



RESULTS REPORT 2012 PROJECT TAN0501711

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



AGENTS OF CHANGE

Table of Contents

ACRONYMS AND ABBREVIATION4

1.1 PROJECT FORM5

 1.2 *Project Performance* 6

 1.3 *Budget execution*6

 1.4 *SUMMARY* 7

2 ANALYSIS OF THE INTERVENTION8

 2.1 *Context*..... 8

 2.1.1 *General context*.8

 2.1.2 *Institutional context*..... 8

 2.1.3 *Management context : Execution Modalities:*..... 8

 2.1.4 *Harmo - context*..... 9

 2.2 *Outcomes* 9

 2.3.1 *Risk management*..... 10

 2.3 *Potential Impact* 10

 2.3.1 *Quality criteria* 11

Output 1 11

 2.2.1 *Analysis of progress made*. 11

 2.2.1.1 *Evaluation of activities*..... 11

 2.2.1.2 *Analysis of progress made* 12

 2.2.1.5 *Budget execution* 12

 100%..... 12

 2.2.1.4 *Quality criteria* 12

 OUTPUT 2 13

 2.2.2.2 *Indicators*..... 13

 2.2.2.3 *Evaluation of activities*..... 13

 2.2.2.4 *Analysis of the progress made* 13

 2.2.2.7 *Budget Execution*..... 14

 2.2.2.6 *Quality Criteria* 14

 2.2.3.1 OUTPUT 3 14

 2.2.3.2 *Indicators*..... 14

 2.2.3.3 *Evaluation of activities* 14

 2.2.3.4 *Analysis of progress made* 15

 2.2.3.6 *Budget execution* 15

 2.2.3.5 *Quality criteria* 16

 2.2.4.1 OUTPUT 4..... 16

 2.2.4.4 *Analysis of progress made towards outcome*..... 16

Unexpected results..... 17

 2.2.4.7 *Budget execution* 17

 2.2.4.6. *Quality criteria* 17

 2.2.5.1 *Output 5*..... 17

 2.2.5.4 *Analysis of progress made* 17

 2.2.5.7 *Budget execution* 19

2.2.5.6	<i>Quality criteria</i>	19
2.2.6.1	<i>Output 6</i>	19
2.2.6.2	<i>Analysis of progress made</i>	19
2.2.6.4	<i>Analysis of progress made</i>	19
2.2.6.7	<i>Budget execution</i>	20
	<i>Budget execution 85%</i>	20
2.2.6.6	<i>Quality criteria</i>	20
3.	TRANSVERSAL THEMES	21
3.1	GENDER INTEGRATION	21
3.2	ENVIRONMENTAL INTEGRATION	21
3.3	HIV/AIDS	21
6.	ANNEXES	22
6.1	LOGICAL FRAMEWORK	22

Acronyms and Abbreviation

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
WEC	Ward Education Coordinator

1.1 Project form

Project name	HIV/AIDS Awareness Creation Project
Project Code	TAN0501711
Location	Arusha, Coast, Dar-es-Salaam and Kilimanjaro regions in Tanzania
Budget	EURO 1,549,832
Key persons	NPC and AFO
Partner Institution	MoEVT, PMO RALG
Date of Implementation Agreement	2006-2013
Duration (months)	42 Months
Target groups	Primary school youths and adolescents
Impact	To contribute towards a decreased morbidity and mortality rate due to HIV/AIDS and other sexual and reproductive health problems.
Outcome	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.
Outputs	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.

1.2 Project Performance

	Efficiency	Effectiveness	Sustainability
Outcome: 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
Output 1: An enabling environment for HIV/AIDS programmes targeting adolescents and youth is increased.	A	A	A
Output 2: The capacity of Districts in HIV/AIDS programming, management, monitoring and supervision is strengthened.	B	B	B
Output 3: Teachers and school guardians/counsellors are trained and skilled in HIV/AIDS and life skills education.	A	A	B
Output 4: In school adolescent's and youth's access to curriculum and extra curriculum HIV/AIDS information and education has increased	A	A	A
Output 5: Use of ASRH/HIV/AIDS and support services has increased by adolescents and youth	B	B	B
Output 6: Information and communication to national and international stakeholders in ASRH/HIV/AIDS, including donors, about the programme results as an integrated part of the programme implementation.	B	B	B

EFFICIENCY: Degree to which the resources of the intervention(funds, expertise, time etc.) have been converted into results in an economical way (assessment for the whole of the intervention)

EFFECTIVENESS: Degree to which the outcome (specific objective) is achieved. As planned at the end of year N.

SUSTAINABILITY: the degree of likelihood to maintain and produce the benefits of an intervention in the long run (beyond the implementation period of the intervention)

1.3 Budget execution

Budget	Expenditure per year 2012	Balance of the budget	Execution rate
1,549,832.00	1.442.236,71	107.595,29	93%

1.4 SUMMARY



The project has proven the capacity of young people to transform negative community norms towards responsible behaviour change.

Investing in adolescents and youth in HIV and AIDS and reproductive health issues has a multiple effect in the National response to the epidemic.

A multiple, synergic approach is essential; An overall enabling environment, trained LGAs and school committees, physical recourses including books, and more work.

Being thorough contributes to knowledge, confidence and behaviour change; Combination of project activities, comprehensive ongoing training and increased knowledge to indirect beneficiaries.

Creative participatory methods make learning more effective; Creative and participatory method found in using art and sports allow young people to engage with sexual and reproductive health topics more confidently.

National execution official <i>Hyacinthe Musaraka</i>	BTC execution official <i>Vincent VERCRUYSE</i>
	

2 Analysis of the Intervention

2.1 Context

2.1.1 General context.

The conference held for the Lessons learnt and best practises research results in October 2012 made awareness to Development Partners and National policy makers who showed readiness in supporting the scaling up of the project activities.

The project has proven the capacity of young people to transform negative community norms towards responsible behavioural changes. Dr. Bennett Fimbo, a Health Education/Health Promotion Specialist who did the research on Lesson learnt and good practices said; “Every new generation of children deserves to be given the attention that this project gives to adolescents’ sexual and reproductive health, and I strongly recommend that Tanzania policy-makers find ways to continue it”.

National policymakers are ready to support the project continuation, including those of the highest level of Ministry of Education and Vocational Training (MoEVT) and TACAIDS -- the government’s body responsible for coordinating the national response to HIV &AIDS. The Deputy Minister for MoEVT Hon. Mulugo said that, “We as the government have to sit and brainstorm on how to build on these successes”, in order to add some other districts covered by the project activities.

Hon. Mulugo invited NGOs, government institutions and so on to discuss how the success of the project can be further enhanced. He said, the MoEVT will cooperate with the Prime Minister’s office and other Ministries including Ministry of Health and Social Welfare (MoHSW). There would be significant challenges in expanding the project, and most importantly how to enhance the best practices in other schools and other districts. Hon. Mulugo therefore called upon all stakeholders to think about how to join efforts to address this challenge, the Ministry would receive all recommendations with interest.

“Scaling up of the project nationwide will require significant investment, but I believe it will be money well spent, and I fully support that investment”. This was said by Morris Lekule from National Response Department TACAIDS and a member of JLPC.

The District Education Officer for Karatu said; “I will try to encourage my District council to allocate resources from the Council budget in order to continue this programme when BTC funding stops.”

2.1.2 Institutional context

The HIV/AIDS Awareness creation project is anchored at the MoEVT under the AIDS Education Coordinating Unit (AECU). The NPC was recruited from the AECU which is under Commissioner for Education in the Ministry. The Unit is directly under an Assistant Director for Diversity who was appointed this year 2012. The project is piloting the same guideline and same materials produced and being used by the MoEVT. Most of the trainings conducted have been facilitated by the TOTs of 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. At this juncture it can be said that the institutional anchoring and implementation is very appropriate. However there are some areas like sports and arts training where consultants from the National Arts Council were used. NAC once was a MoEVT Institution.

2.1.3 Management context : 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 consultants. International consultants are recruited according to the Belgian rules and regulations. Local staff and local 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.

2.1.4 Harmo - context.

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, the MoEVT and the PMO-RALG, has agreed in the ownership of the project whereby the DPs will help partly in financing the implementation for the rest of schools which were not part of the project and to oversee that the implementation of the activities are sustainable in all the schools.

2.2 Outcomes

The HIV/AIDS Awareness programme has been a gateway to many other social issues that can be addressed through different approaches in the society in order to rectify them. In some Districts actions have taken place like Rombo district where they have been able to shut down the pornographic kiosks by the pressure from SCAEC

By using arts and sports, this project has proved the capacity of young people to transform negative community norms towards responsible behaviour change.

Training of pupils in peer education and its practice in schools has made the using of arts and sports in transmitting HIV/AIDS messages very easy as the pupils had already the information and skills.

The project teachers and pupils have reached a stage of participating in the production of HIV/AIDS/ASRH educative film, a radio Play, posters, brochures, Voice over and Flyers. The expected output is to have HIV/AIDS/ASRH messages that can deliver information and skills to youths and all people in the communities with the aim of reducing the spread of HIV/AIDS/STIs and provide skills to cope with the existing challenges specifically of reproductive health among youths.

Worlds AIDS Day has been celebrated in all project schools and brought awareness to many people specifically by using sports and arts.

2.3.1 Risk management

Risk Identification			Risk analysis			Risk treatment			Follow up of risks	
Description of risk	Period of identification	Risk category	Probability	Potential impact	Total	Actions	Respond	deadline	Progress	status
The SCAEC oppose the teaching of HIV/AIDS	2009	B	Medium	Low		Sensitization of the SCAEC members	High	2010	High Positive response	Normal
Poor interest of District officers like DEDs, DEOs, Health Officers, Head teachers	2009	B	Medium	Medium		Sensitization and training of Officers	Medium	2010	High Positive response	
High turnover of trained school guardians/counselors	2010	B	Medium	Medium		Refresher training involving new members.	High	End of project	High	
The rooms for the school Health clubs are used as ordinary classrooms.	2011	A	Low	Low		Inspectors are to monitor the use of the rooms.	High		High	
Turnover of trained staff	2011	B	Medium	Medium		Request to the DED/MED to retain officers specifically Health staff.			Medium	
Poor management skills and other priorities affect the successful implementation of the progress.	2009	A	Low	Low		Nil			High	

2.3 Potential Impact

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

Impact studies of the project have demonstrated the capacity of young people to transform negative community norms towards responsible behaviour change. The HIV/AIDS Awareness programme has

been a gateway to many other social issues that can be addressed through different innovative approaches in the society to get rid of them. This was largely due to the comprehensive training approach, but also the overall enabling environment and gender consideration which includes a supportive community.

The teachers and pupils in the project schools can now talk and discuss issues openly 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 have shown an increase of knowledge and skills among the direct and indirect beneficiaries.

2.3.1 Quality criteria

	Score	Comments
Relevance	A	The project is in line with the MoEVT Guidelines of implementing HIV/AIDS and Life skills Education programme at schools. There was no new system which was involved to implement the project. The success reached is caused by the MT, implementers at District level, teaching and learning materials and other resources been in place. The programme is very relevant and needs to be scaled up as it is within the National Framework and MoEVT policy and HIV/AIDS programme
Efficiency	A	The third intervention of using arts and sports as a means of delivering HIV messages proved to be very effective. All inputs were available when required and within budget.
Effectiveness	A	The project outcome has been achieved in terms of quality and coverage as planned.
Sustainability	B	The programme is 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. With the lessons learnt and the good practices shown and documented, the MoEVT, TACAIDS, other DPs, and the districts will include the project in their operational budgets and therefore the scaling up of the project.

Output 1.

2.2.1 Analysis of progress made.

Output 1: An enabling environment for HIV/AIDS Programmes targeting youth and adolescents is created.						Progress B
1. 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	Targeted number in the TFF.
Number of SCAEC meetings.	None	60	56	224	336	

2.2.1.1 Evaluation of activities

Activities	Progress:				Comments
	A	B	C	D	

1. Quarterly SCAEC meetings		+			
2. Number of SCAEC meetings		+			

2.2.1.2 Analysis of progress made

Relation between outputs and outcomes .

A training manual prepared and produced by the project for the members of the SCEC training have been submitted and accepted by the MoEVT for use by all primary schools.

Influencing factors

At the beginning of the project there was identification and recruitment of the SCAEC members whose chairperson is the head teacher of the school. The members include all different groups of the community members surrounding the school- 2 opinion leaders, 2 religious leaders, two people who are HIV positive, 2 members of the school board, 4 school counsellors, 2 HIV and AIDS teachers, the head of school and 2 representatives of the pupils with gender balance. It makes a total of 17 members. This composition of people is the right group to deliver the right messages 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 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. A training guide for SCAEC was produced which will be used by MoEVT.

2.2.1.5 Budget execution

100%

2.2.1.4 Quality criteria

Criterion	Score
Efficiency	A
Effectiveness	A
Sustainability	B

Output 2

2.2.2.2 Indicators

Output 2: The capacity of the district in HIV/AIDS Programming, management, monitoring and supervision is strengthened.						Progress A
2. 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	144	

2.2.2.3 Evaluation of activities

Activities	Progress:				Comments (only if the value is C or D)
	A	B	C	D	
1. Reporting Monitoring and supervision		+			.

2.2.2.4 Analysis of the progress made

Relationship between activity and output

The activity was 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 would have been difficult to reach the objective set successfully.

Unexpected Result

The monitoring and supervision tools produced will be used nationally by the MoEVT as it was not in place.

2.2.2.7 Budget Execution

Budget execution is 100%

2.2.2.6 Quality Criteria

Criterion	Score
Effectiveness	A
Efficiency	B
Sustainability	A

2.2.3.1 Output 3

2.2.3.2 Indicators

Output 3: Teachers and School Guardians/Counsellors are trained and skilled in HIV/AIDS and Life skills Education.						Progress A
3. 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	

2.2.3.3 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 and pupils.	+				
4. Refresher training for Arts and sports teachers and pupils	+				

2.2.3.4 Analysis of progress made

Relation between outputs and the outcome.

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.

The guide produced are:

1. Training guide for SCAEC
2. Training guide for peer education std. five to seven
3. Training guide for HIV education by using sports and arts.
4. Teaching guide for HIV and AIDS education in classroom std. one to seven.
5. Trainer of Trainers guide.

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.

2.2.3.6 Budget execution

Budget execution is 100%

2.2.3.5 Quality criteria

Criterion	Score
Effectiveness	A
Efficiency	A
Sustainability	A

2.2.4.1 Output 4

Output 4: In school adolescents and youths access to curriculum and extra curriculum HIV/AIDS information and education has improved.						Progress A
4. 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	36523	
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	35	35	
Number of Schools that organised ASRH/HIV/AIDS sensitization events.	None	None	28	28	28	

2.2.4.4 Analysis of progress made towards outcome

Relation between activities and outputs.

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 outputs are excellent as the objective have highly been met. Pupils can express themselves very fluently and involve others without shying away these are the results which are fully related.

Progress made towards achievement

Sport teachers and officers who attended the refresher 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.

Unexpected results

By using arts and sports, this project has proven the capacity of young people to transform negative community norms towards responsible behaviour change.

2.2.4.7 Budget execution

Budget execution 96%

2.2.4.6. Quality criteria

Criterion	Score
Effectiveness	A
Efficiency	A
Sustainability	A

2.2.5.1 Output 5

Output 5: Use of ASRH/HIV/AIDS and support services by adolescents and youth has increased.						Progress A
5. 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	36523	36523	
Number of village dispensaries/ward health centres with staff trained in adolescent and youth friendly attitude.	None	7	7	7	7	

2.2.5.4 Analysis of progress made

Relation between output and outcome.

At the beginning this activity has been implemented in hard condition as it was not easy for the schools to access funds because when money is sent to the Districts there is so much bureaucracy that delays prompt implementation of activities.

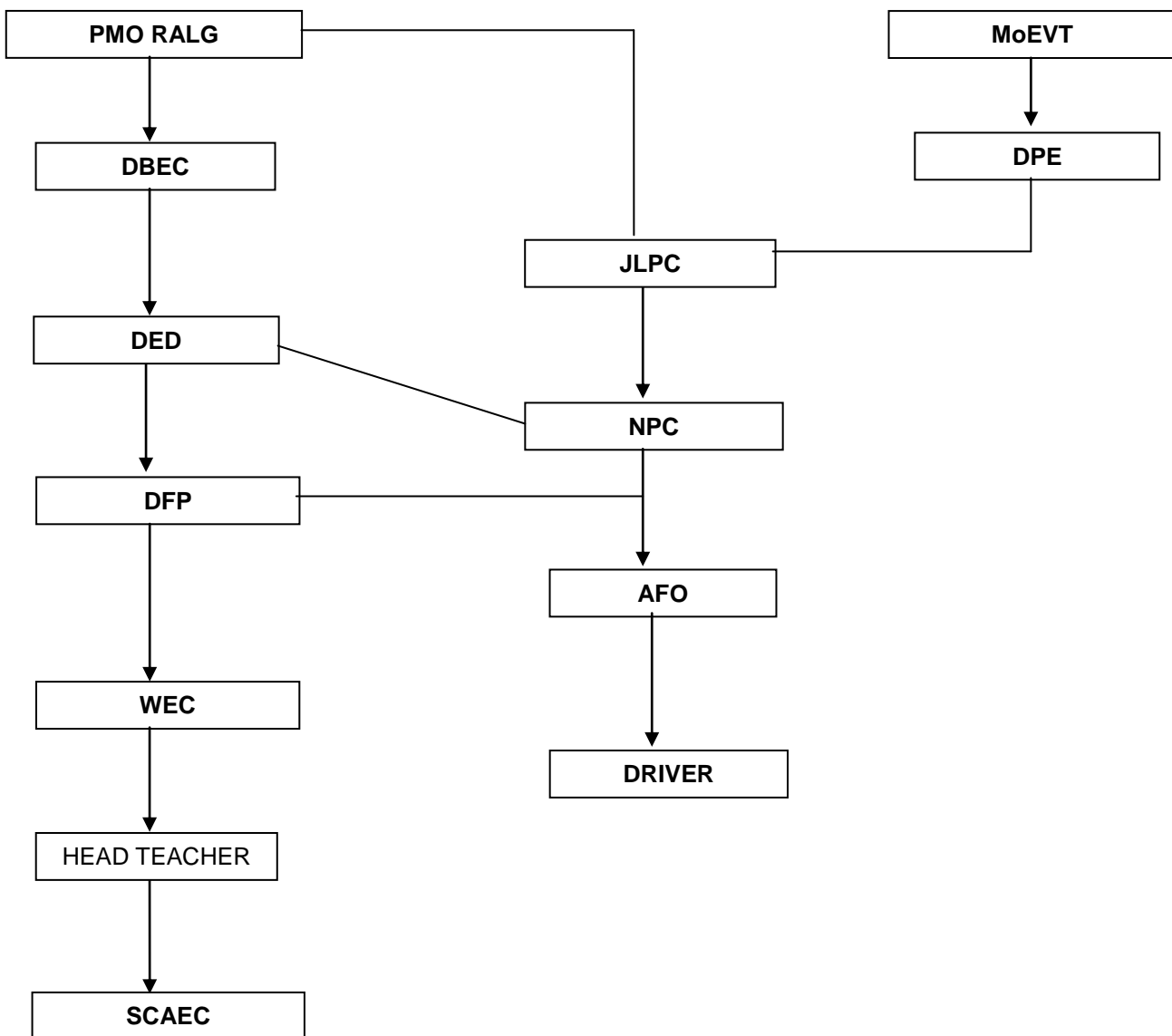
Influencing factors.

As MoEVT could not coordinate properly with the MoHSW. It was hard for the Health staff to be involved efficiently.

Unexpected results

Insufficient coordination between MoEVT and the MoHSW, It was hard for the Health staff to be involved efficiently.

ORGANOGRAM
HIV AND AIDS AWARENESS CREATION PROJECT



2.2.5.7 Budget execution

Budget execution 100%

2.2.5.6 Quality criteria

Criterion	Score
Effectiveness	B
Efficiency	B
Sustainability	B
Relevance	A

2.2.6.1 Output 6

2.2.6.2 Analysis of progress made

Output 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
6. Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
Publication of research results on lessons learned and good practices				2000		Done
No. of national and international stakeholders having received a copy of the publications of lessons learnt and good practices conference proceedings.				150		Done

2.2.6.4 Analysis of progress made

Relation between output and outcome.

The result of the research on lessons learnt and good practices has proved the success of the pilot project.

Influencing factors.

The result of the research on the lessons learnt and good practices has shown how the teachers benefited from the exposure by the workshops and trainings in which they intermingled and collaborated with others from different locations.

Unexpected results

Despite of the success of the pilot project, scaling up of the project activities has not found any resources from donors or DPs.

2.2.6.7 Budget execution

Budget execution 85%

2.2.6.6 Quality criteria

Criterion	Score
Effectiveness	A
Efficiency	A
Sustainability	B
Relevance	A

3. Transversal Themes

3.1 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 identification of lessons learned and good practices and the monitoring, supervision.

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.

3.2 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

The construction of the Health club rooms has provided a friendly environment for meetings, library services and counselling.

Having trained teacher counsellors provide a friendly environment for the pupils and even other members of the schools as they have someone to listen to their problems..

3.3 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 was 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 adolescence.

6. Annexes

6.1 Logical framework

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

No	RESULTS	INDICATORS	Means of Verification	RISKS AND ASSUMPTIONS
R01	An enabling environment for sustainable HIV/AIDS programmes targeting youth and adolescents at primary schools is created.	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.	<u>Risks</u> - The SCAEC oppose to teaching HIV/AIDS within the broader context of ASRH at primary schools. <u>Assumptions</u> - 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 standardized 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.	<u>Risks</u> - Poor interest of the District for the programme. - School Inspectors neglect the supervision of HIV/AIDS education at school. - Turnover of trained district staff. <u>Assumptions</u> - 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. Number of teachers who received a work package with support materials.	SCAEC activity reports. Teacher training attendance lists. Receipt list of work packages and support materials. School Guardians/Counsellors training attendance lists. Focus group discussions with the teachers and the School	<u>Risks</u> - 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. <u>Assumptions</u> - Teachers will use the support materials and the skills learned for their classes on HIV/AIDS. - School Guardians/Counsellors are adequately supported by the School Head and the District.

		<p>Number of schools disposing of trained School Guardians/Counsellors.</p> <p>Number of female teachers who were selected as School Guardians/Counsellors.</p> <p>Number of School Guardians/Counsellors who received an intensive training.</p> <p>Number of female School Guardians/Counsellors who received an intensive training.</p> <p>Number of School Guardians/Counsellors who attended refreshment trainings.</p> <p>Number of female School Guardians/Counsellors who attended refreshment trainings.</p>	<p>Guardians/Counsellors.</p> <p>Interviews with the School Heads.</p>	
R04	In-school adolescents' and youth's access to curriculum and extra-curriculum HIV/AIDS information and education has improved.	<p>Number of students who have access to ASRH/HIV/AIDS support materials.</p> <p>Number of schools that established a School Health Club.</p> <p>Number of School Health Clubs that have a venue of their own.</p> <p>Number of School Health Clubs that are equipped with a ASRH/HIV/AIDS library, sport and (re)creative materials.</p>	<p>CAEC activity reports.</p> <p>membership list of the School Health Clubs.</p> <p>statutes and annual activity plan of the School Health Clubs.</p> <p>attendance list peer education training.</p> <p>attendance list arts/sport workshops.</p> <p>peer education reports.</p> <p>visits to the School Health Clubs.</p>	<p><u>Risks</u></p> <ul style="list-style-type: none"> - The rooms for the School Health Clubs are used as ordinary class rooms. <p><u>Assumptions</u></p> <ul style="list-style-type: none"> - 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. - 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).

		<p>Number of School Health Club members who have been trained as peer educators.</p> <p>Number of girls who are member of the School Health Club.</p> <p>Number of girls who have been trained as peer educators.</p> <p>Number of peer educators who organised at least 1 peer education activity per year.</p> <p>Number of girl peer educators who organised at least 1 peer education activity per year.</p> <p>Number of School Health Clubs that received arts/sport workshops.</p> <p>Number of arts/sport workshops that were organised.</p> <p>Number of ASRH/HIV/AIDS sensitisation events that have been organized.</p> <p>Number of schools that organised at least one ASRH/HIV/AIDS sensitisation event.</p>	<p>Focus group discussions with the members of the School Health Clubs (boys and girls).</p> <p>Focus group discussion with the students (boys and girls).</p>	
R05	Use of ASRH/HIV/AIDS and support services by adolescents and youth has increased.	<p>Number of health staff at the village dispensary and the ward health centre trained in adolescent and youth friendly attitudes.</p>	<p>Attendance list health staff training.</p> <p>CAEC activity reports.</p> <p>Village dispensary and ward health</p>	<p><u>Risks</u></p> <ul style="list-style-type: none"> - Turn-over of trained staff. - Poor transport facilities and financial barriers hamper access of adolescents and youth to health facilities.

		<p>Number of village dispensaries/ward health centres with staff trained in adolescent and youth friendly attitudes.</p> <p>Number of schools that established an ASRH/HIV/AIDS support and referral system.</p> <p>Number of adolescent boys and girls using ASRH/HIV/AIDS and support services.</p>	<p>centre records.</p> <p>social support service records.</p> <p>interviews with health and support service providers.</p> <p>focus group discussions with the students (boys and girls).</p>	<p><u>Assumptions</u></p> <p>- The MoH prioritises the wards/villages where the programme is implemented for the establishment of YFS.</p>
R06	<p>Information and communication to national and international stakeholders in ASRH/HIV/AIDS, including donors, about the programme results is an integrated part of the programme implementation.</p>	<p>publication of base-line survey results</p> <p>publication of research results on lessons learned and good practices.</p> <p>number of national and international participants to end-of-programme conference.</p> <p>number of national and international stakeholders in ASRH/HIV/AIDS having received a copy of the publications (base-line survey, lessons learned and good practices, conference proceeding).</p> <p>number of donors supporting the consolidation and/or expansion of the programme.</p>	<p>base-line survey report.</p> <p>base-line survey publication.</p> <p>dissemination list of the base-line survey publication.</p> <p>research report on lessons learned and good practices.</p> <p>publication on lessons learned and good practices.</p> <p>dissemination list of the publication on lessons learned and good practices.</p> <p>conference attendance list.</p> <p>publication of the conference proceedings.</p> <p>dissemination list of the conference proceedings.</p> <p>contracts with other donors.</p> <p>interviews with interested donors.</p>	<p><u>Risks</u></p> <p>- Poor management skills and other governmental priorities affect the successful implementation of the programme.</p> <p><u>Assumptions</u></p> <p>- Other national and international key-stakeholders in ASRH/HIV/AIDS are interested in the programme and its approach.</p> <p>- The programme's lessons learned and good practices are integrated in the further consolidation and expansion of the programme.</p> <p>- The programme results are positive.</p>

Action Plan for January to April 2013. HIV/AIDS Project.

Results	Specific activities	Responsible persons	Resources	Date/Time	Changes to be observed
R04_02 School Health Clubs	Library, Recreational and sport materials to be sent to 28 schools.	PMT	vehicle, E-mails, letters	February, 2013	
R06_02 Lessons learned and good practice	Production of HIV Hope film for the school and to do the logistics and request for broadcasting the Project Film and Radio Play by TBC-TV, Clouds TV ITV, Mlimani Radio and Radio Tumaini.	PMT	Funds, vehicle, E-mails, letters	February and March 2013	
Z01_04 Other Staff costs	To hold 2 JLPC meetings. To comment on the 2012 Results Report and also to Close up the HIV Project.	PMT	Funds, vehicle, E-mails, letters	February and March, 2013	
Z04_01 Monitoring and Evaluation	To contribute to the final evaluation of the Project to be conducted by BTC HQs.	BTC HQs, RR and PMT	Funds, emails, letters and vehicle	February and March, 2013	

