number of village dispensaries/ward health centres with staff trained in adolescent and youth friendly attitude.	None	7	7	7	7	

Activities	**Sub-activities**	**State of activity**	**Indicators**	**Quality criteria**	**Responsible person**	**Remark-Difficulties-Points of attention.**
A.5.1	Refresher Training for Health Staff in May 2011 in WAMO Morogoro.	The training was facilitated by MoHSW in collaboration with MoEVT.	2 health staff at the Ward dispensary and Ward health centre trained in adolescent and youth friendly attitude. 28 schools established an ASRH, HIV and AIDS support and referral system.	14 Health practitioners were trained 2 in each district Ward. They are now visiting schools. At Mkuranga the health officers are paying Visits to schools	DFP, DEO, facilitators from the MoHSW in Temeke Municipality.	The training attendance was good and 100% attendance.

3.7.2 Evaluation of activities

Activities	**Progress:**				**Comments** (only if the value is C or D)
	A	B	C	D	
Refresher course for health officers			+++		14 Health practitioners were trained 2 in each district Ward. The training attendance was good and 100% attendance. They are now visiting schools. At Mkuranga the health officers are paying Visits to schools. However the Dar-es-Salaam districts' are not doing the intervention as agreed. These health officers are in another Ministry where we have no authority.

3.7.3 Analysis of progress made

Relation between activities and result.

Many visits and discussions have been done by the PMT on how to manage this activity but in it has not worked properly. Schools received the funds and they are not able to access it because they have to present receipts to the treasurer and officers who are the signatories of the school account. But they do not have money to spend before being given the same. Some do not even ask for the money because they are afraid of how to accounting for. Karatu sent the money to schools and instructed them to use it and they did spend it within a month.

We have not got the result we expected from this activity. Although few pupils are being sent to the health practitioners we trained, the friendly environment has not been created in many project schools.

Sensitive factors and influencing factors.

The referral case has failed to be implemented properly, as the DFP failed to link the activity between the education and health departments under the councils.

Unexpected results

Failing of the DFPs in following up and supervising the activity.

3.7.4 Risks and Assumptions

Risk/Assumption	Level	Measures Taken
Turnover of trained staff.	C	A letter has been written to DEDs and MDs requesting them not to transfer health officers who have been given refresher course until the end of the project.
Poor transport facilities and financial barriers hamper access of adolescents and youth to health facilities.	A	
The MoH prioritises the Wards/villages where the programme is implemented for the establishment of YFS.	A	

3.7.5 Quality criteria

Criterion	Score	Comments
Effectiveness	C	Not successful to date
Efficiency	C	Not successful to date
Sustainability	C	
Relevance	A	

3.7.6 Budget execution

Budget execution 14%

3.7.7 Recommendations

Recommendations	Source	Actor	Deadline
To have medical experts to carter for scientific topics during the trainings	Teacher counsellors	Facilitators	In place
Pupils to have Medical practitioners tell them about ARVs, CD4,VCT etc.	Teacher counsellors	Head teachers	–
To have Medical experts in every training to carter for the science/biology topics.	Teacher counsellors	PMT	In place
The DFPs to be reminded about making a close follow up of the referral activity	PMT	DFP	Continuous process.

3.8 Result 6

3.8.1 Indicators

Result 6. 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.						**Progress C**
Indicators	Baseline value	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Publication of base line survey results.						**Done**
Publication of research results on lessons learned and good practices						**To be completed at the end of the project**
Number of national and international participants at end of programme conference						**To be completed at the end of the project**
No. of national and international stakeholders having received a copy of the publications (baseline survey, lessons learned, good practices, conference proceedings						**To be completed at the end of the project**
No. of donors supporting the consolidation and/or expansion of the programme						**To be completed at the end of the project**

Activities	**Sub-activities**	**State of execution**	**Indicators**	**Quality criteria.**	**Person in charge**	**Remarks-Difficulties-Points of attention**
A.6.3	Review of Baseline Survey and development of Monitoring indicators.	The completed document was sent electronically to stakeholders.	BLS document with monitoring indicators.	Baseline Survey results disseminated to DPs, and stakeholders.	SPO, NPC, AFO Arms on Environment Ltd.	Very poor response from the DPs and Stakeholders. Even those who responded to have received the document gave no comments. The document remain to be

						translated to Kiswahili.

3.8.2 Evaluation of activities

Activities	**Progress:**				**Comments** (only if the value is C or D)
	A	B	C	D	
Review of Baseline Survey and development of Monitoring indicators.	++ +				Baseline Survey results disseminated to DPs, and stakeholders. Very poor response from the DPs and Stakeholders. Even those who responded to have received the document gave no comments. The document remain to be translated to Kiswahili.

3.8.3 Analysis of progress made

Relation between activities and result.
The result of the baseline survey is been intergraded into the training, educational and health service activities and provide baseline data for the indicators that have been developed for measuring the impact of the programme.

Sensitive factors and influencing factors.
The BLS sought to understand the position of primary school youth in the project schools, their knowledge of understanding, beliefs, attitude as well as practice and behaviour regarding HIV and AIDS. To examine HIV spread and generate information about accessibility of ASRH, HIV and AIDS services for youths.

Unexpected results
When the BLS was disseminated to the stakeholders and DPs who attended the dissemination, it was very unfortunate that no feedback was received.

3.8.4 Risks and Assumptions

Risk/Assumption	Level	Measures Taken
Poor management skills and other governmental priorities affect the successful implementation of the programme.	A	

3.8.5 Quality criteria

Criterion	**Score**	**Comments**
Effectiveness	B	When the BLS was done the project had already started
Efficiency	A	
Sustainability	A	
Relevance	A	

3.8.6 Budget execution

Budget execution 98%

3.8.7 Recommendations

Recommendations	**Source**	**Actor**	**Deadline**
Dissemination of the baseline survey has been resent to DPs and Stakeholders and need to be translated**.**			

4 Transversal Themes

4.1 Gender integration

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 has been 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.

Gender and the implementation of the project is carried out at district and school level by taking into account a gender-based approach at all levels of the programme implementation whereby particular attention is paid to the creation of safe environment for girls. The direct beneficiaries are all equal number of males and females except where Religious leaders are involved in the SCAEC committees where the choice was left to involve either a female or male as the need is for one Christian and one Muslim.

4.2 Environmental integration

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.

As far as school environment is concerned, support and referral system has been integrated as part of the programme for adolescents and youth to have a friendly support and health services. The organization of adolescent and youth friendly ASRH/HIV/AIDS and support services is part of the mandate of the MoHSW.

As for the selection of the project schools, the criteria was from risky environment where there is much risk of contracting HIV and STIs and either there had been no or less interventions on ASRH/HIV/AIDS.

4.3 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 organization of a ASRH/HIV/AIDS referral and support system for adolescents and youth.

5 Lessons learned

- The project has been positively accepted and appreciated by direct and indirect beneficiaries. The interventions involved make it easy to be accepted as it involves the communities in and out of the schools. Monitoring has revealed appreciation of both direct and indirect beneficiaries as they participate fully. They show a sense of ownership.
- Teachers and pupils have opened up to discuss in public issues on ASRH, HIV and AIDS without feeling shy.

  Before the training of the teachers, most of the science teachers who were supposed to teach the HIV/AIDS topics were not doing so for lack of confidence. They were not courageous to mention words related to sex as is considered taboo in most of our societies. Pupils were also afraid to disclose any information about their thoughts and engagements in sexual life thinking that they will be criticised as having bad manners.
- The ASRH, HIV and AIDS education programme of the MoEVT have come to be known and known better.

  Although there are Policy guidelines and books produced by the MoEVT which were sent to schools to implement the HIV/AIDS Education Programme, they were not being used, neither by teachers nor by pupils. The peer trainings conducted became very substantial. More knowledge and skills created more understanding and curiosity and questions and thereafter more skills. During the trainings peer educators are made free to talk and express themselves about anything that they know and that they do not understand and time become short as every question has to be answered and therefore they always recommend to be given more time for training.

  School peer educators have appreciated the training and they are now doing it without fear.

6. Annexes

6.1 Logical framework

<table>
<tr><td colspan="4">Logical Framework</td></tr>
<tr><td colspan="3">Project title: HIV/AIDS Awareness Creation Program Targeting Youth and Adolescents in Primary Schools in Dar es Salaam and Six Selected Districts in Tanzania
Global Objective: To contribute towards a decreased morbidity and mortality rate due to AIDS and other Sexual and Reproductive Health (SRH) Problems</td><td>Prepared on: June - July 2007</td></tr>
<tr><td>SPECIFIC OBJECTIVE</td><td>INDICATORS</td><td>Means of Verification</td><td>RISKS & ASSUMPTIONS</td></tr>
<tr><td>To empower youth to practice behaviours that protect their SRH by increasing their knowledge of age specific sexual and reproductive health in Tanzania.</td><td>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.</td><td>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.</td><td><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.</td></tr>
</table>

No	RESULTS	INIDCATORS	Means of Verification	RISKS AND ASSUMPTIONS
R01	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.	Risks - The SCAEC oppose to teaching HIV/AIDS within the broader context of ASRH at primary schools. Assumptions - Members of the SCAEC are highly motivated. - The capacity building of the SCAEC members contributes to increased awareness about the importance of ASRH/HIV/AIDS education at primary school.
R02	The capacity of the districts in HIV/AIDS programming, management, monitoring and supervision 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.	Risks - Poor interest of the District for the programme. - School Inspectors neglect the supervision of HIV/AIDS education at school. - Turnover of trained district staff. Assumptions - The programme is fully supported by de Mayor/Chairman and the Municipal Director/District Executive Officer.
R03	Teachers and School Guardians/Counsellors 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.	SCAEC activity reports. Teacher training attendance lists. Receipt list of work packages and support materials.	Risks - Teachers (incl. School Guardians/Counsellors) are already overburdened and therefore poorly motivated to teach HIV/AIDS and life-skills. - High turn-over of trained School Guardians/Counsellors. Assumptions - Teachers will use the support materials and the skills

		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.	School Guardians/Counsellors training attendance lists. Focus group discussions with the teachers and the School Guardians/Counsellors. Interviews with the School Heads.	learned for their classes on HIV/AIDS. - School Guardians/Counsellors are adequately supported by the School Head and the District.
R04	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.	CAEC activity reports. embership list of the School Health Clubs. tatutes and annual activity plan of the School Health Clubs.	<u>Risks</u> - The rooms for the School Health Clubs are used as ordinary class rooms. <u>Assumptions</u> - 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. - The support materials are used.

		Number of School Health Clubs that have a venue of their own. Number of School Health Clubs that are equipped with a ASRH/HIV/AIDS library, sport and (re)creative materials. Number of School Health Club members who have been trained as peer educators. Number of girls who are member of the School Health Club. Number of girls who have been trained as peer educators. Number of peer educators who organised at least 1 peer education activity per year. Number of girl peer educators who organised at least 1 peer education activity per year. Number of School Health Clubs that received arts/sport workshops. Number of arts/sport workshops that were organised. Number of	ttendance list peer education training. ttendance list arts/sport workshops. eer education reports. isits to the School Health Clubs. ocus group discussions with the members of the School Health Clubs (boys and girls). ocus group discussion with the students (boys and girls).	- The school community, including the students, are enthusiastic about the idea of the School Health Club. - The MoE contributes 3.500.000 TSH for the building of the School Health Clubs. - The community contributes 2.500.000 TSH for the building of the School Health Clubs (may be in kind).

		ASRH/HIV/AIDS sensitisation events that have been organized. Number of schools that organised at least one ASRH/HIV/AIDS sensitisation event.		
R05	Use of ASRH/HIV/AIDS and support services by adolescents and youth has increased.	Number of health staff at the village dispensary and the ward health centre trained in adolescent and youth friendly attitudes. Number of village dispensaries/ward health centres with staff trained in adolescent and youth friendly attitudes. Number of schools that established an ASRH/HIV/AIDS support and referral system. Number of adolescent boys and girls using ASRH/HIV/AIDS and support services.	ttendance list health staff training. CAEC activity reports. illage dispensary and ward health centre records. ocial support service records. nterviews with health and support service providers. ocus group discussions with the students (boys and girls).	<u>Risks</u> - Turn-over of trained staff. - Poor transport facilities and financial barriers hamper access of adolescents and youth to health facilities. <u>Assumptions</u> - The MoH prioritises the wards/villages where the programme is implemented for the establishment of YFS.
R06	Information and communication to national and international stakeholders in ASRH/HIV/AIDS, including donors, about the programme	ublication of base-line survey results ublication of research results on lessons learned and good practices.	ase-line survey report. ase-line survey publication. issemination list of the base-line survey publication. esearch report on lessons	<u>Risks</u> - Poor management skills and other governmental priorities affect the successful implementation of the programme. <u>Assumptions</u> - Other national and international key-stakeholders in ASRH/HIV/AIDS are interested in the programme and its

	results is an integrated part of the programme implementation.	umber of national and international participants to end-of-programme conference. umber 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). umber of donors supporting the consolidation and/or expansion of the programme.	learned and good practices. ublication on lessons learned and good practices. issemination list of the publication on lessons learned and good practices. onference attendance list. ublication of the conference proceedings. issemination list of the conference proceedings. ontracts with other donors. nterviews with interested donors.	approach. - The programme's lessons learned and good practices are integrated in the further consolidation and expansion of the programme. - The programme results are positive.

6.2 M&E activities

Backstopping report

HIV/AIDS AWARENESS CREATION AT PRIMARY SCHOOLS IN TANZANIA PROGRAMME

TAN 0501711

MARLEEN BOSMANS, BTC HIV AIDS EXPERT
AUGUST 2011

Framework for Monitoring and Evaluating Programme Outcome

	OUTCOME INDICATOR	SITUATION BLS (%)			CURRENT (%)			TARGET (%)			DIFFERENCE (%)		
		M	F	T	M	F	T	M	F	T	M	F	T
1.0	**Knowledge and understanding of HIV and AIDS**												
1.1	Meaning of AIDS	64	67	66									
1.2	Symptoms	76	74	75									
1.3	Transmission	58	56	57									
2.0	**Attitudes towards infection of HIV and AIDS**												
2.1	Risk of self being infected	29	27	28									
2.2	Risk of other groups being infected	52	53	53									
2.3	Do not want to be taught by infected teacher	34	38	36									
2.4	Willing to test for HIV and AIDS	21	20	21									
3.0	**Recommended behaviour of adolescents and youths**												
3.1	Abstinence	81	83	81									
3.2	Avoid drug abuse	81	85	83									
3.3	Go for VCT	86	88	87									
3.4	Condom use	28	21	25									
4.0	**HIV and AIDS information**												
4.1	From teachers	97	96	96									
4.2	From peers	93	95	94									
4.3	Parents	96	99	97									
5.0	**Use of ASR/HIV and AIDS care and support services by adolescents and youths**												
5.2	Guidance and counselling	88	89	89									
5.2	Peer education	74	66	70									
5.3	Healthy diet	81	83	82									
5.4	ARVs	82	80	81									
5.5	Availability of guidance and counselling services	63	62	63									
5.6	Access to curriculum and extracurricular on	97	96	96									

	ASR/HIV and AIDS												
6.0	**Heath Education and Life Skills**												
6.1	Knowledge of family planning	41	36	39									
6.2	Awareness of STDs	72	58	65									
6.3	Safe sex	61	53	57									
6.4	Gender issues	63	62	63									
6.5	Condom awareness	3	0.4										
6.6	Knowledge of changes from childhood to adolescent	78	75	76									
6.7	Knowledge of family planning methods	41	36	39									
6.8	Knowledge of sexually transmitted diseases	72	58	64									
6.9	Awareness of safe sex	61	53	57									
6.10	Knowledge of gender issues	63	62	63									
7.0	**Teachers and school guardians counsellors are skilled in HIV and AIDS and Life Skills education**												
7.1	*Trained on HIV and AIDS and Life Skills education:*												
	Head teachers			57									
	Teachers			87									
	School guardians and counsellors			46									
7.2	*Trained on guidance and counselling*												
	Head teachers			50									
	Teachers			16									
	School guardians and counsellors			43									
7.3	*Trained on peer education*												
	Head teachers			32									
	Teachers			9									
	School guardians and counsellors			13									
8.0	**The capacity of the districts to manage, monitor and supervise HIV and AIDS programme**												
8.1	*Trained on HIV and AIDS and Life Skills education:*												
	DEOs			0									
	DSIs			71									
	WECs			51									
8.2	*Trained on guidance and counselling*												
	DEOs			0									
	DSIs			14									
	WECs			0									
8.3	*Material supply in districts*			23									

NB

The outcomes from 7.1 to 8.3 do not show female and male because the capacity is meant for teachers and leaders at the district level. For this survey it is believed that, the roles of the leaders have more impact on the outcomes than their gender.

6.5 Budget versus planned (2011) Report

6.5.1 Annual Financial Planning – Update Q1 (2012) (Euros)

Budget Line-FIT	Description	Total Budget	Expenditure 2009-2011	Total 2012 Budget	Q1 2012
A_01_01	Start-up activities at District level	2,870	2,829	0	
A_01_02	Start-up activities at village level	17,080	16,834	0	
A_01_03	Establishment/ activation SCAEC	57,000	37,838	14,000	3,500
A-01_04	Capacity Building SCAEC	42,700	39,696		
A_02_01	Reporting, monitoring and evaluation	3,500	3,464		
A_02_02	Training DEOs, PFP,WEO	27,060	25,433		
A_02_03	Reporting, monitoring and supervision	63,000	20,971	21,000	5,250
A_03_01	Training teachers	69,580	69,469		
A_03_02	Activation School Guardians/counsellors	28,000	26,719		
A_03_03	Intensive training school Guardians/counsellors	23,310	22,795		
A_03_04	Refreshment training school Guardians/counsellors	25,550	7,387	18,000	
A_04_01	Support materials	30,800	27,550		
A_04_02	School Health Clubs	196,000	150,344	45,650	45,650
A_04_03	Peer Education Trainings	261,240	148,092	113,080	87,080
A_04_04	Arts/Sport workshops	174,300	50,662	123,637	
A_04_05	ASRH/HIV/AIDS Sensitization	39,000	14,895	14,000	
A-05_01	Training health Staff	19,425	18,583		
A_05_02	Referral system	30,000	4,198	25,800	6,500
A_06_01	Baseline Survey	25,000	24,508		
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	19,200	14,595	5,400	1,350
Z_01_02	Administrative and Finance Officer	43,200	33,030	14,400	3,600

Z_01_03	Technical staff	13,600	6,781	4,800	1,200
Z_01_04	Other Staff Costs	28,000	15,674	7980	2,745
Z_02_01	Motor vehicle	30,000	26,654		
Z_02_02	Office equipment	12,500	8,786	3,714	900
Z_02_03	Equipment IT	1,800	994	806	
Z_03_03	Maintenance vehicle/fuel	30,000	26,276	6,000	1,500
Z_03_04	Telephone, fax and email	7,200	2,559	2,400	600
Z_03_05	Office materials	15,000	10,113	5,000	1,240
Z_04_01	Service and maintenance	37,000	3,538	20,000	
Z_04_02	Audit	30,000	25	17,000	17,000
Z_04_03	Backstopping	120,000	7,446	40,000	
	Total	**1,549,832**	**868,738**	**502,667**	**178,115**

6.6 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.[1]

- The members of the School Health Club (boys and girls) (840 adolescents and youth; 420 boys and 420 girls).[2]
- 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).
- 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).[3]

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 organize annual ASRH/HIV/AIDS sensitisation events to which the community can be invited.

6.7 Operational planning Q1-2012

HIV/AIDS AWARENESS CREATION PROGRAMMME TARGETTING YOUTH AND ADOLESCENTS IN PRIMARY SCHOOLS IN DAR ES SALAAM AND SIX SELECTED IN TANZANIA - REVISED December, 2010									
DAR-ES-SALAAM AND SIX SELECTED IN TANZANIA.					TERM				
Activity Plan and budget for the year 2012					Q1	Q2	Q3	Q4	**Total**
R	01			Creation of an enabling environment	Euro	Euro	Euro	Euro	**Euro**
			02	SCAEC quarterly meetings.	3,500	3,500	3,500	3,500	**14,000**
R	02			District Management Capacity Building					
		A3		Reporting, Monitoring and Supervision					
			01	Plan and conduct monitoring and supervision visits to Districts in the selected schools. Implementors: DSI, CHAC, DEO (District Home Economics Officer), DM0 (District AIDS Control Coordinator)-Continuos work.	5,250	5,250	5,250	5,250	**21,000**
R	03			Teacher Training and Capacity building					
		A2		Activation School Guardians/Counselors - April/May					
		A4		Refreshment training school Guardians/Counsellors.					
			01	Plan and conduct 1 day refresher training course to trained school Guardians/Counsellors - November/December				18,000	**18,000**
R	4			Youth HIV/AIDS information and education					
		A2	01	Build and equip School Health Club rooms - January-March. Inluded in the total amount is Euro 148,750 that was meant for purchase of construction materials but not bought in Q4 2010.	45,650				**45,650**
		A3		Peer education training					
			01	Plan and conduct 8 days training for school peer educators on ASRH, HIV/AIDS Health Clubs - May.	87,080	26,000			**113,080**

				Arts/sports workshops					
		A4	01	Plan and conduct 5 days training workshops for all schools health club members on how to disseminate ASRH, HIV/AIDS messages through arts and sports Jan-Mar			56,900	66,737	**123,637**
		A5		ASRH and HIV/AIDS sensitisation events					
			01	SCAEC, school health clubs and school guardians/counselllors organise ASRH, HIV/AIDS sensitisation events World AIDs Day - December.				14,000	**14,000**
R	05			Use of ASRH and HIV/AIDS Support Services					
		A1	01	Training Health Staff					
		A2		Referral system					
			02	Establish/support referral modalities for adolescents and youth in all project schools - continuos	6,500	6,500	6,500	6,300	**25,800**
R	06			Info and communication to stakeholders					
Z		**01**		**General means**					
Z		01		Staff costs					
Z		01	02	National Programme Coordinator	1,350	1,350	1,350	1,350	**5,400**
Z		01	03	Administrative and Finance Officer	3,600	3,600	3,600	3,600	**14,400**
Z		01	04	Driver	1,200	1,200	1,200	1,200	**4,800**
Z		01	05	Other Staff Costs	2,745	1,245	2,745	1,245	**7,980**
Z		03	03	Maintenance vehicle/fuel	1,500	1,500	1,500	1,500	**6,000**
Z		03	04	Telephone, fax and e-mail	600	600	600	600	**2,400**
Z		03	05	Office materials	1,240	1,240	1,240	1,280	**5,000**
Z		**04**		**Audit. Monitoring and evaluation**					
Z		04	01	Monitoring and evaluation - August			20,000		**20,000**
Z		04	0	Audit - April		15,000			**15,000**

			2						
Z		04	03	Backstopping BTC (technical and administrative) June and December		20,000		20,000	**40,000**
				TOTALS	**160,215**	**86,985**	**104,385**	**144,562**	**496,147**