



Tanzanian German Programme to Support Health (TGPSH)

**From the PASHA project to the MoEVT's approach to School
Counselling Services and Peer Education**

**9 years of peer education and school counselling
services in Tanzanian schools -
taking stock of achievements, outcomes, lessons
learnt and recommendations**

**A capitalisation report on Germany's support to the
education sector of Tanzania, 2003-2012**

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Disclaimer

The views and ideas expressed herein are those of the authors and do not necessarily imply or reflect the opinion of GIZ or the Ministry of Education and Vocational Training Tanzania.

List of abbreviations

AMREF	African Medical and Research Foundation
BEST	Basic Education Statistics in Tanzania
BTC	Belgian Technical Cooperation
DED	District Executive Director
DEO	District Education Officer
DSHC	District School Health Coordinator
EMAC	Educational Materials Approval Committee
ESMIS	Education Sector Management Information System
GIZ	German Agency for International Cooperation
HoS	Head of School
IT	Information Technology
JIPAU	Jitokeze Pambana na UKIMWI (faith-based organisation)
KAP	Knowledge, Attitude and Practice study
MoEVT	Ministry of Education and Vocational Training
MoHSW	Ministry of Health and Social Welfare
MTEF	Medium-Term Expenditure Framework
NGO	Non-Governmental Organisation
PASHA	Prevention and Awareness in Schools of HIV and AIDS
PE	Peer Education
PMORALG	Prime Minister's Office Regional Administration and Local Government
REO	Regional Education Officer
SC	School Counselling
SCAEC	School Counselling and AIDS Education Committees
SCIH	Swiss Centre for International Health
SRH	Sexual and Reproductive Health
Swiss TPH	Swiss Tropical and Public Health Institute
TACAIDS	Tanzania Commission for AIDS
TAHOSSA	Tanzania Heads of Secondary Schools Association
TGPSH	Tanzanian German Programme to Support Health
THMIS	Tanzania HIV/AIDS and Malaria Indicator Survey
ToT	Trainer of Trainers
TSh	Tanzania Shilling
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	The United Nations Children's Fund
USAID	United States Agency for International Development
WAMA	Wanawake Na Maendeleo Foundation
WEC	Ward Education Coordinator

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Executive Summary

“PASHA” is the extracurricular approach of the Ministry of Education and Vocational Training in Tanzania to address Sexual and Reproductive Health and Rights and HIV and AIDS in schools. Since 2003, the development and roll out of the programme has been supported by the German Government through the German Agency for International Cooperation as part of the Tanzanian German Programme to Support Health. As from 2004, the Swiss Centre for International Health of the Swiss Tropical and Public Health Institute was contracted to provide the technical assistance and support for implementation. The programme focuses mainly on the promotion of school counselling services and peer education in primary and secondary schools in Tanzania.

To assess the achievements and lessons learnt of this collaboration, lasting from 2003 to mid 2012, results from key stakeholder interviews were triangulated with existing data from quantitative and qualitative studies as well as monitoring results in order to transform individual and institutional experience and knowledge into capital that can be used in future.

Over the nine years of collaboration, some 750 schools were enrolled in the programme. More than 5,000 peer educators and 2,000 school counsellors were trained, through a pool of trainers. Over this time period, German financial support amounted to 3.9 million Euros (8 billion TSh), matching the counterpart contribution of the Ministry of Education which mainly consisted of human resources and infrastructure. In the last phase of collaboration, a number of local and international development partners (e.g. Tanzania Heads of Secondary Schools Association, Restless Development, USAID, Médicos del Mundo, and others) committed to supporting the scaling up of the programme to more regions and schools resulting in considerable leveraged funding for the programme. Geographically, the scaling up has introduced the programme in the following regions, where on average up to 15% of schools have been reached: Tanga, Lindi, Mtwara, Mbeya, Iringa, Ruvuma, Morogoro and Kilimanjaro.

Main programme outcomes:

- Strong evidence that the programme positively influences attitudes of beneficiaries (students and teachers) and strengthens their life skills, leading to empowerment and improved gender equality.
- Evidence of the programme’s positive effect on reducing unwanted schoolgirl pregnancies. Schoolgirl pregnancies are a useful proxy indicator for the frequency of unprotected sex, which is also related to the risk of HIV infection (for which no data can be collected at school level).
- Strong evidence that the introduction of peer education programmes improves academic performance of students. Programme stakeholders report on improved discipline and a reduced number of school dropouts in intervention schools.
- School counsellors developed their skills in participatory and student-centred teaching and problem solving approaches. In schools this contributed to a positive atmosphere of confidence and collaboration. School counsellors have become role models within school communities and cases of sexual abuse by teachers have become rare in intervention schools.
- School authorities and teachers perceive the programme as highly relevant and there is strong demand for its introduction into non-intervention schools.
- The programme has succeeded in breaking initial resistance at parent level and creating a supportive environment. It has contributed to breaking the silence between

parents and children and to greater openness for intergenerational dialogue around HIV and Sexual and Reproductive Health and Rights issues.

- The technical support provided by the Swiss Tropical and Public Health Institute team to the national partner system has contributed to various changes at policy level in the Ministry of Education (re-admission policy, openness about condoms in education sector, other policies and strategies). However, changes of perception at the national level do not automatically translate into changes of daily practice at school level, where authorities find themselves in a situation of tension between official sector policies and societal pressure in a traditional context.
- Today, the Ministry of Education applies a harmonised and context appropriate approach when developing youth friendly materials approved by its Educational Materials Approval Committee. The “PASHA” approach to peer education and counselling services in school is a well recognised good practice model, which is reflected in various Tanzanian key policy documents. It is an established brand, associated with quality, both among development partners and national stakeholders.
- The programme contributed to strengthening the commitment of the Ministry of Education to the HIV prevention response.

Challenges:

- High turn-over rates of counselling teachers;
- Limitations in supervisory system;
- Limitations in reporting and information systems, poor quality of quantitative data;
- Attaining sustainable funding and cost-sharing;
- Shortage of human resource capacity.

Lessons learnt:

- A reform of teaching methodologies towards interactive and participative teaching and learning is required to change attitudes and to create an atmosphere of trust. Participative approaches contribute to creating a supportive environment and to the acceptance of a programme. Moreover, there is evidence that the use of learner-centred approaches positively influences academic performance and a reduction in school dropout.
- A comprehensive approach, embedding HIV/AIDS in wider Sexual and Reproductive Health and Rights and life skills modules is crucial for changing attitudes and behaviour.
- Good policies are an excellent starting point for a programme. Aligning a programme with national policies is key to its acceptance into the national system. Policy needs to be accompanied by support for dissemination, implementation and roll out in order to bring about change.
- A systems approach is key to create national ownership and commitment, and to promote sustainability.
- The availability of technical assistance and the multisectoral framework have been crucial success factors for the programme.

- The cooperation with the Tanzania Heads of Secondary Schools Association in Tanga is a good practice model to be shared widely for collaboration with secondary schools.
- The “PASHA” experience shows that aligning with national monitoring and information systems and supporting their strengthening through technical advice is the desirable solution in terms of sustainability and ownership. However, in contexts of weak national information systems there are challenges in terms of quality, completeness and timely access to data for decision making and management at the programme level.
- Rolling out the approach to all schools in a region can only be achieved when the majority of funds are mobilised at the decentralised level. While it is urgent that the Ministry of Education allocates a budget line to peer education and school counselling services in the Medium-Term Expenditure Framework, its budget, even if supported by donors, will not allow for the rolling out and the sustainability of the programme nationwide. Cost-sharing modalities at the decentralised level and introducing the approach at the teacher training level seems to be the most promising strategy to roll out the approach nationwide.
- Continuation of the programme and dissemination of its contents will strongly depend on the development of feasible concepts for dealing with the high turn-over rates of school counsellors and fluctuation of peer educators. Concepts are required that ensure an appropriate periodicity of training and sharing of experiences, on regional as well as on national level.
- In order to maintain, scale up and ensure sustainability of the programme, strengthening the capacity of the HIV/AIDS Unit where national coordination of the programme takes place, needs to be given high priority.

Summary of main recommendations:

- Ensure refresher and replacement trainings and the introduction of the approach into teacher training in order to sustain the programme;
- Develop further options for sustaining programme funding;
- Strengthen the evidence of programme performance and outcomes;
- Advocate for the programme by promoting its beneficial effects on adolescent health and school careers;
- Advocate for learner centred approaches, in and outside of programmes on HIV/AIDS and Sexual and Reproductive Health & Rights;
- Sensitise the wider school community through existing structures;
- Integrate the decentralised coordination and supervision into the existing system;
- Revise standard architectural plans for schools to include a counselling room;
- Make the approach even more comprehensive and targeted to the various age groups;
- Regularly evaluate and adapt the materials used, in order to make them respond to students' changing information needs;
- Re-discuss the use of the branding “PASHA”;
- Consider renaming the HIV/AIDS Unit into Sexual and Reproductive Health and Rights, HIV and Life Skills Unit.

1 Introduction

“PASHA” is the extracurricular approach of the Ministry of Education and Vocational Training (MoEVT) in Tanzania to address Sexual and Reproductive Health and Rights and HIV and AIDS in schools. Since 2003, the development and roll out of the programme has been supported by the German Government through the German Agency for International Cooperation (GIZ) as part of the Tanzanian German Programme to Support Health (TGPSH). As from 2004, the Swiss Centre for International Health (SCIH) of the Swiss Tropical and Public Health Institute (Swiss TPH) was contracted to provide technical assistance and support for implementation. The programme focuses mainly on the promotion of school counselling (SC) services and peer education (PE) in primary and secondary schools. Programme implementation supported by GIZ and SCIH focuses on the regions of Mtwara, Mbeya, Lindi, and Tanga. Other regions are supported through collaboration with bi- and multi-lateral organisations as well as non-governmental organisations (NGOs).

The epidemiological and socio-cultural context in which the programme takes place has been described in various documents (see Tanzania HIV/AIDS and Malaria Indicator Survey, *THMIS 2010*; and various studies available in the international literature) and will not be discussed in this report. Also, the programme as such will not be described here. For technical details about the approach the reader is referred to the “PASHA” flyer (2011/2012) and to the *“Minimum Essential Package for Implementing Peer Education and School Counselling Services in Tanzanian Schools”* (2011).

The reader should note that in Tanga, the first region to benefit from the programme, a slightly different approach was used as compared to other regions. Details on the approach used in Tanga are given in chapter 3.2.9.

Some explanation around the use of the term “PASHA” may be needed. PASHA stands for *“Prevention and Awareness in Schools of HIV and AIDS”* and was used as a branding name for the German-supported project. The German support was set up in a typical project framework in collaboration with the MoEVT. Therefore, to some Ministry stakeholders, “PASHA” is equivalent to “the German project”. Against this background, and in order to allow for strong ownership by MoEVT as well as full integration of the programme into the national system, the name was reviewed. As a result, it was finally agreed to use the term *“the MoEVT’s approach to School Counselling Services and Peer Education”*. This report however still mentions the term “PASHA”, as no other abbreviation has been assigned until today.

In its support to the MoEVT throughout the collaboration, GIZ did not only provide financial support but offered international technical support and expertise. The Swiss TPH education advisors (Dorothea Coppard 2004-2009, Dr. Heinrich Heinrichs 2010-6/2011, and Bianca Agert 7/2011-6/2012) were based in Tanzania permanently, to collaborate with the MoEVT counterparts. Since July 2011, their presence has been phased out in view of creating national ownership and preparing for hand over. During the last twelve months of the current phase, technical support is provided only periodically through backstopping support by the education advisor. During the full duration of the collaboration, Dr. Claudia Kessler, based in Switzerland, was in charge of leading the project on behalf of Swiss TPH and GIZ. On the Tanzanian side, Mr Benedict Raymond Mangulu, now a member of the MOEVT’s HIV/AIDS Unit, has been coordinating the activities since 2003.

1.1 Aim of the document

As the German support to the programme will come to an end in June 2012, this document intends to capitalise on eight and a half years of collaboration between the Swiss TPH/TGPSH and the Tanzanian education sector. As part of knowledge management, experience capitalisation is primarily useful for:

- documenting the initiative and experiences, and making it available to interested parties in and outside of the programme context;
- reporting, analysing and discussing achievements and outcomes of the intervention;
- enabling programme visibility - also to support advocacy for future partnerships and resource mobilisation;
- highlighting challenges to be resolved and room for improvement, in view of further strengthening of the programme's quality and practices;
- supporting institutional learning of all involved partner organisations.

1.2 Methodology

This capitalisation exercise was conducted onsite (Dar es Salaam and Tanga) in January 2012 as part of an internal review and reflection process, led by the project leader. Face to face interviews were conducted with eight selected key informants, and two focus group discussions were held with eight respondents from primary and secondary intervention schools. The information obtained was transcribed and triangulated with the knowledge and experience of the project leader, the education advisor and the national programme coordinator, together with reports and previous studies conducted within the frame of the programme. The Department of Policy and Planning at the MoEVT kindly provided regional data on reasons for school dropout in primary schools which were analysed by the lead author in terms of pregnancy and truancy as reasons for dropout. Unfortunately, the weak quality of data provided for secondary schools did not allow for analysis.

A limitation of the chosen approach is that only stakeholders from within the "PASHA system" were interviewed. Ideally, with more time available, external stakeholders such as regional and local authorities, representatives of non-intervention schools, community representatives and development partners would have been involved. Also, because schools in Tanzania were closed for holidays during data collection, neither students nor parents were interviewed. Students' views, however, have been integrated in the review by incorporating the results of two previous studies (Baxen 2009; Forrester and Bamurange 2007).

An interview guideline was used to conduct semi-structured interviews (see Annex 3). The national programme coordinator took part in most of the interviews so as to increase the institutional learning process. The information collected is mainly of qualitative nature. Interviewees expressed themselves freely, not shying away from highlighting critical points. An amazing concurrence of statements was noticed, when comparing the views and experiences voiced by the various interviewed partners.

To avoid a reporting bias, statements were validated by quantitative information or by probing further on the issue and asking for cases and stories to clarify the statements. When analysing the data, the lead author applied a critical approach in order to minimise bias towards the findings. The advantages of the broad insight and understanding of the programme by the programme coordinator and the project leader were thought to outweigh the risk of partiality.

2 Main Programme Outputs

During the implementation phase, the “PASHA” programme received financial and other contributions from various agencies, NGOs, and Ministries. This chapter provides an overview of these contributions as well as the achieved outputs.

Summary of outputs 2004-2011*		
# of peer educators trained	min. 5,070	approx. 50% female and 50% male**
# of school counsellors trained	min. 2,142	approx. 50% female and 50% male**
# of primary schools enrolled in programme	min. 414	
# of secondary schools enrolled in programme	min. 298	
ToTs trained since 2009	52	
Development partner funding contribution (as far as known)	GIZ/TGPSH 2004-mid 2012	~ 8 billion TSh (~3.9 mio Euros)***
Leveraged funding	USAID mid 2011- mid 2012	~ 300 million TSh (~200'000 US\$)
Leveraged funding	Restless Development 2010-2011	~ 62 million TSh
Other financial contributions (e.g. by Médicos del Mundo): figures not known		
MoEVT investments: human resources such as the positions of national programme coordinator and regional coordinators, and human resources at school level; infrastructure at all levels: cannot be quantified in monetary terms		
Main partners of the MoEVT for scaling up SC services and PE in schools, using the “PASHA” approach:		
<ul style="list-style-type: none"> • GIZ/TGPSH • TAHOSSA • Restless Development • USAID • Médicos del Mundo • Solidarmed • African Medical and Research Foundation (AMREF) 		

* Not yet including trainings that took place during the 4th quarter 2011 and afterwards.

- ** Sex disaggregated data is available only since 2010. However, by definition each school selects one male and one female teacher as school counsellors and three male and three female students as peer educators.
- *** Funds available for project implementation through contracting Swiss TPH between 2004 and mid 2012; GIZ investments before 2004 not known to the author.

In addition, during the first programme phase 137 biology and civics teachers were trained on HIV and AIDS and Sexual and Reproductive Health (SRH). An approach later abandoned in favour of SC services.

2.1 Scaling up PASHA

With GIZ financial support through TGPSH and technical assistance from the Swiss TPH, a pilot approach for PE and SC services was developed in collaboration with the MoEVT. The approach was later scaled up in three ways: horizontal scaling up (increased coverage: more schools, more regions, more partners), vertical scaling up (institutionalisation) and functional scaling up (extending the scope of the programme).

Phase I (2003-2006): Pilot approach of SC services developed and tested in secondary schools only, with Tanga as the intervention region.

Phase II (2006-2009): Functional scaling up by adding PE to the approach, including primary schools as beneficiaries of the programme, and supplementing HIV activities with a comprehensive SRH and life skills approach; and horizontal scaling up by adding two more regions: Lindi and Mtwara.

Phase III (2010-2012): Horizontal scaling up by adding one more TGPSH supported region, Mbeya, and several regions supported by other partners; vertical scaling up with the integration of the programme into MoEVT policies; and functional scaling up in collaboration with UNICEF with introduction of the programme tailored to children with special needs in 14 schools, and training of “trainers of trainers” (ToTs) specifically for deaf students.

2.2 Number of schools covered

So far, SC services and PE have been introduced in at least 710 schools in Tanzania (at least 414 primary and 298 secondary schools).

In Lindi and Mtwara, the programme covers 15% of all schools with the support of TGPSH. In Tanga, thanks to TAHOSSA support, coverage of secondary schools is close to 100%.

While the programme was first launched in a few regions and only in a selected number of schools, coverage has now broadened, with the Ministry of Education using contributions from various organisations, agencies and NGOs to scale up the programme. The figures provided in the table below reflect the situation by the end of 2011, specifying the respective supporting agency. However, further trainings for additional schools are planned and budgeted for. Thus, it can be expected that in 2012 the coverage will continue to increase.

So far, the programme has been introduced in four regions with GIZ/TGPSH support (Tanga since 2003; Mtwara since 2007; Lindi since 2007; Mbeya since 2010). Four other regions (Morogoro since 2009, Ruvuma, Iringa, and Kilimanjaro since 2010) are covered through support by USAID, Restless Development, Solidarmed, TAHOSSA, Médicos del Mundo, AMREF and others.

Number of schools and supporting agencies per region

Region	Primary schools	Supported by	Secondary schools	Supported by
Mtwara	72 40	TGPSH USAID	20	TGPSH
Lindi	72	TGPSH	20	TGPSH
Tanga	25	TGPSH	>200	TAHOSSA and TGPSH
Mbeya	44	Restless Development and TGPSH	19	Restless Development and TGPSH
Iringa	27 40	Restless Development USAID	17	Restless Development
Morogoro	12	Solidarmed		
Kilimanjaro	30	Médicos del Mundo		
Ruvuma	52	Restless Development	22	Restless Development
others	Further schools received support e.g. through provision of „PASHA“ materials - exact numbers are not known.			
Total	min. 414		min 298	

The Belgian Technical Cooperation (BTC) is using PASHA materials in six districts, covering 24 schools. However, despite many attempts, close collaboration between „PASHA“ and BTC could not be established. Other MoEVT partners with whom close cooperation was established include MoHSW, GIZ/TGPSH, TACAIDS, PMORALG, UNESCO, UNICEF, FEMINA, JIPAU, WAMA and Family Health International.

2.3 Dissemination strategies

Extensive, multisectoral networking and collaboration with a broad range of stakeholders was a priority throughout the programme phases, with the aim of providing information on „PASHA“, exchanging experiences and continuously improving the approach. Both the national programme coordinator and the Swiss TPH education advisors are members of various governance and donor groups in the field of education and HIV. Through collaboration between the MoEVT and Swiss TPH/TGPSH, educational and advocacy materials were developed, including:

- **Minimum Essential Package for Implementing Peer Education and School Counselling Services in Tanzanian Schools**, provides details on the programme and its scaling up (MoEVT PASHA 2011)
- **Getting pregnant schoolgirls back to school!**, an advocacy flyer targeting heads of schools (HoSs) and teachers (MoEVT PASHA and Gender Desk 2010)

- **Facilitator's manual for the training of school counsellors**, PASHA, in English - MoEVT approved
- **Shangazi Stella training guide for peer education**, PASHA, in Kiswahili - approved by the Educational Materials Approval Committee (EMAC)
- **Shangazi Stella package**, PASHA, in Kiswahili - EMAC approved
- **Life skills booklet**, PASHA, in Kiswahili and English - MoEVT approved

In 2007, "PASHA" developed a *Step-by-step guide to access funds for HIV and AIDS activities in primary and secondary schools* and a step-by-step guide on *How to arrange a comprehensive HIV/AIDS action day*. "PASHA" also contributed to many MoEVT approved materials which were developed by various organisational units and/or partner organisations of the Ministry, such as the *Guidance and Counselling Guide*, the *Modules on Counselling 1-11*, the *Gender Friendly Schools Guidelines* and the *Kinga Training Manual*.

Programme flyers, a CD Rom and two videos documenting PE and SC activities (a tutorial for trainers in Kiswahili and a documentary in English) were also produced as advocacy and public relations materials.

Various studies conducted with expert support include a survey on the effect of the programme on knowledge, attitude and practice of students and peer educators (KAP study 2009), a study on schoolgirl pregnancies (2009), and a study on the effects of training on school counselling services (2008).

The German Health Practice Collection *Addressing sexual health and HIV in schools* (2011) refers to "PASHA" as an example of good practice. The approach has also been presented at various regional and international conferences and high-level meetings¹.

¹ See Annex 3 for a list of studies and surveys, and full references.

3 Outcomes and Impact

3.1 Effects and achievements at student, school and parent level

3.1.1 Student knowledge and awareness

At student level, respondents report a clear improvement in terms of knowledge about HIV and AIDS and SRH. While knowledge was previously an individual asset that some students had and others did not have, knowledge has now become a shared good and is openly discussed amongst peers as well as with teachers and parents. Openness in dialogue and the self-confidence of students (primarily peer educators) are said to have greatly increased. The programme has helped students to properly understand information they capture elsewhere (at home, media, etc.). Primary school children have developed an increased awareness of their own bodies and a better understanding of the changes that will occur during puberty. The children were often said to enjoy learning from each other.

Validation of findings: These qualitative findings are confirmed by Baxen's quantitative study in 2009, showing a clear effect on improved knowledge in intervention schools as compared to the regional average. The results of the study suggest that in intervention schools, students have a better knowledge on HIV/AIDS than the average young person surveyed in the THMIS across the three regions of Lindi, Tanga and Mtwara. The real effect is likely to be even broader than the one presented in the table below, as the study by Baxen assessed the 11-15 age group, whereas the THMIS data refers to young people aged 15-24.

Frequency Distribution for Knowledge on HIV/AIDS by Gender and School District

Region	% Percentage of students with knowledge on HIV/AIDS			
	Female		Male	
	PASHA	THMIS	PASHA	THMIS
Lindi	67.7	64.0	67.9	66.1
Tanga	70.8	47.9	71.5	37.1
Mtwara	65.0	51.8	64.4	59.6
Total	67.3	59.3	67.2	59.2


Source: Baxen 2009, p. 42


Conclusion: There is clear evidence that the programme improves knowledge and awareness of beneficiaries, most notably of peer educators and girls.

3.1.2 Student attitudes and life skills

Thanks to the programme, students were reported to have changed their attitudes in regards to SRH and HIV and AIDS issues. The capacity building received by peer educators promotes self-esteem and self-confidence and thus enables them to stand confidently in front of their peers and act as role-models. In schools, students now feel more at ease to express themselves and talk more openly about their problems. Peer educators frequently become school leaders and many of them move on to secondary schooling and higher education. All of these positive changes reflect on how the programme contributes to students' empowerment. Schools benefiting from the programme were said to be more active and dynamic within schools (theatre plays, talks, competitions, etc.) and within communities (contributing to World AIDS Days etc.). Positive changes are also observed in terms of gender relations. Respondents reported that boys and girls have learned to talk to each other more openly and are increasingly sharing tasks. While before the implementation of the programme only boys dared to talk about sexuality, girls have now also opened up to talk about the topic. Boys, on the other hand, are said to have learned to express their emotions more and speak about their feelings.

Validation of findings: These findings, as reported by key stakeholders, are confirmed by the focus group discussions with students conducted in the frame of the study by Baxen (2009) which demonstrated a clear effect of the programme on student empowerment and life skills strengthening, as well as on strengthening of gender equality. Both surveyed girls and boys displayed a similar level of knowledge and self-esteem, demonstrated by their career aspirations. A study conducted by Forrester and Bamurange in 2007 on the effects of PE also underlined the positive effect of the programme on students' knowledge, attitudes and skills as well as on strengthened gender equality.

 **Conclusion:** There is strong evidence that the programme positively influences attitudes of beneficiaries and strengthens their life skills, leading to empowerment and improved gender equality.

 **Lesson Learnt:** Opening narrow HIV focused approaches to a comprehensive approach that includes Sexual and Reproductive Health and Rights and life skills is crucial for changing attitudes and behaviour.

3.1.3 Changes in student behaviour

Stakeholders have no way of collecting accurate data on students' sexual behaviour (e.g. risk taking, delay in sexual activity, use of contraceptives, etc.) or the HIV incidence in the school-age population, as no regular school-based screening is conducted and infections may only be detected later in a student's life. The programme thus used another indicator to measure the programme's impact on behaviour change: As unwanted pregnancies result from unprotected sex, which exposes the partners to a risk of contracting HIV and STIs, the number of schoolgirl pregnancies served as a proxy indicator for behaviour change. It is noteworthy that without exception, *all* respondents (independently of each other) reported on a clear drop in cases of schoolgirl pregnancy in the years following the programme introduction. Various reasons were suggested for this positive change. Students were said to have understood that entering a relationship does not necessarily mean having sexual intercourse. Respondents, however, felt that the observed drop in cases does not only reflect a delay in sexual activity but also a better control over and access to contraception. The possibility that some pregnancies might not have been noted by the school administration

because the respective girls dropped out before the pregnancy could be counted was not seen as a sufficient explanation for the situation.

To assess the magnitude of the effect on pregnancy-related dropout, representatives from eight schools were asked to explain the developments in this regard within the context of their schools. In summary, they reported that before introduction of the programme, a typical school year would see two to four pregnancy cases. All respondents, including the representative of Restless Development (who works with volunteers visiting schools regularly) reported on a clear reduction in schoolgirl pregnancies. The majority of respondents could not recall any cases of pregnancy at their schools since 2007, the year of the programme's introduction. In two schools, representatives reported on one case of pregnancy in each setting.

Validation of findings: In Tanzania, adolescent pregnancies are a major problem for girls' health, schooling and life perspectives. Nationwide, 39.2% of women begin child bearing by the age of 19 (THMIS 2008); 11.3% of girls and 5.5% of boys in the 15-19 age group are sexually active before the age of 15. In the southern regions, the rates have traditionally been higher due to cultural customs (21.8% girls and 12.8% boys; Tanzania Demographic and Health Survey 2010).

Behaviour change is a long term process and may not necessarily follow the introduction of an intervention. Therefore, the finding described above was rather unexpected. It was confirmed in the study by Goergen (2009) with a positive trend in the reduction of registered schoolgirl pregnancies in primary and secondary schools in Mtwara region. However, the evidence of the findings in the study was rather weak (no long term trends observed, no distinction made between intervention and non-intervention schools). The study by Baxen (2009) however showed a declining trend in 25 intervention schools in Lindi, Mtwara and Tanga between 2006 and 2009. Again, the study's shortcoming is that no non-intervention school data were available to allow results to be clearly attributed to the programme.

In the frame of this capitalisation exercise, an attempt was made to analyse existing data from the Education Sector Management Information System (ESMIS). The data is presented annually in the Basic Education Statistics in Tanzania (BEST) manual. The BEST only presents nationally aggregated data and trends on pregnancies as a reason for school dropout. This could not be used to assess programme effects, as the intervention has so far only benefited certain regions and within those a limited number of schools (usually around 15%). And even though the Department for Policy and Planning of the MoEVT provided raw regional data, the data received for secondary schools was not of sufficient quality to allow its evaluation. This is unfortunate, since in Tanga region coverage of the „PASHA“ programme in secondary schools is close to 100%. The evaluation of the trends in Tanga could thus have strengthened the present results. In addition to the previously mentioned problems with data for secondary schools, in primary schools considerable changes in numbers of pregnancies reported between the years suggest incomplete or irregular reporting at school/decentralised levels. The analysis below is thus to be interpreted with the necessary level of caution.

**Analysis of ESMIS regional data on primary schools: reported pregnancy- and truancy-related dropout, 2005-2010**

Three intervention regions (Lindi, Mtwara and Tanga) that introduced the programme in primary schools in 2007 were analysed in terms of pregnancy and truancy as reasons for school dropout.

Trends in pregnancy-related dropout

The evaluation of the ESMIS data suggests a clear trend towards a reduced number of pregnancy-related dropouts in all three intervention regions after the introduction of the programme in 2007. However, this finding should be interpreted with caution, as only 15% of primary schools in the intervention regions are covered by the programme; the effect thereby being diluted in regional statistics. Most likely, the programme contributed to the observed effect, but an attribution gap remains due to the limited coverage of "PASHA" schools, the impact of other interventions, and other positive contextual developments.

Trends in truancy-related dropout

With the exception of 2006 and 2007 (likely due to be a reporting bias), the number of truancy-related dropouts in Mtwara is relatively stable, with a minimal increase in 2009-2010. This allows for the conclusion that the decrease in pregnancy-related dropouts is not hidden in the number of truancy-related dropouts. Again, since only 15% of primary schools were introduced to the programme in 2009, it is not possible to use this data to validate the qualitative statements regarding effects of "PASHA" on truancy in intervention schools.

(see Annex 5 for more details and comparative data for non-intervention regions)

Conclusion: Schoolgirl pregnancies are a good proxy indicator for the frequency of unprotected sex which exposes partners to a risk of contracting HIV (for which no data can be collected at school level). There is evidence - qualitative and some quantitative - which suggests that the programme has a positive effect on reducing unwanted pregnancies. To strengthen this evidence, trends would need to be assessed (2005-2011) by collecting data from intervention schools and non-intervention schools in the same region. Once good quality data is available for secondary schools, an evaluation of the trends in Tanga could provide further evidence.

3.1.4 Improved learning environment

Respondents reported on unexpected positive changes that occurred with the introduction of the programme. These include a more harmonious atmosphere at school level due to improved discipline and a reduced number of truancy and school dropouts. Students were said to be more focused in classrooms of the intervention schools. Truancy and school dropout were also positively influenced by the suggestion box system, where students can deposit questions in an anonymous way. Answers to the questions are made available to all students by the school counsellor. The suggestion boxes and the school counselling services were said to have helped students to solve their problems, thereby also reducing the number of school dropouts.

All respondents agreed that the introduction of the programme led to an impressive improvement of academic performance in intervention schools (more visibly among peer educators but also among students in general). Students were said to read more in intervention schools. Respondents also reported on improved transition rates to secondary schools. When talking about improved academic performance, the regional coordinator of Mtwara illustrated the issue with an example of two primary schools that are based on the same premises, with the school that benefits from the programme showing significantly better transition rates than the other. One of the regional coordinators stated: *“PASHA schools tend to be more active - not only have they clearly better academic performance, but they also win contests and excel in extracurricular activities”*.

Drug abuse is another issue of concern in many schools. Some students consume marijuana or smoke cigarettes. In secondary schools, some students consume cocaine or even go as far as injecting drugs, particularly in the coastal region of Tanga. Stakeholders interviewed in the course of this study presented anecdotal evidence on the reduction of drug abuse as an indirect consequence of the programme. Respondents stressed that the programme allows them to reach students with the right messages at a young age, before they make important life decisions. In intervention schools, peer pressure promoting responsible behaviour has increased, both among students as well as teachers. In the community, there have been complaints from drug sellers about *“schools spoiling their customers”*. Also, teachers said they can tell by a student’s physical appearance whether he or she abuses drugs: *“you know how they look”*. Today, they see very few students with such problems.

Validation of findings: Trends in truancy-related dropout from primary schools have been evaluated using the available ESMIS data. Results are presented in tables and graphs in Annex 5. From this data, one cannot confirm a clear trend towards a reduction in the number of truancy-related dropouts in regions where the programme was introduced. However, it should be noted that the programme has a current coverage of around 15% of all primary schools only, thus any effect is diluted when looking at regional data that is not disaggregated by school. Nevertheless, over the same time period, the trend for all regions of Tanzania shows a clear increase in truancy-related dropout rates. This could mean that the programme has contributed to offsetting an increase in intervention regions.

To validate reports of improved academic performance of students we suggest using the transition rate from primary to secondary school, which is reported on in the BEST manual. According to the BEST 2007-2011, the national average of transition from primary to secondary school was between 50 and 57%. The caption states: *“the trend shows continuous fall of transition rates from 2007-2009. This alarming situation calls for quick interventions in all aspects of education”* (BEST 2011, p. 35). This is certainly a significant difference to the three primary schools in Tanga whose representatives were interviewed. Transition rates to secondary schools were at 84% to 85% and reached as high as 99% in one of the schools. Quantitative data could only be obtained from these three schools. The findings on improved academic performance following the introduction of PE programmes were also confirmed by the experience of the TGPSH programme.

We have no quantitative data which would allow validating the statement on reduced drug abuse.

☞ **Conclusion:** Qualitative data suggest that the programme contributed to improved discipline, reduced numbers in school dropout and a decrease in drug abuse in the intervention schools. Furthermore, there is evidence that the introduction of peer education programmes positively influence the academic performance of students.

3.1.5 Effects on counselling teachers and teacher-student relations

School counsellors as well as regional and national programme coordinators reported to have acquired new and useful knowledge and skills through the programme. According to respondents, they have become strongly empowered to speak freely and interact positively with students about topics related to sexuality, HIV and STIs. This has led to an increase in the self-confidence levels of these professionals. They also acquired skills (coordination, management and administration, information technology (IT), facilitation etc.) which have made them attractive resources within the education system. For example, the national programme coordinator stressed how much he has developed his skills and competencies throughout the collaboration with the programme and the international technical advisors: *“My commitment to work is now much stronger. I acquired managerial, IT and technical skills which make me very useful in my Ministry”*. Currently, his promotion within the MoEVT to an executive position is envisaged which confirms the positive impact on professionals involved in the programme.

School counsellors said to have changed their teaching methods after being exposed to the programme. The “PASHA” approach introduced participatory and solution-oriented facilitation skills for teachers. Many school counsellors confirmed using the new skills for classroom teaching. The use of more interactive and participatory teaching methods has reduced the fear students had for their teachers. The programme also provided them with technical knowledge, which they use in their subject teaching, particularly in teaching Science. Before the introduction of the programme, it was common to use corporal punishment for correcting students. A teacher was expected to be strict and harsh, with much of the teaching being done with a stick at hand. One respondent said: *“traditionally, students were the enemies of teachers and vice versa - now we have created a climate of confidence and collaboration.”* Another school counsellor stated: *“we have exchanged our old teacher's jacket with the jacket of a counsellor.”* The popularity of counselling teachers is in some cases so extensive that some HoSs have complained about students preferring to confide in the school counsellor rather than in the traditional authority custodian, such as the HoS. Many of the school counsellors have become important role models. There were accounts from school counsellors and coordinators that the programme also positively affected their own personal lives.

In addition, some of the teachers' problematic behaviours (drinking, promiscuity and sexual abuse of students) have apparently diminished. To underline these statements, respondents mentioned that a change in behaviour occurred because teachers that were school counsellors needed to be friendly with children to have them as clients. Indeed, the programme seems to have made students aware of their rights. When cases of sexual abuse still occur, students now complain to the HoS or the counsellor. Sometimes parents approach the school and complain about such behaviour. However, problematic behaviours were said to have become rare since the introduction of the programme. A HoS repeatedly sensitised his staff about the issue of sexual abuse during staff meetings. He even made an anonymous enquiry involving students' feedback and then warned and counselled teachers who were frequently mentioned to engage in relationships with students. At the same time,



teachers were said to have increasingly refrained from such behaviour as they have become more aware of the risks of HIV infection.

The downside is that the programme has led to increased staff transfers and turn-over rates, as teachers' empowerment has resulted in them being promoted and seeking opportunities in higher education. This issue is further discussed in chapter 5: Remaining Challenges.

While before the introduction of the programme issues related to HIV and SRH were taboo, school committee members now discuss such topics with more openness. Since the approach was based on a circular letter from the MoEVT which was introduced during initial stakeholder meetings, schools were very receptive and supportive of the programme right from the beginning. There is a great demand for the programme by teachers and HoSs from non-intervention schools. The regional coordinators receive many requests for support. Sometimes, counsellors even respond to questions and problems sent to them from other schools which do not yet benefit from the intervention.

Validation of findings: Teachers' positive change of behaviour and their new function as role models were also effects reported on in the KAP study by Baxen (2009). The thesis by Coppard (2008) which evaluated the effect of the programme on school counsellors showed good HIV/SRH knowledge levels and generally supportive attitudes in both groups of trained and untrained counsellors. However, the trained school counsellors differed by a tendency of being more open minded and progressive in terms of rights-based approaches, early sex education, condom use, masturbation and re-admission of girls after delivery. Also, they were much clearer about their roles as school counsellors.

☞ **Conclusion:** The programme has helped counselling teachers to gain new knowledge and skills which has led to a change in attitude and behaviour. School counsellors were able to develop skills in participatory and student-centred teaching and problem solving methods. In schools, this contributed to a positive atmosphere of confidence and collaboration. School counsellors have become role models in school communities and cases of sexual abuse by teachers have become rare in intervention schools. School counsellors have better career perspectives, which at the same time constitutes an unintended effect as it contributes to higher turn-over rates among trained school counsellors, resulting in the need for replacement trainings. School authorities and teachers perceive the programme as highly relevant and a strong demand for its implementation in non-intervention schools has been voiced.

☞ **Lesson Learnt:** A reform of teaching methodologies is needed to change attitudes and create an atmosphere of trust. Rather than only focusing on theoretical knowledge, training on participatory methods and using practical exercises have been crucial for the change of attitude in teachers. This has contributed to building the necessary level of trust in schools and improving teacher-student relationships and communication.

3.1.6 Supportive environment: parents and communities

The study by Baxen (2009) reported on a rather high level of resistance from parents towards the introduction of the "PASHA" programme. While in general most parents agreed to the principle that schools should be involved in sex education and HIV prevention, many feared that the programme would use abusive language, bring age-inappropriate knowledge



to students and encourage earlier sexual activity. At the onset of the programme, some parents came to schools to complain.

Today, these fears are reported to have been eliminated by an overwhelmingly positive perception of the programme's effects by the parent community. There is little resistance on the parents' side. One respondent commented, *"Unlike in the beginning, parents today are happy about the programme. They like it because they see the results and how it has changed their children. It is very rare to receive any complaints from parents"*. Asking for parents' consent before training peer educators is said to have helped the programme's acceptance. For some parents, it is easier to delegate the discussion on sensitive questions to school counsellors. For them, it is not easy to talk with their children about such topics. *"Some have even come to school after discovering that their children became interested in sexual relationships to ask the counsellor whether he/she could talk to the child and sensitise him/her. This education, however, cannot be left to schools only. This is why HoSs sensitise parents during the parent meetings and encourage them to exchange with their children on SRH and HIV."* The efforts are reported to have paid off and today result in a greater openness that promotes intergenerational dialogue between parents and children. *"Parents want to join the children's discussions"*. *"Nowadays, parents have even started talking to their children of the opposite sex which before was a taboo"*. The silence between parents and their children around these topics has been broken. Children share "PASHA" content at home and tell their parents and siblings about what they have learned.

Regional education officers (REOs), District education officers (DEOs) and school inspectors were reported to play a constructive and supportive role, also in linking regional coordinators to HoSs and teachers. In Mtwara, four inspectors have been trained as ToTs. There is good cooperation between decentralised school authorities and the programme.

☞ **Conclusion:** The programme has succeeded in breaking initial resistance at parent level and creating a supportive environment. It has contributed to breaking the silence between parents and children and to greater openness for intergenerational dialogue around HIV and Sexual and Reproductive Health issues.

☞ **Lesson Learnt:** Participatory approaches contribute to the acceptance of a programme and to the creation of a supportive environment. Stakeholders stress that it is crucial for the school counsellors' acceptance and credibility that they are elected by students. Furthermore, the careful sensitisation of the heads of schools and the wider school community and the involvement of decentralised school authorities have been key success factors of the programme and for creating a supportive environment.

☞ **Lesson Learnt:** Good policies are an excellent starting point for a programme. The development of the programme was closely aligned to the Ministry of Education's policies and regulations. In particular, a circular by MoEVT on the introduction of school counselling services and peer education was used as a reference during programme introduction. Thus, stakeholders at various levels of the education sector and in the communities did not perceive the programme as something foreign and in consequence, did not display any resistance to its implementation.



A summary in quotes

The following box presents representative quotes by various stakeholders on the positive perception of the programme's impact:

- *"The PASHA content is down to earth and part and parcel of the young people's lives. The difference of that programme to others is that it touches people's lives, students' and teachers' - it is about a matter of life and death. You can really see the difference between a PASHA intervention school and other schools." (the Acting Commissioner of Education)*
- *"PASHA gives people confidence - to students and counsellors." (a regional coordinator)*
- *"Now I am a very different person than I was in 2003. With this programme, I have grown in many ways - I better understand my own problems and those of other people. I have learned about my potentials and how they can benefit others. I now have skills which I also use for my other duties and help me in my life." (another regional coordinator)*
- *"The school counsellors have brought big changes to our schools - they have brought harmony into the system." (a head of primary school)*
- *"Whenever something is not spoken about in schools, it is not talked about in families - schools are a good place to work on taboos". (the Acting Commissioner of Education)*

Further lessons learnt which the "PASHA" approach shares with similar programmes in Sub-Saharan Africa and Latin America¹:

- **"Improve quality of teaching:** all the initiatives aim to improve the professional skills and knowledge of teachers, and the capacity of schools as learning institutions.
- **Target intentions and behaviour, not just information:** Knowing about risk is not enough. Vulnerable young people need new attitudes and specific life skills in order to avoid these risks.
- **Include a special focus on girls:** initiatives should include measures to help girls stay in school, avoid unwanted pregnancies, sexually transmitted infections, and improve their security and social status.
- **Target the social environment of young people:** initiatives should involve not only the young people themselves, but also address the conditions they live in.
- **Differentiate between priority groups:** surveys and other research are vital to identify the needs of different population groups and their levels of knowledge about sexual health and HIV.
- **Produce specific tools for each priority group:** a variety of media should be used, addressing both in-school and off-school settings."

3.2 Policy change and organisational development

3.2.1 Contributions to MoEVT policies and strategies

Re-admission policy: Schoolgirl pregnancies are a significant problem in Tanzanian schools. Common practice is to expel pregnant girls from school and not readmit them, resulting in a permanent exclusion from the schooling system. From 2004 to 2008, as many as 16,991 girls were expelled from primary schools and 11,599 girls from secondary schools, on account of pregnancy.

This practice follows the prevailing cultural understanding that engaging in premarital and early sexual relationships is an inadmissible misbehaviour that needs to be sanctioned by society. The exclusion of pregnant girls is based on the understanding that pregnancy is one type of “misbehaviour”. Among stakeholders in the education system, there is no shared understanding whether this practice is based on an actual law/policy of the education sector. In response, the MoEVT’s Gender Desk initiated and produced a *Public Opinion Paper* which argues in favor of the re-admission of pregnant girls/young mothers to schools. The paper was submitted to the Minister of Education, for approval and subsequent drafting of the respective bill. So far, this has not been accomplished.

In order to contribute to a clearer picture, TGPSH commissioned a study conducted by a lawyer which assessed the legal grounds for expulsion of pregnant girls from school. The study concluded that the Tanzanian law does not support the expulsion. “PASHA” made this outcome public by producing a flyer that quotes the study: *“The Education Act of 1978 and its subsequent regulations that set out the criteria for pupils to be expelled from school do not mention pregnancy as one of the criteria. The law punishes pupils’ misbehaviour. [...] Being pregnant is not an excuse for denying the girls’ right for education. There is a law that punishes men who impregnate schoolgirls and those who are involved in supporting the impregnation²”*.

By disseminating relevant information via flyers, the “PASHA” programme took an active role in bringing the issue up in schools and within the education administration at the regional and district levels. Today, stakeholders at school level report on the continued existence of conflict between the arguments in favour of re-admission and the practice of expelling pregnant girls which is still occurring at most schools where HoSs are under societal, religious and cultural pressure to do so. However, respondents report that the issue is vividly debated in their schools and that a clear policy statement by the Minister allowing re-admission of girls after delivery would be welcomed by most HoSs. In order to facilitate school re-integration, it was proposed that re-admittance should however rather be done at a different school.

Peer education to be introduced to higher learning institutions: Recently, the Ministry of Higher Learning, Science and Technology was integrated into the MoEVT. This implies that the Ministry now has the responsibility for higher learning institutions in the country. According to the Acting Commissioner of Education, it is due to “PASHA” that today the strategic plan for higher learning institutions (including teacher training colleges) reflects the introduction of PE at the academic level. This was also requested by professors and parents. However, so far, there are no age appropriate materials available in higher learning institutions.

² Getting pregnant schoolgirls back to school! 2009 advocacy brochure developed by PASHA

The MoEVT life skills strategy: In 2010, the Guidance and Counselling Unit at the MoEVT developed a life skills strategy in close collaboration with the “PASHA” team and inspired by “PASHA’s” life skills approach.

The MoEVT gender friendly school approach: with support from UNICEF, the Ministry developed a gender friendly school approach for standards 1-7, which includes HIV, life skills and age appropriate information for these young age groups. The “PASHA” team was involved in developing the approach. The respective documents are currently being finalised.

3.2.2 Supporting the implementation of MoEVT policies

The “PASHA” approach was based on the circular letter of the MoEVT in 2000 which stipulated the introduction of PE and SC services in all schools. The circular called for school counsellors to be elected, rather than appointed. However, stakeholders stress that it was only when the TGPSH/Swiss TPH support started, that they commenced implementing the circular. While the project found some active school counsellors in place, they usually had been appointed and did not know their role well. As confirmed by the interviewees, the project made stakeholders aware of the policy and provided them with the skills to implement it.

☛ **Lesson Learnt: Policy alone does not bring about change.** The “PASHA” experience has shown that for a programme to take off it is essential that the approach is soundly based in national policies. However, policy alone does not bring about change at implementation level. What is necessary is a reliable and ongoing partnership to ensure that new approaches and materials are not only developed but being made effective in the system. Respondents stressed that changes on the ground are unlikely to happen unless there is technical and financial support provided for the dissemination, sensitisation, roll out and implementation of new tools and approaches. The “PASHA” programme is seen as a good example in that regard.

3.2.3 Condoms, sexuality education and schools

In 2004 when the programme started, the official position of the head of the HIV/AIDS Unit at the MoEVT was that schools are free to inform students about condoms but their use must not be demonstrated. Condom distribution was not permitted and any student caught with a condom on school premises was expelled from school.

In line with the MoEVT policy which lists condoms as one of the contraceptive methods in the curriculum, the “PASHA” approach has included condoms as an important prevention method for HIV, STI infection and unwanted pregnancies. Peer educators learn how to demonstrate the use of condoms.

Today, education sector stakeholders’ views about condoms have changed and they now consider it a possible preventive method for adolescents. Similarly, the official position of the MoEVT towards adolescent sexuality is changing. As the Acting Commissioner of Education pointed out, “*we cannot pretend that students do not have sex*”. All interviewed stakeholders agreed that no child should be expelled from school because he or she has been caught with a condom. They defend the schools’ role in informing students on the whole range of preventive methods (including condoms) and demonstrating their use. Today, this also seems to be tolerated by communities and religious leaders. Involving religious and community leaders in the stakeholder sensitisation meetings before introducing the approach in a school has greatly helped to create a supportive environment for the programme. However, opinions on whether condom distribution should be allowed in schools are divided

between the very open and progressive views of top ministry officials and those of the population within schools and communities. According to the Acting Commissioner of Education, condoms can now be freely distributed in any education institution where adolescents learn, including schools. This policy however is not known to the regional coordinators; and school authorities feel they would face strong opposition from community religious groups in case condoms were distributed within schools.

3.2.4 The education sector's commitment and contribution to the HIV response

In 2003/2004, the German support to the MoEVT's efforts to introduce PE and SC services was designed as a pilot project, providing international technical support based in the country, project based financial management and collaboration with a national counterpart (the national programme coordinator) who was selected from the most performing stakeholders at school level. A specific school monitoring system included regular school visits by the project team and was complemented by the creation of new functions, such as the position of regional coordinators and the School Counselling and AIDS Education Committees (SCAECs). This allowed developing an innovative approach and introducing new teaching methodologies, generated quick results and provided high accountability and control in the interest of the development partner. Ownership at decentralised level was created by involving local authorities in a bottom-up approach from the design to the implementation phase of the programme.

However, the initial project modality did not favour national ownership. For a long time, the Ministry of Education was perceived by the Tanzania Commission for AIDS (TACAIDS) and development partners as lacking commitment in the HIV response³. After developing the approach in phases I and II, technical support in the third phase focused on scaling up and integrating the approach into the MoEVT's structure and system to strengthen ownership and sustainability. In a process that culminated in a stakeholder workshop on central level in September 2010, the programme became fully mainstreamed into the national system.

The national programme coordinator was integrated into the MoEVT's organigramme as a senior officer of the HIV/AIDS Unit under the Commissioner of Education. Supervised by the head of the HIV/AIDS Unit, he is now in charge of coordinating PE and SC services in schools and serves as the Ministry's counterpart to partners interested in supporting the approach. His promotion within the MoEVT to an executive position, most likely as the head of the HIV/AIDS Unit once the position should become vacant, is envisaged.

At present, one of the issues to be solved is the use of the brand name "PASHA", which is still perceived by some government officials as equivalent to "the German project". While it was agreed during the 2010 workshop that this brand name could be replaced by a new one, in order to promote and reflect national ownership, as of today, a new abbreviation has not been identified. Currently, the approach is called "the MoEVT approach to PE and SC services" by many of the national MoEVT stakeholders and "PASHA" by development partners and most stakeholders at regional and school level.

While between 2003 and mid 2011, a Swiss TPH education advisor was permanently based in the country to provide technical support, during the last year of German support, technical assistance has gradually been phased out. This model has worked well so far, leading to a much stronger role of the national programme coordinator and again further contributing to country ownership and commitment of the MoEVT counterparts. Strengthening capacities and competencies of counterparts and supporting organisational development through international technical assistance is seen as a key success factor to the achieved results and

³ For more details see PASHA reviews 2006 and 2009.



the positive perspectives for sustainability. *“Today, there is a remarkable commitment of MoEVT to the HIV response - their response is more positive as compared to other sectors” (a development partner respondent).*

☛ **Lesson Learnt:** A system’s approach is key to create national commitment and ownership and promote sustainability. Developing EMAC approved materials adapted to the national context and a harmonised approach, have greatly contributed to building the MoEVT’s share of ownership in the HIV response. While the initial project modality helped to develop an innovative approach, to achieve quick results at school level and to maximise donor accountability, only full integration into the national structure and system allowed for building national ownership and strengthening sustainability. Additional positions that have been created during programme implementation will need to be integrated into the existing system.

3.2.5 PASHA recognised as a good practice model and as the MoEVT approach

The draft National HIV and AIDS Policy by the Prime Minister’s Office (March 2011) as well as the MoEVT’s Education Sector Strategic Plan on HIV/AIDS 2008-2012 make reference to “PASHA” as an intervention programme the MoEVT acknowledges and would like to maintain. In 2010, after members of parliament visited Mtwara to learn about the approach, one of the MPs asked the MoEVT to roll out the programme nationwide. “PASHA” has become a well established brand. Stakeholders at peripheral level as well as development partners use the “PASHA” approach, sometimes called the “MoEVT approach to PE and SC services”. Due to the fact that the programme is seen as the official MoEVT approach and has been developed with international technical assistance, development partners view it as a programme with both, credibility and a label of quality.

☛ **Conclusion:** The technical support provided by the Swiss TPH team to the national partner system has contributed to various changes and dynamics at policy level in the MoEVT (re-admission policy, openness around condoms in the education sector, contribution to other policies and strategies). However, changes of perception at the national level do not automatically translate into changes of daily practice at school level where authorities find themselves in a situation of tension between official sector policies and societal pressure within a traditional context.

The “PASHA” approach to peer education and counselling services in school is today a well recognised good practice model, as reflected in various key policy documents of Tanzania. It is a well established brand, associated with quality, both among development partners and national stakeholders.

3.2.6 A harmonised MoEVT approach with appropriate materials

Stakeholders reported that before 2004, they used any kind of material that was available: materials from other countries, other ministries, and materials with classical pedagogic approaches, sometimes entire textbooks - none in local languages. They stressed that it was due to the TGPSH/Swiss TPH support that today the MoEVT has a harmonised approach with its own EMAC approved materials, which are learner centred, youth friendly and adapted to the local context, both in terms of content and language. All materials were developed in close collaboration with MoEVT stakeholders. Policies, guidelines, curricula and materials build on one approach and have been translated into strategies for implementation

along a programmatic continuum for all education levels. A step by step guideline for rolling out the approach to other regions has been developed. Several stakeholders explicitly appreciated the usefulness of the materials, which were developed using a participatory approach, also including stakeholders from other sectors (e.g. Ministry of Health and Social Welfare (MoHSW) and TGPSH). According to the TGPSH representative, today the life skills materials are also used for out-of-school peer education and training of trainers.

3.2.7 Improved multisectoral collaboration around HIV and SRH activities

While initially there was considerable power play, conflict and competition between the MoEVT and the MoHSW around HIV and related resources, roles and responsibilities, the collaboration between the two Ministries improved considerably and is now seen to be very good. The two Ministries invite each other's representatives to meetings and comment on each other's strategies and materials under development.

Collaboration under the multisectoral framework of TACAIDS and Tanzania's multisectoral HIV prevention strategy with other line ministries and actors (such as the MoHSW, TGPSH, the Prime Minister's Office Regional Administration and Local Government (PMORALG), the Ministry of Community Development, Gender and Children or FEMINA) has greatly contributed to the development of a comprehensive approach. The developments also allowed GIZ's health programme TGPSH to support the programme even though it is linked to the education sector. Starting in phase II as a means to strengthen the Ministry of Education's ownership of PE in schools, TGPSH decided to integrate all school-based PE activities (previously supported under the MoHSW) under the lead of the MoEVT. This decision has certainly contributed to improving collaborative links between the two Ministries.

The Swiss TPH advisors who provided technical support to the programme also combined the education expertise (education advisors in Tanzania) with public health expertise (project lead with backstopping support from Switzerland).

☛ **Lesson Learnt:** Multisectoral approach as a key success factor. The multisectoral approach and taking advantage of other partner's resources through linking up and networking have been crucial success factors for the programme. Achievements in peer education within primary schools need to be understood as the result of joint efforts from MoHSW/TGPSH and MoEVT/"PASHA".

3.2.8 Leveraged funding: buy-in of other organisations and donors for scaling up

Following extensive networking in donor coordination groups and platforms such as TACAIDS and government led coordination bodies, one of the most important accomplishments of the programme is that a number of development partners have taken interest in supporting the MoEVT and are currently contributing to scale up the approach. This has greatly helped to diversify the funding base for PE and SC services, reduce dependency from a single donor and increase the total funding support for the programme. The partners are listed in chapter 2.

The representative of Restless Development which supports the programme's roll out in Mbeya, Iringa and Ruvuma regions stated that the organisation decided to support "PASHA" because it wanted to align its interventions with the national policy and strategy. "PASHA" is thus understood to be the MoEVT strategy, using EMAC approved materials. USAID is now also on board as a donor to the MoEVT for scaling up the programme. The original plan to channel USAID funds through Swiss TPH/GIZ was abandoned because it would have meant

to re-enter into a project funding modality. Instead, the support is channelled directly to the Ministry, via earmarked funding. Setting up the necessary financial arrangements was more time consuming than expected and led to an initial delay in collaboration. However, USAID mentioned that since the mechanisms have been put into place, collaboration has taken off in a very satisfactory way.

☛ **Lesson Learnt:** Technical assistance as a crucial success factor. The availability of country based technical assistance was crucial for introducing new methodologies and approaches and to support conceptual developments. It also helped to build the reputation of „PASHA“, link the MoEVT activities with donor groups, and motivate other development partners to co-fund the MoEVT activities.

3.2.9 The Tanga good practice model for local ownership

The “PASHA” project started in the Tanga region. In phase I, school counsellors and classroom teachers from secondary schools were trained. This approach differed considerably from the one applied later on to primary schools in Lindi, Mtwara and Mbeya. From phase II onwards, “phasing-out” from secondary school level in Tanga took place, in favour of introducing the full programme to 25 primary schools. However, at the secondary school level, a very positive collaboration was established with TAHOSSA. The collection of school fees at secondary schools, all of which are members of TAHOSSA, results in a situation where HoSs have a budget at their disposal. TAHOSSA Tanga decided to invest into rolling out the programme throughout all secondary schools of the region (more than 200). The co-funding modality in Tanga includes HoSs covering the participation and travel costs for their school counsellors to be trained (the bulk of the costs), while the “PASHA” project covers the training costs (facilitators and trainers, their expenses, materials). A few HoSs however, could not afford to cover the costs.

TAHOSSA officials stressed that such cases were rare and that an exemption policy is occasionally applied to allow school counsellors to participate in the trainings even if their schools are not able to cover the related costs. In Tanga, training for peer educators is not organised on district or regional level but school counsellors “orient” members of PE clubs (the clubs usually consist of 30-60 members) at their schools, based on the programme’s materials and without the requirement of external funding. PE club members frequently share their knowledge with fellow students and the community and are involved in community sensitisation events, theatre groups, cultural activities in schools, etc. Approaches used in these secondary schools seem to be of broader diversity and display remarkable creativity in designing their own solutions.

While the described model does not result in the same quality and quantity of PE activities, the overall result in the schools seems to be very satisfactory. Stakeholders report that similar outcomes are achieved as in schools using the classical “PASHA” approach. TAHOSSA is strongly motivated to continue with the programme since they consider it important to “harmonise school activities”. In future, training for school counsellors as well as replacement training in Tanga region could be organised on a yearly basis and in collaboration with TAHOSSA.



☛ **Lesson Learnt:** The TAHOSSA Tanga model is a good practice model to be shared widely. Applying a support strategy that is based on cooperation with an extremely committed local partner has contributed to a much stronger local ownership and a significant reduction in overall costs. Though the peer education approach by TAHOSSA results in lower intensity and quality of peer education, it seems to be compensated by stronger ownership and more regular school counsellors' training. The overall effect of the programme at school level does not greatly differ from schools where the full support package is provided. In view of sustainability and cost sharing on decentralised levels, this model should be shared widely and tried out in other regions.

The modality is not applicable to primary schools since these do not have a budget at hand but depend on funding assigned to them by the district executive directors.

3.2.10 Continued activity level over time

Respondents stressed that once the programme is launched within a school, it continues even in the absence of external support. One of the explaining factors is that schools were summoned by the governmental circular to offer PE and SC services. Regional coordinators also reported on a sense of responsibility among the teachers involved. They are motivated to keep the programme going as they see the students develop in positive ways. *"The programme helps teachers to do their work better - they see an effect and benefit for both the students and the teachers."*

From the time when the programme team stopped its monitoring visits to schools - in order to align with the national system where inspectors are used for monitoring visits - no data has been gathered on activity levels of peer educators and school counsellors. However, the programme team contributed to a revision of the ESMIS indicators with the result of the inclusion of an indicator on the use of PE. In the absence of adequate data, the author interviewed school representatives about the situation within their schools.

Respondents stated that once training sessions took place, enthusiasm and high activity levels could be observed with all actors being very eager to apply what they have learned. In the course of the following months and years, activity levels follow a natural decline, remaining however satisfactory and not having led to the programme coming to a halt in any of their schools. In some schools, attendance to PE sessions lessened over time, while at other schools it increased, with children from lower grades requesting to be included in the PE sessions. The number of clients received for counselling by school counsellors obviously depends on the size of the school and the number of problems arising. In the schools represented, a school counsellor would receive between 8 and 50 clients per month. Also two years after the training, in most schools between 1 and 2 PE sessions take place every week.

☛ **Conclusion:** School counselling and peer education activities continue months and years after the trainings, also in the absence of external inputs, due to school authorities and teachers taking on the responsibility, motivated by the beneficial effect of the programme on their schools. Over time, levels of activities tend to decline, calling for regular refresher and replacement trainings. Currently there is no system in place to monitor school counselling activities.

4 Important Contextual Factors

The programme activities did not take place in isolation. Tanzania is a country with a generalised HIV epidemic, with many national and international resources being invested into scaling up the national HIV response. While the programme certainly contributed considerably to the effects described in this report, an attribution gap remains. The main contextual factors which either positively or negatively influenced the “PASHA” programme in achieving its outcomes and impact are discussed below.

4.1 Contextual factors contributing to the programme’s success

- **Political commitment:** There is a very high political commitment in Tanzania to the HIV response and recognition of the problem of adolescent pregnancies. The following achievements illustrate the political commitment: in 2002, HIV was declared a national emergency. The current Tanzanian president and his wife are seen as positive role models (HIV testing campaigns, schoolgirl pregnancy campaign by the First Lady, etc.). For instance, both HIV and adolescent pregnancies were much discussed during the 2010 parliamentary campaign.
- **Multisectoral approach:** A multisectoral HIV response has been developed under the lead of TACAIDS.
- **Ministry of Education:** The MoEVT was always considered to be a priority Ministry in the national multisectoral HIV response and had its own HIV/AIDS Unit from the start. The Ministry developed a circular based on which the programme developed its approach. With the MoEVT and the Ministry of Higher Learning, Science and Technology recently having been merged, all HIV and AIDS interventions in the education sector are now falling under the responsibility of the HIV/AIDS Unit within the MoEVT.

4.2 Contextual factors posing a challenge to successful implementation

- **Religious groups and leaders:** Many respondents mentioned they had observed a very positive change in people’s attitudes towards discussing HIV and AIDS topics over the past years, including religious leaders. However, there are still reports of religious leaders opposing the programme activities and confronting school authorities and teachers. Particularly in the beginning of the programme, some opponents tried to prevent students from acquiring SRH knowledge and to influence the content of materials used by the programme. Still today, there is a conflict between the government’s position and the official religious position around the issue of condoms. However, what has changed for the positive is that religious believers nowadays are more open to the government’s position. Respondents agreed that in recent times opposition had rather lessened, as religious leaders and believers have come to witness and understand the impact of HIV.
- **Traditional influences:** In the southern regions of Mtwara and Lindi, children go through traditional initiation at a young age (around 8 yrs), before the “PASHA” programme reaches them (approx. 11 yrs). Therefore, there is a need to ensure that “traditional teachers” and the “PASHA” programme do not convey contradicting messages.



- **“HIV Fatigue”:** Internationally, HIV funding has decreased rather dramatically, under the influence of the global economic crisis and the pressure on scarce resources by other priority development problems, such as climate change, water etc. In some countries this has resulted in reduced funding to the education sector’s HIV response. This has not yet occurred in Tanzania. The “PASHA” programme is considered a success and currently still receives a lot of attention. However, consolidating the achievements so far and scaling them up nationwide will require long term reliable funding. Respondents fear that donor and MoEVT support might be dropped before the achievements are consolidated and sustainability is ensured.
- **Stigma:** HIV related stigma remains a major problem in Tanzania as elsewhere. The following example shows how until today some opinion leaders contribute to the stigmatisation and discrimination of people infected by HIV and AIDS. When discussing the Prime Minister’s Office budget, a Member of Parliament (Nkasi constituency) commented that *“The government is allocating a large share of funding to the HIV and AIDS response, which is worthless investing. Government should no longer invest in HIV and AIDS because people who get infected with HIV and AIDS should be disregarded because they get the disease on their own will. The Government should now shift to funding of other projects like road construction or other sectors or other diseases that people contract out of their own will.”* (source: quarterly report III-2011 of national programme coordinator)

The list of favourable and hindering contextual factors is in no way complete or described in an exhaustive way. It represents a selection of key topics highlighted by respondents.

5 Remaining Challenges and Areas for Improvement

While the programme's achievements are impressive, it is evident that certain weaknesses remain. Despite the efforts of all actors involved, progress in some areas remains rather limited. Many of these areas are linked to systemic weaknesses which can only be influenced to a limited extent by external technical support and where changes are only achievable on the long run. Some of the issues are summarised in the following table and later explained in more detail. When suitable, the listed challenges have been translated into recommendations for the programme's future.

Prevailing challenges and weaknesses

- High turn-over rates of counselling teachers
- Peer educators moving on with their schooling, thus high fluctuation in this position
- Limitations in supervisory system
- Limitations in reporting and information systems, poor quality of quantitative data
- Attaining sustainable funding and cost-sharing
- Shortage of human resource capacity

5.1 High turn-over rates of counselling teachers and fluctuation among peer educators

The programme has been taking place in a constantly evolving environment with high turn-over rates of counselling teachers, and peer educators moving on with their schooling, thus staying in their position for a relatively short period of time.

As mentioned in chapter 3.1, teachers involved in the programme as school counsellors are often empowered by the programme and benefit from higher promotion rates and an increase of their interest and access to higher education opportunities. School representatives mentioned that 3-4 years after school counsellors are trained, as many as half of them are not working in the same schools anymore. Exact figures are not known as they are not assessed by the current information system. However, it is an important issue to look into as the programme's resources are greatly insufficient to satisfy all the needs for replacement and refresher trainings. In some cases schools have identified ways to manage the staff turn-over themselves: When one school counsellor drops out, the remaining one trains a newly selected colleague on the job, while waiting for formal replacement training. However, without regular refreshment and replacement trainings, activities within schools risk to eventually come to an end. For secondary schools in Tanga, it should be possible to fund and organise annual replacement trainings with the support of TAHOSSA.

Fluctuation and a loss of skills is also an issue at the peer educator level. When they move from primary to secondary school, the students are not automatically retained as peer educators in their new schools since the position requires to be elected. Furthermore, secondary schools lose peer educators once they move on to senior secondary level. This results in a natural high fluctuation of peer educators.

5.2 Supervision and follow up

Due to the technical support provided to the programme, PE and SC issues are today figuring as extracurricular activities in the checklists of school inspectors who are in charge of supervision. However, many schools do not get regular supervisory visits due to substantial resource limitations. There is also a shortage in terms of programme follow up, especially since the direct school monitoring visits by the project team were stopped in order to better align with the national system. The follow up is now conducted by HoS and inspectors. It is not known whether and how they implement the follow up and results are not fed back systematically to the regional coordinators. It is also not known how much importance inspectors accord to supervising extracurricular activities as compared to supervising the core school business. In the frame of “PASHA” the position of “regional coordinators” was created to decentralise the coordination of the approach to the regional level and support reporting and monitoring. Regional coordinators currently receive a small communication and transport allowance by the project. As they are teachers based in schools, their salaries are covered by the education system. They stress that their time resources for coordination activities and the available funding for transport are extremely limited and do not allow them to visit schools on a regular basis. They keep in touch with schools mostly via telephone or during trainings and meetings. In view of future sustainability of the approach, many respondents feel that coordination should continue to be done by someone within the existing system. This however is likely to result in reduced quality of monitoring and coordination. The Acting Commissioner of Education pointed out that supervision and follow up is an issue for the entire education sector, reaching far beyond PE and SC. According to her input, the MoEVT currently explores possibilities of outsourcing the school inspectorate to allow inspectors to be independent, move freely and more flexibly, in order to achieve a situation where every school would receive several supervision visits a year.

5.3 Monitoring, reporting and information system

Information on the number of trained beneficiaries (peer educators, school counsellors, ToTs) is collected quarterly through an online monitoring system linking the regional coordinators with the national programme coordinator. The monitoring system has been changed several times since 2003/4. Gender disaggregated data has only been collected since the beginning of 2011. Since phase II, regular monitoring visits to schools were stopped, with the rationale of creating an integrated monitoring system. In 2009, an online monitoring system was introduced to allow a more interactive sharing of data. The online monitoring collects output data only (number of beneficiaries trained, number of materials distributed etc.) and is designed to complement the ESMIS which collects other information. The resulting limited comparability of data over years makes it difficult to evaluate some of the trends and represents a weakness of the programme’s monitoring system.

The Acting Commissioner of Education approved the integration of the quarterly monitoring system into the MoEVT system. The system, as it is in place now, depends on the availability of IT equipment at regional level and its current complex design cannot be easily modified by someone who does not have advanced programming skills.

The “PASHA” team contributed to the last ESMIS review and succeeded to include some relevant programme indicators: # of peer educators trained, # of untrained peer educators, # of students exposed to a minimum of 15 PE sessions per year. This enables an indirect monitoring of the level of activity in PE. For school counsellors, the system collects # of trained school counsellors and # of untrained school counsellors. However, it does not capture the level of activity of school counsellors (e.g. # of counselling sessions provided or # of students/teachers benefiting from counselling sessions). School counsellors document their activities in the counsellor’s record book. This information is accessible to the inspectors

who supervise the schools. There is no system in place for this information to reach the national programme coordinator. Also, data on the quality of services and the programme are not collected in a systematic way and there is no information provided on the # of dropouts and their causes and circumstances at the level of peer educators and school counsellors. Therefore, neither the number of peer educators and school counsellors still in place, nor the need for replacement trainings is precisely known. These data gaps should be addressed in future.

To monitor programmatic outcomes in Lindi and Mtwara regions, a KAP study (quantitative and qualitative components) was commissioned in 2009. But as no baseline study had been conducted at the onset of the project, the potential for assessing project outcomes and impacts is rather weak. After the cessation of “parallel” monitoring visits by the project team and its integration into the MoEVT system (supervision and ESMIS), a lot of information - particularly on the programme’s performance - could not be collected anymore, thus weakening the “PASHA” monitoring system. On several occasions, “PASHA” supported the strengthening of the MoEVT’s monitoring system (ESMIS indicator review, review of supervision tools etc.). However, these changes take a long time to be implemented and cannot be controlled by the development partner. Nonetheless, overall, it is certainly more desirable to help strengthening the national system, at the expense of the loss of project accountability data.

☞ **Lesson Learnt:** Outputs and outcomes are not systematically monitored by neither system - quarterly monitoring or ESMIS. As a consequence, there is a lack of quantitative data at outcome and impact level. As HIV incidence cannot be collected at school level, schoolgirl pregnancy provides a good proxy indicator at impact level. The “PASHA” experience shows that aligning with national monitoring and information systems and supporting their strengthening through technical advice is the desirable solution in terms of sustainability and ownership. However, in contexts of weak national information systems, there is an immediate price in terms of completeness and quality of data, access to data in a timely manner and using data for decision making and management purposes to steer a programme.

5.4 Sustainable funding and cost-sharing

Apart from the very notable exception of TAHOSSA in Tanga, stakeholders stress that there is a general lack of commitment to allocate a budget to the programme at several levels of the education sector. Furthermore, the programme’s donor dependence and reliance is currently too high. So far, PMORALG has not allocated a separate budget line to PE and SC services within the Medium-Term Expenditure Framework (MTEF). However, as mentioned in chapter 2, the MoEVT provided human resources and infrastructure for programme implementation. A key stakeholder mentioned that messages received from donors such as *“there is plenty of funds available for HIV, you just have to tap into them with good programming”* have not yet motivated Ministries like the MoEVT who lack sufficient resources for their core business to allocate funding for HIV activities. The Acting Commissioner of Education assured that the MoEVT’s next budget request to be reflected in the MTEF will include a budget for PE and SC services.

The MoEVT’s resources need to be supplemented through cost-sharing strategies at decentralised levels. The TAHOSSA example shows how this can be done successfully at the secondary school level. Organisations such as Restless Development, Médicos del Mundo or Solidarmed have shown how development partners can provide support at the decentralised level. As mentioned before, primary schools do not collect school fees and therefore do not have their own budgets. For primary schools, funds for programme

implementation would need to come from the district budget (via the District Executive Director, DED). However, stakeholders are sceptical about how far DEDs would accord priority to the programme as the PMORALG's priorities for the education sector is said to focus on pleasing voters and investing in infrastructure - building as many schools as possible. An additional funding source to tap into is the decentralised National Multisectoral Strategic Framework (NMSF) Grant. It might be necessary to disseminate information on how to access the grant at regional and district level.

☛ **Lesson Learnt:** Currently, in most intervention regions, the programme covers roughly 15% of primary and secondary schools. As the TAHOSSA Tanga example shows, rolling out the approach to all schools in a region is highly desirable but can only happen if the majority of funds is mobilised at the decentralised level. While it is urgent that PMORALG allocates a budget line to peer education and school counselling services in the Medium-Term Expenditure Framework, it is also clear that the MoEVT's budget, even if supported by donors, will never enable rolling out and maintaining the programme in all schools across the country. Cost-sharing modalities at the decentralised level and introducing the approach at the level of teacher training are seen as the key strategies to roll out the approach nationwide.

5.5 Human resource capacity

At all levels, shortage of human resources is a great challenge for the education sector and even more so for extracurricular activities.

School counsellors: The MoEVT guidelines propose that school counsellors should have reduced teaching responsibilities to allow time for counselling work. However, due to the prevailing teacher shortage this has not happened in the majority of schools. Teachers find it difficult to allocate sufficient time for counselling services and for supervising peer educators in addition to their subject teaching.

Regional coordinators: Respondents stressed that a regional coordinator should have at least a 25% position to spend on the coordination of tasks. In their view, if the programme is scaled up to include all schools in a region, the regional coordinator should be attributed a full time position. In addition, transport availability is a prerequisite for regular school visits. The current situation of regional coordinators not being members of the zonal, regional or district administration teams is not seen to be the ideal solution for the future. Possible future options are discussed in the next chapter.

The MoEVT: the lack of capacity/staff at the HIV/AIDS Unit to coordinate and steer the programme is likely to become one of the major risks to the programme's continuation and rolling out. Currently, institutional memory and the capacity for steering and coordination at national level as well as conceptual developments all heavily and overly depend on the national programme coordinator. The achievements of the programme lead to a strong interest of various development partners in supporting its roll out. Coordination of the various contributions is done by the national programme coordinator which leads to a situation where his capacities become clearly overstretched. The coordination should not rely on a single person as it is at present but should be dealt with by an office staffed with several education officers who have the necessary expertise. The Acting Commissioner of Education has committed to reinforcing the HIV/AIDS Unit by two additional staff members. In order for the national programme coordinator to be able to effectively delegate tasks, it will be vital for MoEVT to fill the positions as soon as possible with staff having senior level expertise and skills.

6 The Way Forward - Recommendations

*“We really wish this programme to go on –
it is very important for our children to continue the programme”.*

Many respondents expressed this view and further expressed a wish for the programme to reach all schools throughout the country. This will not be an easy task for the MoEVT and its partners. However, in order to move in this direction and based on the respondent's views and our own, we suggest to address the areas as described below. The suggestions made should be discussed in wider circles. Other solutions may be found to be more appropriate or feasible to the challenges identified.

6.1 Sustain the programme by refresher and replacement training and introducing the approach into teacher training

Short and medium term

Replacement training for new counsellors and peer educators is an absolute priority. This should be planned based on an annual monitoring of vacant posts by the HoSs that is reported to the regional/zonal coordination. Trained school counsellors should be offered a refresher training every 2-3 years. Initial trainings last 10 days, refresher trainings take 3 days. To save costs and make optimal use of scarce human resources, the latter could be conducted locally by giving a greater role to the ward education coordinators (WECs), which would need to be trained for that purpose. Regular sensitisation events for incoming HoS and other authorities such as DEOs, REOs, DEDs, TAHOSSA etc. are also essential, since the experience shows how important a strong and supportive role of these authorities is for the success or failure of the programme. The TAHOSSA model also indicates that school counsellors can play an important role in replacement training for new colleagues.

In view of limited financial resources, it should also be discussed whether the current cost intensive model of training peer educators by region or district should be maintained in future, or whether PE training should rather be done by school counsellors at school level, as currently done in Tanga by TAHOSSA and as proposed as an option in the step-by-step guide for scaling up the approach (Minimum Essential Package).

While such strategies may not guarantee the same level of quality as the current formal trainings do, some compromises on quality may need to be accepted in the interest of scaling up in a context of limited resources.

Long term

A long-term strategy in striving towards a nationwide roll-out of the programme could be to move upstream in the system and train all future teachers on PE and SC skills. So far, PE and SC services have not been introduced into the curriculum of teacher training. The teacher education department is currently developing a training module for HIV and life skills for teacher training colleges (extracurricular). It is important to introduce the Shangazi Stella approach into this process. When teacher training colleges start offering courses on SC and PE to their students, it will be important to not only equip them academically but also with the necessary social and practical skills. Experience has shown that the difference the programme can make is very related to its participative teaching methodologies, practical exercises, and youth friendly approaches, based on the Shangazi Stella materials. While certainly not all student teachers will become counselling teachers, the “PASHA” experience has clearly shown the beneficial effect of equipping teachers with these skills also in relation

to their core business: teaching, academic performance of students, discipline and creating a conducive environment for learning. Against this background, it is strongly recommended for MoEVT decision makers to discuss the introduction of a module on counselling and learner-centred teaching methods into the teacher training curriculum, either as a mandatory or as a voluntary, extracurricular module.

6.2 Sustain programme funding

To sustain the programme and further improve it, more funds will be needed in future, not less. SC and PE activities as well as other HIV activities in the education sector should be budgeted for in the MTEF and translated into the MoEVT action plan. Based on this budget, the MoEVT should allocate its own funds which would then be supplemented by development partners. Such a set up would reduce the risk of donor driven agendas and strengthen alignment with MoEVT priorities. Partners should not only support the Ministry in the initial development of materials and approaches but also with the very cost intensive task of implementing and rolling out the programme. To ensure continuous improvement of the programme, technical assistance appears to be a necessity. In future and in view of the programme, key responsibilities of the MoEVT will include further developing the approach and materials, maintaining and strengthening a sufficient number of ToTs, coordinating activities nationwide, liaising with development and multisectoral partners as well as monitoring & evaluation, supervision and quality management.

For the national roll out the programme, strong involvement by the districts is required. In order to create the necessary commitment, the national programme coordinator and his team need to sensitise the DEDs and PMORALG, share the Minimum Essential Package and strengthen advocacy, also for cost-sharing purposes. Building on the successful collaboration with NGOs such as Restless Development, Médicos del Mundo, Solidarmed or AMREF, NGOs must not be left aside when stakeholder meetings are scheduled but need to be regarded as vital partners in rolling out the programme to other regions.

6.3 Promote the beneficial effects of the approach on adolescent health and school careers

For advocacy purposes and to gain more support at the MoEVT level for funding and cost sharing, it is recommended for development partners, decentralised authorities and schools to make use of the results of this capitalisation study. It will be important to make stakeholders and the public aware of the impact of the programme. In addition to the effect on reduced schoolgirl pregnancies, the effect on the education sector's core business (academic performance, reduced truancy, conducive learning environment etc.) cannot be overemphasised.

In this context, the use of the branding "PASHA" should be re-discussed. Some MoEVT representatives hold reservations against the term "PASHA" because it is felt to be equivalent with "the German project". Taking into consideration that the German support will come to an end by July 2012, this reservation might lose grounds. The second half of 2012 might therefore be a good time to reconsider the continued use of the brand "PASHA" - to reflect the technical and rather long term "MoEVT's approach to PE and SC services in schools". The upcoming regional initiative to strengthen South-South collaboration around HIV prevention and SRH education in Southern and Eastern Africa's education sector would be an ideal platform to further promote the Tanzanian success story in Africa and beyond.

6.4 Strengthen the evidence of programme performance and outcomes

To support the findings of this report and generate stronger evidence about the effect of the programme on schoolgirl pregnancies and academic performance, a quantitative school based analysis should be conducted, covering an extended period pre and post introduction of the intervention (e.g. 2004-2011), comparing a representative sample of intervention and non-intervention schools. The analysis should assess pregnancy- and truancy-related dropout incidence rates as well as transition rates from primary to secondary schools as a measure for academic performance (comparing cases to the number of students in the school as a denominator). The national programme coordinator, with support from the Swiss TPH and TGPSh are currently exploring possibilities to conduct such an analysis before holding a stakeholder workshop scheduled for mid 2012.

In addition, it will be important to review the ESMIS indicators and the quarterly monitoring system of the programme to include indicators related to the activities of school counsellors (i.e. # of counselling sessions provided, # of functional (trained according to defined standards) school counsellors and peer educators in schools at the end of the year). Reporting templates should be revised accordingly. The quarterly monitoring of activities should be continued. However, at district level, paper reporting is likely to occur, since not all districts are yet equipped with IT infrastructure. If possible, electronic reporting should be continued between zonal and national level.

USAID plans to equip all schools in Mtwara with a computerised information system that will provide real-time, school based data on individual students and schools. This will provide an ideal opportunity for prospective analysis and future research. We would recommend including indicators into the database such as: pregnancy cases, reasons for dropout, number of trained school counsellors in place, number of trained peer educators in place, number of PE sessions given, number of counselling services provided and a typical indicator for academic performance.

6.5 Integrate decentralised coordination and supervision into the system

While the current regional coordinators are valuable resources that should stay involved in the programme in future (some could be trained as lead facilitators), the decentralised coordination should be led by civil servants from within the education administration system. Various options were discussed during the interviews:

- DEO's office: the DEO has its own budget; the District School Health Coordinators (DSHCs) could become Focal Persons for PE and SC services. They would require training.
- REO's office: may not be ideal, as too thinly staffed and does not have its own budget.
- Nationwide, there are too many districts for an effective coordination to take place at the national level. The Zonal Inspectorate's Office (one zone per two regions) in charge of supervision would be ideally situated to coordinate the district Focal Persons at an intermediary level. One person should be assigned to follow up the programme at zonal level. This model has been successfully tested in Lindi and Mtwara, where the former regional coordinator was a team member of the zonal inspectorate's office, which covered both regions.

- The national coordination for PE and SC services in the MoEVT's HIV/AIDS Unit, staffed by a sufficient number of qualified professionals, would ensure national coordination, as described above. To reflect the comprehensive agenda of the programme and the MoEVT activities, it is suggested to rename the HIV/AIDS Unit into Sexual and Reproductive Health and Rights, HIV and Life Skills Unit.

In this model the chain of reporting and coordination could be:

School counsellors and HoS at school level → DSHC, Focal Person for PE and SC services at district level → Zonal Coordinator for PE and SC services in the Zonal Inspectorate → National Coordinator for PE and SC services in the MoEVT's HIV/AIDS Unit

6.6 Revise standard architectural plans for schools to include a counselling room

The programme guidelines request schools to designate a separate room to serve as a counselling room. In reality, this guideline cannot be followed in most schools, due to the shortage of classrooms. Interviewees stressed the importance of offering a confidential and conducive environment for counselling sessions, and recommended that the MoEVT reviews the minimal standards/requirements for inspectors when opening and registering a new school. Architectural plans of a normal school should include a room specifically designated to counselling activities.

6.7 Sensitise the wider school community through existing structures

To involve and sensitise the wider school community, the "PASHA" approach recommended the formation of SCAECs which bring together parents and students, community and religious leaders and people living with HIV and AIDS. Today, most schools do not have a functional SCAEC. In many cases, this function has been transferred to existing structures instead (school committees in secondary schools and school boards in primary schools), that have a similar composition, involving parents and community members. In future, it seems more feasibly to integrate the SCAEC functions into these existing structures and ensure that people living with HIV and AIDS are invited by school counsellors, peer educators and HoSs as resource persons.

6.8 Render the approach even more comprehensive and targeted to age groups

There is a need to develop additional age appropriate materials. The PE approach is offered at five class levels: standards 5-7 in primary school and forms 1-2 in secondary school. At present, peer educators are required to work with the same materials throughout all grade levels, which results in a teaching and learning fatigue. While it may not be realistic to have different materials for each standard, it will be important to develop age specific materials for primary, secondary and tertiary level. In the short run, the Shangazi Stella cards (36 topic cards) could be assigned to different age/class levels, in order to stretch the topics over several classes in contrast to covering all available topic cards during the initial year of PE.

It is important though, to continue offering PE over an extended period as continuous repetition of messages and ideas is crucial to achieve behaviour change. When introducing PE to universities and teacher training colleges, having age appropriate materials to work with is even more important. During revision of materials, special attention should be given to taboo topics in a rights based approach, such as violence and discrimination of people who have sex with the same sex.

There is a Kiswahili saying *“Shape the fish while it is still fresh, it won’t break - samaki mkunje angali mbichi.”* As presented in chapter 3.1.3, some children are sexually active at a very young age. Many of these children are exposed to sexual violence (see National Study on violence against children in Tanzania, UNICEF 2011). In certain regions, traditional initiation starts early in life and might include messages related to sexuality. Starting SRH education and life skills promotion in grade 5 coincides with an age where some children start engaging in risky sexual activities. Therefore, the current efforts towards gender friendly schools should ideally be complemented with age appropriate life skills educational approaches for all levels of schooling.

Annex 1: Compilation of Conclusions and Lessons Learnt

This annex compiles the boxes on *Conclusions* and *Lessons Learnt* as presented in the various chapters of this document.

Conclusions

☞ There is clear evidence that the programme improves **knowledge and awareness** of beneficiaries, most notably of peer educators and girls.

☞ There is strong evidence that the programme positively influences attitudes of beneficiaries and strengthens their **life skills**, leading to **empowerment** and improved **gender equality**.

☞ **Schoolgirl pregnancies** are a good proxy indicator for the frequency of unprotected sex which exposes them to a risk of contracting HIV (for which no data can be collected at school level). There is evidence - qualitative and some quantitative - which suggests that the programme has a positive effect on reducing unwanted pregnancies. To strengthen this evidence, trends would need to be assessed (2005-2011) by collecting data from intervention schools and non-intervention schools in the same region. Once good quality data is available for secondary schools, an evaluation of the trends in Tanga could provide further evidence.

☞ Qualitative data suggest that the programme contributed to improved **discipline**, reduced numbers in school **dropout** and a decrease in **drug abuse** in the intervention schools. Furthermore, there is evidence that the introduction of peer education programmes positively influence the **academic performance** of students.

☞ The programme has helped **counselling teachers** to gain new knowledge and skills which has led to a change in attitude and behaviour. School counsellors were able to develop skills in participatory and student-centred teaching and problem solving methods. In schools, this contributed to a positive atmosphere of confidence and collaboration. School counsellors have become role models in school communities and cases of sexual abuse by teachers have become rare in intervention schools. School counsellors have better career perspectives, which at the same time constitutes an unintended effect as it contributes to higher turn-over rates among trained school counsellors, resulting in the need for replacement trainings. School authorities and teachers perceive the programme as highly relevant and a strong demand for its implementation in non-intervention schools has been voiced.

☞ The programme has succeeded in breaking initial resistance at parent level and creating a supportive environment. It has contributed to **breaking the silence** between parents and children and to greater openness for intergenerational dialogue around HIV and Sexual and Reproductive Health issues.

☞ The technical support provided by the Swiss TPH team to the national partner system has contributed to various changes and dynamics at **policy level** in the MoEVT (re-admission policy, openness around condoms in the education sector, contribution to other policies and strategies). However, changes of perception at the national level do not automatically translate into changes of daily practice at **school level** where authorities find themselves in a situation of tension between official sector policies and societal pressure within a traditional context.

☞ The “PASHA” approach to peer education and counselling services in school is today a well recognised good practice model, as reflected in various key policy documents of Tanzania. It is an established brand, associated with quality, both among development partners and national stakeholders.

☞ School counselling and peer education activities continue months and years after the trainings, also in the absence of external inputs, due to school authorities and teachers taking on the responsibility, motivated by the beneficial effect of the programme on their schools. Over time, **levels of activities** tend to decline, calling for regular refresher and replacement trainings. Currently there is no system in place to monitor school counselling activities.

Lessons Learnt

☞ Opening narrow HIV focused approaches to a **comprehensive approach** that includes Sexual and Reproductive Health and Rights and life skills is crucial for changing attitudes and behaviour.

☞ A reform of **teaching methodologies** is needed to change attitudes and create an atmosphere of trust. Rather than only focusing on theoretical knowledge, training on participatory methods and using practical exercises have been crucial for the change of attitude in teachers. This has contributed to building the necessary level of trust in schools and improving teacher-student relationships and communication.

☞ Participatory approaches contribute to the acceptance of a programme and to the creation of a **supportive environment**. Stakeholders stress that it is crucial for the school counsellors’ acceptance and credibility that they are elected by students. Furthermore, the careful sensitisation of the heads of schools and the wider school community and the involvement of decentralised school authorities have been key success factors of the programme and for creating a supportive environment.

☞ Good policies are an excellent starting point for a programme. The development of the programme was closely aligned to the **Ministry of Education’s policies** and regulations. In particular, a circular by MoEVT on the introduction of school counselling services and peer education was used as a reference during programme introduction. Thus, stakeholders at various levels of the education sector and in the communities did not perceive the programme as something foreign and in consequence, did not display any resistance to its implementation.

☞ Policy alone does not bring about change. The “PASHA” experience has shown that for a programme to take off it is essential that the approach is soundly based in national policies. However, policy alone does not bring about change at **implementation level**. What is necessary is a reliable and ongoing partnership to ensure that new approaches and materials are not only developed but being made effective in the system. Respondents stressed that changes on the ground are unlikely to happen unless there is technical and financial support provided for the dissemination, sensitisation, roll out and implementation of new tools and approaches. The “PASHA” programme is seen as a good example in that regard.

☞ A system’s approach is key to create national commitment and ownership and promote sustainability. Developing EMAC approved materials adapted to the national context and a harmonised approach, have greatly contributed to building the MoEVT’s share of ownership in the HIV response. While the initial project modality helped to develop an innovative approach, to achieve quick results at school level and to maximise donor accountability, only

full integration into the **national structure and system** allowed for building national ownership and strengthening sustainability. Additional positions that have been created during programme implementation will need to be integrated into the existing system.

☞ **Multisectoral approach** as a key success factor. The multisectoral approach and taking advantage of other partner's resources through linking up and networking have been crucial success factors for the programme. Achievements in peer education within primary schools need to be understood as the result of joint efforts from MoHSW/TGPSH and MoEVT/"PASHA".

☞ **Technical assistance** as a crucial success factor. The availability of country based technical assistance was crucial for introducing new methodologies and approaches and to support conceptual developments. It also helped to build the reputation of „PASHA“, link the MoEVT activities with donor groups, and motivate other development partners to co-fund the MoEVT activities.

☞ The **TAHOSSA Tanga** model is a good practice model to be shared widely. Applying a support strategy that is based on cooperation with an extremely committed local partner has contributed to a much stronger local ownership and a significant reduction in overall costs. Though the peer education approach by TAHOSSA results in lower intensity and quality of peer education, it seems to be compensated by stronger ownership and more regular school counsellors' training. The overall effect of the programme at school level does not greatly differ from schools where the full support package is provided. In view of sustainability and cost sharing on decentralised levels, this model should be shared widely and tried out in other regions.

The modality is not applicable to primary schools since these do not have a budget at hand but depend on funding assigned to them by the district executive directors.

☞ Outputs and outcomes are not systematically monitored by neither system - quarterly monitoring or ESMIS. As a consequence, there is a lack of quantitative data at outcome and impact level. As HIV incidence cannot be collected at school level, schoolgirl pregnancy provides a good proxy indicator at impact level. The "PASHA" experience shows that aligning with **national monitoring and information systems** and supporting their strengthening through technical advice is the desirable solution in terms of sustainability and ownership. However, in contexts of weak national information systems, there is an immediate price in terms of completeness and quality of data, access to data in a timely manner and using data for decision making and management purposes to steer a programme.

☞ Currently, in most intervention regions, the programme covers roughly 15% of primary and secondary schools. As the TAHOSSA Tanga example shows, rolling out the approach to all schools in a region is highly desirable but can only happen if the majority of funds is mobilised at the decentralised level. While it is urgent that PMORALG allocates a budget line to peer education and school counselling services in the Medium-Term Expenditure Framework, it is also clear that the MoEVT's budget, even if supported by donors, will never enable rolling out and maintaining the programme in all schools across the country. **Cost-sharing modalities** at the decentralised level and introducing the approach at the level of teacher training are seen as the key strategies to roll out the approach nationwide.

Annex 2: Interview Partners

2.1.2012	Marystella Maufi Wassena, Acting Commissioner of Education MoEVT
	Beatrice Masanje, PASHA regional coordinator Mtwara
	Akwillina Mlay-Siya, SRH expert with TGPSH, GIZ Tanzania
3.1.2012	Brigitta Gwai, PASHA regional coordinator Tanga, national facilitator and former school counsellor
	Benedict Raymond Mangulu, PASHA national programme coordinator at MoEVT
4.1.2012	Group 1 Primary Schools Tanga region: Simoni Kimario, head of school Mheza Primary School Adrew Loyce, school counsellor Mheza Primary School Semkiwa, head of school New Korogwe Primary School Nice Mashauri, school counsellor Kwandulu Primary School
4.1.2012	Group 2: Secondary Schools Tanga region: Kavumo Mziray, head of school Old Tanga Secondary School, TAHOSSA leader Vida Mwakanyamale, head of school Kilole Secondary School Korogwe, TAHOSSA leader Fortunata Balindile, school counsellor Usagara Secondary School Hezron Sikapizye, school counsellor Usagara Secondary School
4.1.2012	Dorothea Coppard, GIZ, former education advisor to PASHA
5.1.2012	Didas Balimanya, programme coordinator Restless Development Tanzania, Mbeya Regional Programme Office
6.1.2012	Dr. Regine Meyer, TGPSH component leader: Sexual and Reproductive Health and Rights and HIV and AIDS, GIZ Tanzania
10.1.2012	USAID: Tom LeBlanc, team leader education; and MeiMei Peng, education development officer
	The author, Dr Claudia Kessler of Swiss TPH (PASHA project leader since 2004) and Bianca Agert, current education advisor (since 2011) to the MoEVT's activities in SC services and PE, contributed their views on challenges, lessons learnt and the way forward.

Annex 3: Interview Guideline

Looking back on the „PASHA“ experience between 2004 and 2011:

1. Which are the most significant results (including acquired competencies of various stakeholders/beneficiaries), effects, changes that „PASHA“ brought about? Which changes in the external context took place that either favoured or hindered outcomes/impact of the „PASHA“ contribution? What are main shortcomings, weaknesses?
2. Which public policies (in MoEVT and outside) were influenced by the „PASHA“ contribution?
3. Which institutional changes have taken place thanks to „PASHA“?
4. What are the lessons learnt?
5. What are your recommendations to the MoEVT and donors with regards to the continuation of PE and school counselling in the future? What needs to happen to integrate in a sustainable way, PE and school counselling services in primary and secondary schools in Tanzania?

Annex 4: List of Studies and References

- 2011: „Addressing sexual health and HIV in school“, German Health Practice collection. GIZ. Available at: <http://german-practice-collection.org/en/successful-programmes/hiv/addressing-sexual-health-and-hiv-in-school>
- 2009: „A study examining the effectiveness of the PASHA programme in participating schools in the Mtwara, Tanga and Lindi regions, Tanzania“. Qualitative and quantitative KAP study. Prof. J. Baxen, external consultant, with assistance from Ch. Stucki and C. Kessler, Swiss TPH.
- 2009: „PASHA's Contribution to Addressing Teenage Pregnancies in Tanzanian Schools“ Consultancy report. R. G6rgen, external consultant.
- 2008 and 2009: „Prevention and Awareness in schools of HIV and AIDS (PASHA): Monitoring and Evaluation Consultancy“. X. Bosch, Swiss TPH.
- 2008: „A comparison of the knowledge and attitudes of school counsellors trained in the PASHA project and untrained counsellors in Tanga region, Tanzania“. Minithesis, D. Coppard, Swiss TPH.
- 2007: „What influences the quality of implementation of PE programmes in primary schools?“ Quantitative and qualitative study on peer education in Tanzania. Forrester Kibuga K. and Bamurange Kainamula V.

This list is not comprehensive. It aims at highlighting the key studies conducted during the collaboration between the MoEVT, GIZ and Swiss TPH.

The development of the approach used by „PASHA“ benefited from additional studies carried out before the start of the programme and from studies conducted by other actors.

Annex 5: ESMIS Data on Dropout Rates

Evaluation of ESMIS regional data 2005-2010 on the number of dropouts from primary schools due to pregnancy and truancy

Source of data: Department of Policy and Planning, MoEVT, Jan 2012; evaluated by the author

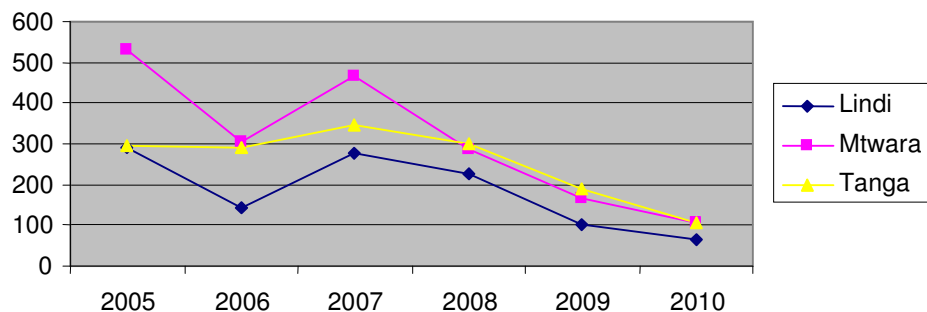
Pregnancy-related primary school dropout 2005-2010 in three intervention regions

(programme introduced in 2007- 15% coverage)

	2005	2006	2007	2008	2009	2010
Lindi	292	144	279	227	103	64
Mtwara	533	306	464	284	164	108
Tanga	295	290	348	301	190	105

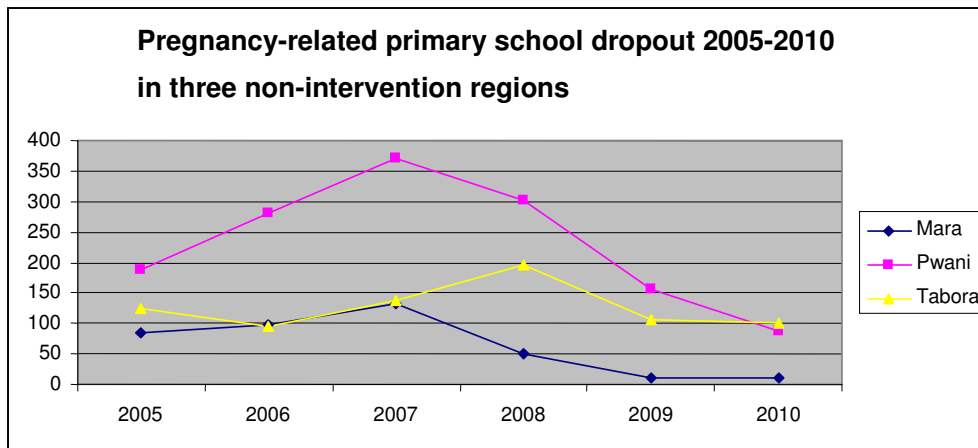
Pregnancy-related primary school dropout 2005-2010 in three intervention regions

(programme introduced in 2007 – 15% coverage)



Pregnancy-related primary school dropout 2005-2010 in three non-intervention regions, random selection

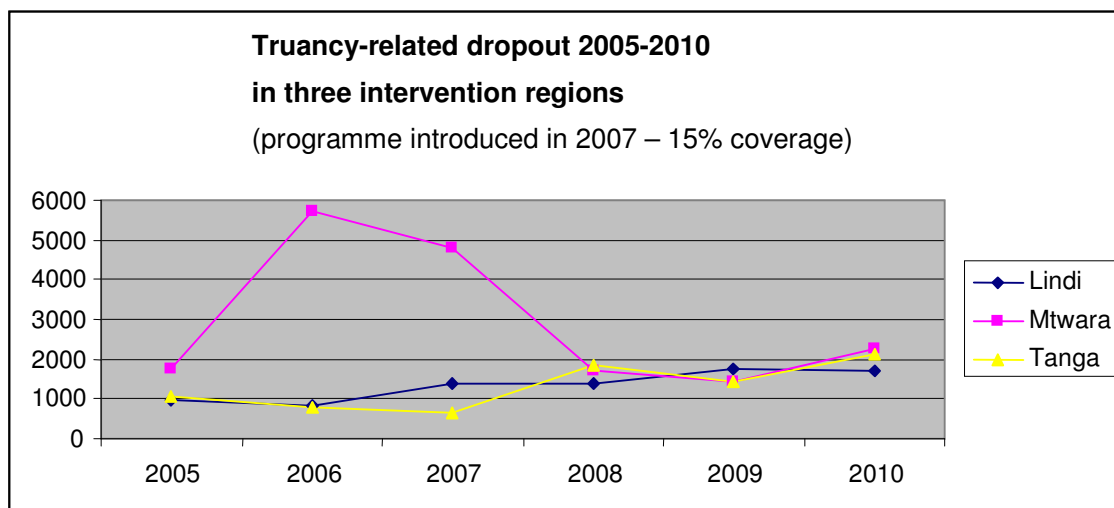
	2005	2006	2007	2008	2009	2010
Mara	86	97	133	51	10	10
Pwani	188	280	372	302	155	88
Tabora	125	96	137	197	106	100



Truancy-related primary school dropout 2005-2010 in three intervention regions

(programme introduced in 2007 - 15% coverage)

	2005	2006	2007	2008	2009	2010
Lindi	980	835	1388	1370	1758	1719
Mtwara	1739	5708	4805	1714	1450	2264
Tanga	1064	802	632	1858	1416	2106



Truancy-related dropout 2005-2010 in all of Tanzania (all regions)						
	2005	2006	2007	2008	2009	2010
Truancy-related dropout all regions	44742	44603	53032	50401	52644	57084

