

MINISTRY OF EDUCATION AND CULTURE

**Guidelines for Implementing HIV/AIDS/STDs and Life Skills
Education in Schools and Teachers' Colleges**

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ABBREVIATIONS

AIDS	-	Acquired Immunodeficiency Syndrome
HIV	-	Human Immunodeficiency Virus
CBO	-	Community Based Organizations
CE	-	Commissioner for Education
CU	-	Coordinating Unit
MTP	-	Medium Term Plan
MoEC	-	Ministry of Education and Culture
NACP	-	Non Governmental Organization
SCAEC	-	School Counselling and AIDS Education
STD	-	Sexually Transmitted Diseases
STI	-	Sexually Transmitted Infections
SRH	-	Sexual Reproductive Health
STP	-	Short Term Plan
TACAIDS	-	Tanzania Commission for AIDS
TAC	-	Technical AIDS Committee
VCT	-	Voluntary Counselling and HIV Testing

FOREWORD

Young peoples' health has become a subject of increasing importance in Tanzania, both because of a better understanding of the importance of this age group to public health and because the changing conditions with changing patterns of behaviour have increased health hazards for young people. This is especially true with regard to sexual and reproductive health.

Unprotected premarital sexual relations among youth are taking place at earlier age giving rise to early pregnancy and childbearing, induced abortions in hazardous circumstances, sexually transmitted diseases and the scourge of Human Immunodeficiency Virus (HIV) leading to Acquired Immunodeficiency Syndrome (AIDS).

AIDS has already shown its impact on the individual, the family, the community and society in general. The multifaceted nature of the effects of HIV/AIDS have encroached on domains other than the health sector, where everyone is obliged to deal with issues of HIV/AIDS/STIs prevention and control. HIV/AIDS/STIs prevention and control has involved several actors and even within the Education Sector has become multisectoral in its approach. It is for the purposes of standardizing the approaches to HIV/AIDS/STIs and life skills education on schools that these guidelines have become a necessity.

The guidelines are intended to streamline the responses, efforts and the action of the education sector against HIV/AIDS/STIs among young people in schools. The guidelines are to be used by all actors who are collaborating in the efforts to provide this kind of education to school youth. It is hoped that the use of these guidelines will reduce the extent of the transmission of HIV/STIs in the schools, teachers colleges and the public in general.

I commend and thank all those who have contributed towards the formulation of this material. The existence of the guidelines will not by itself lead to effective control of the HIV/AIDS/STI among the school youth and the teachers' colleges. The success of our endeavours will result from the willingness and roles played by all those who are involved and who will collaborate to use and apply the guidelines.

The Ministry of Education and Culture welcomes comments and feedback that will improve on these guidelines and make them more responsive to the needs of the school youth and the nation at large.

Acting Commissioner for Education
MINISTRY OF EDUCATION AND CULTURE DAR ES SALAAM

CHAPTER ONE

INTRODUCTION

1.1 Background

Global Overview

Since the beginning of the epidemic, more than 60 million people have been infected with the Virus. HIV/AIDS is now the leading cause of death in sub-Saharan Africa.

At the end of 2001, an estimated 40 million people globally were living with HIV. In many parts of the developing world, the majority of new infections occur in young adults, with young women became especially vulnerable. About 1/3 of those currently living with HIV/AIDS are aged 15 – 24. Most of them do not know that they carry the virus.

In Sub-Saharan Africa, the crisis is growing. AIDS killed 2.3 million African people in 2001. The estimated 3.4 million new HIV infections in Sub-Saharan Africa in the past year mean that 28.1 million Africans now live with the virus. World wide, it is the fourth biggest killer.

Following recognition of the first AIDS case in 1983 in one of the regions of Tanzania mainland, reported cases have grown fast and extensively since then. By 1996, all the 20 regions had reported the occurrence of AIDS cases.

The demographic factors of population growth, age structure dependency ratio, the economy, the health care and the education system.

A total of 11,673 AIDS cases have been reported to the NACP from the 20 regions of Tanzania Mainland by the end of 2000.

The cumulative total number of AIDS cases on the Mainland (2000) is over 130,386 cases since 1983 when the first AIDS cases were diagnosed in Tanzania. It is estimated that only 1 out of 5 AIDS cases are reported. Thus, about 60,000 AIDS cases are estimated to have occurred in 2000 alone and a cumulative total of 660,000 AIDS cases since the beginning of the epidemic in the county. The male to female ratio is almost equal 1.0:1.2 (1992) with a slight female preponderance. Also females appear to become infected at a much younger age than males.

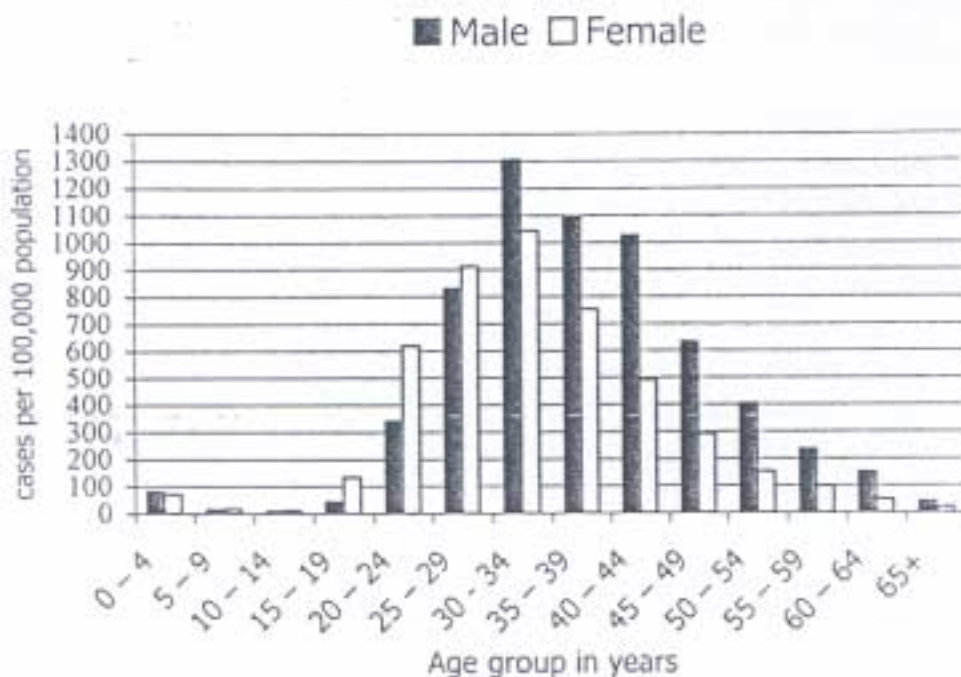
The real measure and realistic scope of the magnitude of the epidemic can be obtained from the number of people infected with HIV. The overall estimate of HIV infection is between 800,000 and 1,600,000 people (NACP, 2000).

HIV/AIDS affects mainly the sexually active members of the population. About 94% of the AIDS cases are between the ages 15 – 55 years, 4% below 5 years and a negligible number 2%, between 7 – 14 years. The youth segment of the population is at a higher risk of HIV/STIs infection than other age groups.

Available behavioral data indicates that 50% of adolescents have made their sexual debut by age 15. Data from blood donors have shown a rapid increase in prevalence among adolescents of 15 – 19 and 20 – 24 years.

The two age groups of 15 – 19 and 20 – 24 make up 37% of the adult population in Tanzania. The groups constitute altogether the future generation, the nation's dependable resource for providing the labour for national development. The group may be wiped out if efforts to reduce the spread of HIV/AIDS/STIs infection amongst young people are not accelerated.

Figure 1: Age and Sex distribution of Cumulative AIDS Cases, 1987.



The education sector is seriously threatened by HIV/AIDS. The threat is very real taking into account that it deals with the very population segment that is highly vulnerable to or mostly affected by the epidemic. There is ample evidence that this trend is affecting pupils/student/teacher attendance, school completion rates and taking great toll on the teaching force. All these have negative consequences on the quality of education and human resource on which the country's socio-economic development heavily depends. There is therefore urgent need to ensure the increasing trends controlled through provision of HIV/AIDS/STIs preventive education and counseling.

Preventive education and counseling may start at the tender age of pre-school, young children aged 6 to 10, as they constitute "the Window of Hope" the nation's hope of tomorrow. Children of this age group are however too young to be involved in the dynamics of behaviour change and modification.

Nonetheless children of this age are expected to be sensitized through responsible parental up – bringing during pre schooling and class one and two curriculum.

1.2 Vision, Mission and Goal of the AIDS Education Programme in Schools and Teachers Training Colleges

1.2.1 Vision

Attain knowledgeable in-and-out of school children, youths, adults including teachers with positive attitudes and behaviour to make informed and correct decisions towards combating HIV/AIDS/STIs.

1.2.2 Mission

To provide quality and equitable access to SRH/HIV/AIDS/STIs, knowledge, life skills education and counseling services in schools and teachers Colleges for sustainable preventive education.

1.2.3 Goal

To reduce the spread of HIV/STIs among pupils/students in schools and colleges through provision of relevant knowledge and life skills and accessing guidance and counseling services.

1.3 Target Population

The primary target population of the programme will be:

Primary school pupils in classes 3, 4, 5, 6 and 7. Secondary school students in the Ordinary level (Forms 1 to 4) and Advanced Level of Education (forms 5 and 6). Teacher trainees, both Certificate and Diploma, the secondary target population of the programme will be:

- All the teaching and the non-teaching staff in the education sector.

1.4 The Need for HIV/AIDS/STI Education Guideline

There have been various national efforts to control the spread of HIV/STIs. Among these were Short Term Plan (STP) 1985 – 1996, the First Medium term Plan. MTP-1) 1987 – 1991, the Second Medium Term Plan (MTP 2) 1992 – 1996 and the Third Medium Term Plan (MTP 3) 1998 – 2002. The Ministry of Health through NACP mainly implemented the initial efforts, but over a time there has been gradual involvement of other public sectors and Non-Governmental Organization (NGOs).

Within the Education Sector the increasing number of actors intending to the involved in school AIDS Education Programme has created problems related to context and content of HIV/AIDS/STIs preventive education, as well as implementation, coordination strategy which altogether resulted in duplication of efforts, misuse of resources, negative impact and little or no impact made on the targeted populations.

Guidelines were first developed in 1996 to help the education sector and others to plan, to implement and evaluate their efforts better for efficient and effective management, administration and financing of the school HIV/AIDS/STIs education programme. These guidelines have been revised to match and closely observe the principles of the Tanzania Education and Training Policy (1995) and those of the National Policy on HIV/AIDS (220) are regards to preventive education and counseling intervention strategies.

The guidelines spell out the principles that should be adhered to as stipulated by Circular Number 3 of 2000 of the Ministry of Education and culture by persons, agencies and organisations (either local or international) who would wish to further the multi-sectoral spirit of collaboration and partnership in the struggle against the AIDS epidemic in Schools and Teachers' Colleges.

CHAPTER TWO

AIMS AND OBJECTIVES OF THE GUIDELINES

2.1 Aims of the Guidelines

- 2.1.1 The aim of the guidelines is to mobilize and sensitize actors/partners into active collaboration in the provision of preventive education and counseling amongst youth in School and Teachers' Colleges in order to reduce the spread of HIV and STIs.

2.2 Objectives of the guidelines

- 2.2.1 To facilitate the implementation of the National Policy on HIV/AIDS (2002) Control Programme in its efforts to prevent the spread of HIV/STIs and mitigate the impact of AIDS in the Education Sector.
- 2.2.2 To ensure sustenance of HIV/AIDS/STIs education in schools and Teachers' Colleges so as to empower pupils/students to make informed decision for healthy life style.
- 2.2.3 To provide guidance in schools and Teachers' Colleges in the effort to educate young people about the scourge of HIV/AIDS and how to guard themselves against infection.
- 2.2.4 To provide lines of action to be followed by different role players in the multi-sectoral collaboration and partnership against HIV/AIDS/STIs.
- 2.2.5 To promote and preserve cultural practices that prevents the spread of HIV/AIDS/STIs.
- 2.2.6 To provide gender sensitive HIV/AIDS/STIs Education in School and Teachers' Colleges.
- 2.2.7 To promote the preservation and respect for individual and social human rights of HIV/AIDS infected persons in Schools, Teachers' Colleges and the community at large.
- 2.2.8 To provide back up and support for all involved in HIV/AIDS/STI and life skills education.
- 2.2.9 To discourage local and foreign cultural practices which promote the spread of HIV/AIDS/STIs.

CHAPTER THREE

ORGANIZATION AND MANAGEMENT OF HIV/AIDS/STIs LIFE SKILLS EDUCATION PROGRAMME

3.1 Organizations and Management of the Programme

The provision of accessible, quality, equitable and sustainable HIV/AIDS/STIs and life skills education is the ultimate goal of this education programme. This goal cannot be achieved without a well-established and effective management and administrative structure that will oversee the running of the HIV/AIDS/STIs Education Programmes. Therefore:

- 3.1.1 The Ministry shall establish an AIDS Steering Committee. The committee shall be composed of Heads of Departments and Institutions of the Ministry of Education and Culture. The role of the AIDS steering Committee will be to direct and advise the implementation of the Programme. The Permanent Secretary will chair the AIDS Steering Committee, which will meet quarterly.
- 3.1.2 The Ministry shall establish a Technical AIDS Committees (TAC) to plan, direct, monitor, evaluate, advise on implementation of the HIV/AIDS/STIs Education in primary, Secondary and Teachers Collages. The Technical AIDS Committee shall be composed of local persons appointed by the Heads of Departments and Institutions. The Chairperson of the TAC will be the Commissioner for Education.
- 3.1.3 One person each from the active development partners and collaborating NGO's/Agencies shall be co-opted to the TAC membership and will attend the scheduled quarterly meetings.
- 3.1.4 The Ministry shall establish an AIDS Education Coordinating Unit, composed of personnel appointed by the Commissioner for Education. The role of the Coordinating Unit is to coordinate and harmonize all implementation activities of the HIV/AIDS/STIs education intervention in Primary, Secondary Schools and Teachers' Colleges.
- 3.1.5 The Coordinating Unit shall form the Secretariat to the AIDS Steering Committee and the TAC. The Secretariat shall meet as many times as issues arise for deliberations.
- 3.1.6 All departments and Institutions of the Ministry will establish TACs and select appointees to the committee. The role of this committee will be to plan, direct monitor, evaluate and advise all implementation of the HIV/AIDS/STIs activities of the department or institution.
- 3.1.7 In schools and Teachers' Colleges the TACs will be referred to as the School Guardian/Counselling and AIDS Education Committee. The role of this committee will be to plan, coordinate, harmonize and advise implementation of

the HIV/AIDS/STIs activities of the schools and those of the surrounding community.

3.2 Implementation approaches

The AIDS and Life skills education Programme will be effected through advocacy, integrated and participatory approaches.

3.2.1 Advocacy

The programme will be based on the principle of advocacy and on available information. Educational personnel at schools and teachers colleges, parents, community members, NGOs, Community Based Organizations (CBOs), public and private institutions and pupils/students should be informed about the objectives of, and opportunities offered by the AIDS education programme in schools and teachers' colleges; their roles and responsibilities.

3.2.2 Integrated approach

The HIV/AIDS/STIs education programme should be integrated into the overall planning and development process. This means that the activities are automatically considered components in all education sector plans. This implies that those resources (manpower and equipment) for HIV/AIDS related activities are included in the budgets of the education sector.

3.2.3 Participatory approach

Target groups and key stakeholders including communities will be at the centre of the programme development and implementation. Key people at all levels of the education system, faith leaders, parents, teachers, students/pupils should be involved in the development, implementation and monitoring of the programmes.

3.3 Implementation of the Programme

The Ministry of Education and Culture will be the main implementer and coordinator of the school HIV/AIDS/STIs Education Programme.

The Ministry invites the collaboration of Non-Governmental Organizations (NGOs), Agencies; private and international partners who wish to promote HIV/AIDS/STIs knowledge and life skills education among the youth, through allocation of resources through utilization of the existing education and training structures and facilities in the basic secondary and teachers' education programmes. However to guide the networking of efforts to promote and provide HIV/AIDS/STIs knowledge and life skills education, the Ministry directs that:

- 3.3.1 Education Programme in Schools and Teachers' Colleges will be required to submit their proposal of intent to the /commissioner for Education. Roles and points of entry between parties shall be defined through memorandum of Understanding.
- 3.3.2 The Technical AIDS Committee of the Ministry shall formulate regulations and guidelines for effective coordination and make them available to all interested parties in the HIV/AIDS/STIs preventive education in Schools and Teachers' Collages.
- 3.3.3 NGOs and Development partners should use the Schools and Teachers; Colleges Curricula developed by the Ministry.
- 3.3.4 The community shall play an active role in the implementation of HIV/AIDA/STIs and life skills education.

3.4 Institutional Framework

The national, regional and district educational authorities, public and private schools have the role and responsibility to ensure young people understand the nature of the AIDS epidemic and the specific actions they can take to prevent HIV/AIDS/STIs infection, especially during their adolescence and young adulthood. Henceforth:

- 3.4.1 The existing ministerial infrastructure will be used to facilitate implementation of preventive education and counseling.
- 3.4.2 The Technical AIDS Committees shall guide the formulation and issuance of programme implementation regulations by educational authorities at all levels.
- 3.4.3 Technical AIDS Committees at different levels in the Ministry structure will oversee advice and ensure implementation of the programme.
- 3.4.4 HIV/AIDS/STIs and life skills education shall be provided by school teachers, teachers college tutors and other co-opted educational personnel or related qualified personnel when and if necessary to supplement teachers s efforts.
- 3.4.5 Development partners, NGOs and other parties interested or wishing to play part in the HIV/AIDS/STIs.
- 3.4.6 Other partners CBOs, NGO, Faith Organizations complementing Ministry's interventions will use the existing institutional framework.

3.5 Community Involvement and Programme Acceptance

In every society and every culture, adults and especially parents acknowledge that they have a role to play in educating children about social and sexual behaviour. Health and educational authorities throughout the world recognize that school health education, including education programmes that deal with sexuality and social issues can play an important part in promoting school and community health. Schools cannot be expected to alter the life styles of young people unless school based programmes are part of an overall community wide effort. At the same time, school and college authority cannot abdicate their responsibility to the community. In order to guide the cooperation between school and the communities against the source of HIV/AIDS/STIs among people:-

- 3.5.1 The HIV AIDS/STIs education programme will involve or include representatives of the community and members of the school committees or boards into the School/College AIDS Committees at all levels.
- 3.5.2 All interested and concerned parties and groups will be informed about the nature, progress and the needs of HIV/AIDS/STIs control education through advocacy, meetings, teacher-parent associations and the mass media on the need of this education and counseling to school population.
- 3.5.3 The Ministry of Education and Culture will collaborate with all concerned and interested NGOs faith groups and others in identifying and conducting dialogue with persons or groups in community with the view to enhance programme acceptance. Support and counseling services for youth affected and infected with HIV/AIDS and initiate/propose programmes among youth serving organization within the community.

3.6 Access to Education on HIV/AIDS/STIs and Life Skills

HIV/AIDS/STIs preventive education will be accessible to all schools and teachers colleges regardless to sex, colour, ethnicity, race, creed or economic status. Since education on HIV/AIDS/STIs relates to issues and talk on sexuality, any taboo against transparency, should not be allowed to hinder the provision of such education to the youth. In order to ensure that all youth in schools have access to HIV/AIDS/STIS and Life skill education:

- 3.6.1 The Ministry will issue directives or circulars to guarantee access to basic education on HIV/AIDS/STIs and life skill education to schools and teachers colleges communities.
- 3.6.2 The Ministry shall guide the design and issuance of curricular and instructional materials incorporating HIV/AIDS/STIS and schools and teachers' colleges.

CHAPTER FOUR

CONTENT OF THE HIV/AIDS/STIs AND LIFE SKILL EDUCATION PROGRAMME

4.1 Programme design

The design for the curriculum component for HIV/AIDS/STIS shall follow the normal curriculum process which includes the following:

- 4.1.1 The aims and objectives in which purpose of the curriculum is specified;
- 4.1.2 Subject matter dimension in which the content is spelt out;
- 4.1.3 The development of instructional materials;
- 4.1.4 The implementation of activities in which the various process and styles of teaching and learning process are suggested;
- 4.1.5 Development of progress and performance assessment techniques and instruments to monitor and determine the extent to which expected outcomes of the programme are achieved.

4.2 HIV/AIDS/STIs Control and Life Skills in context

The Tanzania Institute of Education shall be responsible for curriculum development and, in collaboration with other nationally recognized agencies, shall design and develop and HIV/AIDS/STIs curriculum component for different carrier subjects for pre-primary, primary, secondary as well as teacher education.

Education about HIV/AIDS/STIs and their control will be most appropriate and effective when carried out with a more comprehensive school health education programme. In order to provide HIV/AIDS/STIs control through an interdisciplinary approach.

- 4.2.1 The HIV/AIDS/STIs control education shall be integrated into the core curriculum through carrier subjects, such as primary science; geography, civics, general studies, home economics, biology, subjects teaching methods in teacher education courses and related subjects.
- 4.2.2 Effective preventive social and moral education for appropriate ages and levels shall be ensured in order to solve the whole range of problems for youth such as drug abuse, early se, teenage pregnancies and hazardous induced abortion.

4.3 Content of HIV/AIDS/STIs and Life Skills Education

The content of HIV/AIDS/STIs control education shall aim at developing and promoting knowledge, skills positive and responsible attitudes such, as assertiveness, effective communication, negotiation, informed decision making and provide motivational support as a means to responsible sexual behaviour. The main areas of emphasis in the course will be:

a. Basic knowledge of HIV/AIDS/STIs focusing on:

- What is HIV/AIDS/STIs
- Transmission and prevention
- Sources for help/advice/information
- Importance of AIDS Education as the means of preventing the spread of the HIV and STIs.
- Voluntary Counselling and HIV antibody (Approximately 25% of the total classroom time should be devoted to this).

b. Responsible Behaviour Approach with a focus on:-

i. Responsible Relationships

- Promoting responsible behaviour in sexual relationships
- Relating responsible behaviour towards control and prevention of risk behaviour towards, HIV/STIs such as substance abuse, unprotected sexual intercourse and abortion.
- Developing positive values and life skills such as problem solving, informed decision making, communication, self-assertiveness, self confidence, and negotiation that are conducive to positive, responsible and healthy life styles.
- Promoting useful traditional life styles

ii. Responsible Sexual Behaviour

- Understanding sex and sexuality
- Exploration and clarification of personal values and attitude on sex and sexuality
- Exploration of the personal, socio economic, political, cultural and sexual issues involved in HIV/STIs and premarital sex.
- Puberty and related hygiene
- Delaying Sex
 - Young school pupils or at early ages should be advised not indulge in sex.
 - The older students should be encouraged to delay sex.
- Protected sex (safer sex)
 - Some students may already be sexually active at the time they learn HIV/AIDS/STIs related reproductive health. They will need to know how to abstain from premarital sexual involvement and to protect themselves when they are sexually involved.

- Proper use of condom may be an effective way of avoiding being infected with HIV/STIs. Although education for proper use of condoms will be given and the distribution of condoms in schools will not be permitted. Similarly, it should be emphasized that teaching young people about contraception and condoms does not reciprocally mean encouraging them to indulge in sexual relations.
- In any case young people need to be exposed to correct and proper information and education about protected sex (safer sex) and moral ethics related to pre-marital sex. (Approximately 50% of the total classroom educating time should be devoted).

4.4 Care and Support for HIV/AIDS patients

Many young people will come into contact with people with HIV AND AIDS in their own families or communities. They will need to learn skills of tolerance, compassion, and ways of caring for and supporting the AIDS patients. [This will take 25% of teaching time allocated for the programme].

4.5 Medium of Instruction

As education on HIV/AIDS/STIs is best provided through participatory teaching approach, pupils and students should not be limited by inability to self-expression. For ease of classroom interaction therefore:-

- 4.5.1 Kiswahili and English shall be used as media of instruction as appropriate.

4.6 Teaching strategies

The major mode of transmission of HIV/AIDS/STI and unwanted pregnancies is through unprotected sexual intercourse. HIV/AIDS/STIs education requires that youths should have an understanding of their own physical and emotional development during adolescence, so that they can gain insight into their own and other sexuality. In this way they will be able to make informed decisions, to develop skills, promote positive and responsible attitudes and behaviour.

The teaching of HIV/AIDS/STIs will need the teacher's initiative, creativity and varied styles to fit the class at hand. Hence:

- 4.6.1 Teaching styles will emphasize learner – centered participation.
- 4.6.2 Teachers within the school system will be responsible for conducting lessons on life skills and HIV/AIDS/STIs control method.

- 4.6.3 Teachers will require to read widely and be informed HIV/AIDS/STIs on current developments of HIV/AIDS/STIs.

4.7 Preparation of support Materials

In most schools and teachers' colleges, there is an acute shortage or non-availability of textbooks and other reading material for HIV/AIDS/STI and reproductive health. The need is urgent for improving the supply of books, leaflets, comics, and charts on this subject.

Individuals, NGOs/agencies are encouraged to design and develop educational materials appropriate for each category of youths. The production of such educational materials shall be approved by the Ministry of Education and Culture. The teachers are required to read widely on the subject and to be able to choose the best books and other materials for their classes.

4.8 Extra Curricula Component of the HIV/AIDS/STI Control Course

Informal education is amongst the best alternative that provides opportunity to reinforce formal education. This is particularly true in the case of education about HIV/STDs related sexual behaviour. When the level of student anxiety and interest is high more education and information should be given. This is also the time when students should be encouraged to participate in such discussions as the morality of sexual relationships, ills of sex abuse and to involve themselves in extra curricular activities such as drama, sports, debates, anti-AIDS clubs, peer education programmes, counseling services, income generating activities and joining and participating in religious organisations.

Informed teachers/tutors will extracurricular activities. The activities will be conducted through the following initiatives: School Guardian Initiative, Peer Education Initiative and the School Guardian Counselor Committee Initiative.

4.8.1 The School Guardian/Counselor

Guidance and Counselling services are established in school and teachers colleges to help and counsel pupils and students. The guardians/counselors are an important element in the HIV/AIDS/STIs and Life skill Education Programme. The guardians/counselors address issues of growing-up, sexual and reproductive health and related problems, HIV/AIDS/STIs. Hence:-

- 4.8.1.1 There shall be a close link between the Ministry's School Based Counselling services and the HIV/AIDS/STI Programme.

4.8.1.2 It is strongly advised that the selection of the school guardians/counselors is done by the pupils or students. The selection procedures should be that pupils propose 3 names of teachers whom they prefer to become their guardian “*A Guide – How to Establish a School-Based AIDS Education Intervention in a District*” The school committee in collaboration with school teachers identifies one guardian/counselor from the proposed list of three names by pupils.

4.8.2 Responsibilities of the guardians

The function and responsibilities of the school guardian counselors are:-

- To help pupils to learn and acquire life skills that they will apply to protect themselves against sexual abuse and other gender related harassments.
- To ensure that safer learning environment exists in school for better learning by pupils/students
- To organize training of Peer Educators in their respective schools and teachers’ colleges
- To follow-up problems of sexual abuse and harassments against pupils and forward them to responsible authority for action.
- To communicate with the head teachers, principals, other relevant teachers/tutors and parents in solving behaviour related problems including pregnancy issues among the pupils/students.
- To encourage the pupils/students to develop self respect so that they are prepared to assume personal responsibility for management of their lives and health.
- To communicate with pupils/students in a climate of trust and confidentiality about sexuality problems they encounter
- Provide the pupils/student’s counseling and right information relevant to their sexual and reproductive health needs.
- Enlighten the pupils/students about gender issues in relation to values such as respect for human dignity and children’s rights.

4.8.3 The Peer Education

This is a pupil-to-pupil or student-to-student education programme in a school aimed to promote responsible sexual behaviour through abstinence and postponement of initial sexual activity.

Peer Education approach has an influence on change of behaviour. Moreover, peer education is beneficial for groups of people who experience strong peer pressure concerning their behaviour, such as school/college youths.

4.8.3.1 Selection and Training of Peer Educators

Two pupils; a boy and girl, in each stream from class V-VII. Form 1 – 6 and the teachers Colleges will nominate 1 Peer Educator from a group of 12 peers.

The peer educators to be nominated through votes by fellow peers, will become peer educators

4.8.3.2 Responsibilities of Peer Educators

The main roles of a peer educator are:

- To lead peer discussions on health education including HIV/AIDS/STD prevention
- To go over the lessons contained in the *Mwongozo wa Mwelimishaji Rika* (A Guide for the Peer Educator for STD VII, by MoEC/TANESA, 1998) and Peer Educators Guides for primary Schools STD V-VII on SRH/HIV/AIDS/STIs (MOEC/Gtz. 2002) in order to ensure relevance within his/her context and to understand it before peer discussions.
- To support peers to learn issues of health behaviour and acceptable peer norms
- To be responsible for learning materials e.g. books sign boards and other records or his/her work.
- To determine achievements and constraints of his/her work
- To present problems and concerns of peers to the guardian/counselor.
- To look for answers to difficult questions which are asked by peers so that answers are given during next discussion
- To collaborate with other peer educators from other classes
- To provide reports of his/her work to the guardian/counselor
- To provide leadership by being a role model through self prevention against STIs.
- To avoid being associated with peer groups which have risky behaviour and practices in order for him/her to be a role model to other peers.

4.8.4 The School Counselling and AIDS Education Committee (SCAEC)

The school heads in collaboration with the school committee/Board (and the village government in case of primary schools) will advocate for community members to participate in the selection of the SCAEC members.

4.8.4.1 The Composition of SCAEC

The SCAEC will be composed of the following members:

- Two teachers teaching HIV/AIDS/STI education (a female and a male)
- One committed and a responsible person from the community
- Two parents' representative from the school committee/school board (a female and a male)
- The school guardians/counselors
- The Head Teacher or Headmaster/Mistress/Principal who acts as a secretary
- Two Students/pupils representatives (a female and a male)
- Local Religious leaders each from the Muslim and the Christian Community/Organizations

- One person living with HIV/AIDS within the Community (if available)

4.8.4.2 Responsibility of the SCAEC

- To supervise and monitor the implementation of the HIV/AIDS/STIs intervention in the schools and in the community
- To support the guardian programme through coordination of various issues involving the parents, the community and other institutions.
- To act as a link between the school committee and the ward development committee whereby some by-laws targeting behaviour change in the school and the community can be formulated for implementation
- To meet quarterly

4.9 Support Services for School and Colleges

Schools and colleges may not have all the social services that the students will require. These will have to be sought in the community surrounding the schools. In the wake of the HIV/AIDS/STIs pandemic, there is increased STIs and related reproductive health problems. There is an urgent need therefore, to address the needs of youths/adolescents through provision of health services. It is therefore important that:

- 4.9.1 Adolescents and youths have the right to all social/support services provided in the community
- 4.9.2 Teachers educate youths about available support services and related resources from their community
- 4.9.3 NGOs and Agencies running support services such as counseling, Voluntary Counselling and HIV testing (VCT) including STIs clinics should make them youth friendly.

CHAPTER FIVE

CAPACITY BUILDING

5.1 Introduction

Capacity building of target groups/implementers i.e. Training of teachers, school guardians/counselors, school AIDS committee members and peer educators is necessary for effective performance of their roles. Zonal, regional and district education staff need training/orientation as they are trainers of trainers (ToTs).

5.2 Teacher Training

The Ministry's teacher Education and Training Department aims at producing and supplying specially trained teachers to the school system. The teaching of youth on issues related to sexuality requires specially trained teachers. In order to have well prepared teachers to teach such a sensitive subject matter as HIV/AIDS/STIs and its related sexual issues:

- 5.2.1 Special Training for HIV/AIDS/STIs preventive education and counseling skills will be provided to the pre-service and in service teachers
- 5.2.2 Teachers shall be sensitized and encouraged to join the continuing education for induction on HIV/AIDS/STIs so that they are informed about current means of controlling the epidemic.

5.3 Training content of Teachers and Tutors

The training will be on:

- a. Sexual reproductive Health
- b. The nature and scope of HIV/AIDS/STIs
- c. Transmission of HIV and STI
- d. How to prevent HIV and STI transmission
- e. Life skills education
- f. Basic principles of counseling skills
- g. Teaching strategies that deal with skills and attitudes as well as information, (participatory approach)
- h. Exploration and clarification of personal values and attitudes
- i. Exploration of personal, social, political, cultural and sexual issues involved in HIV/AIDS/STIs
- j. Assistance skills in dealing with difficult and controversial issues in the classroom.

5.4 Training of Peer Educators

Peer Educators will be trained by school guardian and counselors to qualify as peer educators. The peer educators will lead peer group discussions. The training will be based on a Peer Education activity Workbook for Class 5-7 “Kiongozi cha Mwelimishaji Rika – KINGA” MoEC/TANESA 2000, and Peer Education guides for Primary Schools on reproductive Health, HIV/AIDS/STIs – class V-VII- (MoEC/Gtz 2002).

The content includes:

- a. Facts about HIV/AIDS/STIs
- b. Physical maturation issues,
- c. Risky sexual behaviours and related consequences
- d. Communication skills including assertiveness and negotiation
- e. Decision making skills
- f. Relationships among school pupils/students and other youths
- g. Attitudes to care and support of HIV/AIDS patients
- h. Life skills on sexual; and Reproductive health issues.

5.5 Training of the SCAEC members

The SCAEC members will be trained on:

- a. Facts about HIV/AIDS/STIs
- b. AIDS patients care
- c. Sexual and Reproductive Health – needs of school youth
- d. Communication
- e. Gender and HIV/AIDS
- f. Gender issues in schools; and
- g. Tasks for SCAEC

CHAPTER SIX

HUMAN RIGHTS AND PEOPLE LIVING WITH HIV/AIDS

6.1 People Living with HIV/AIDS

People infected with HIV may become shy in the face of the public. They may face discrimination, termination of service, and they may be given different labels. A statement of policy to protect all these people is necessary. Therefore:

- 6.1.1 The Ministry of Education and Culture will issue directives, circulars and guidelines for the protection of the personalities and the respect for infected persons in schools, teachers' colleges and at the workplace. In addition rights of persons living with HIV/AIDS as stipulated in the National Policy on HIV/AIDS shall apply (Annex 1)
- 6.1.2 School authorities will ensure that students and pupils who have been infected with HIV and STI shall not be excluded from school or isolated within the school and teachers' colleges
- 6.1.3 Infected pupils/students shall be encouraged through the school regulations to inform the school head or individual teachers in confidence of their condition so that they can be provided with due counseling and other support services.

CHAPTER SEVEN

RESEARCH

7.1 Research

Effective strategies for HIV/AIDS/STIs prevention and provision of education to school youth may require authentic research data. Such research studies are likely to raise some scientific legal, medical, social and ethical questions, therefore:

- 7.1.1 Research and pilot projects on HIV/AIDS/STIs and related sexual and reproductive health issues will conform to the policies and conditions contained in the National Policy on HIV/AIDS, the Medical and Dental Practitioners Ordinance and to International Guidance for Biomedical Research involving human subjects.
- 7.1.2 The parents or legal guardians of each child and student will be free to give or not to give proxy consent for their children to participate in the research.
- 7.1.3 Person intending to conduct research shall submit proposal and protocol to the MoEC for approval and clearance.
- 7.1.4 The Ministry shall maintain inventory of all on going and completed research projects on HIV/AIDS/STIs conducted in school and teachers colleges and shall compile and disseminate relevant research findings to respective stakeholders.

CHAPTER EIGHT

FINANCING HIV/AIDS/STIs AND LIFE SKILLS EDUCATION PROGRAMME

8.1 Resource mobilization

The HIV/AIDS/STIs and life skills education activities require money and other resources. However, it is essential that mobilization of resources for the activities be discussed clearly right from the start to emphasize the idea of sustainable cost sharing practices. Therefore:

- 8.1.1 The financing plan for the running and sustenance of the programme shall be accommodated in the Government budget.
- 8.1.2 Support from the development partners, NGOs, private organization, individuals and communities shall be welcome to contribute to the programme funding
- 8.1.3 Agencies, NGOs, International and local development partners will agree on the mode of disbursement of funds and other assistance intended for the programme through the central and local government.
- 8.1.4 Donor Agencies, NGOs, local and international development partners, individuals may fund specific programme activities through a memorandum of understanding with the MoEC.

CHAPTER NINE

ASSESSMENT OF PROGRAMME

9.1 Monitoring and Evaluation

In order to determine the impact of HIV/AIDS/STIs control education the programme will have a close supervision and monitoring. Therefore:-

- 9.1.1 The school inspectorate and the district education offices will be responsible for monitoring and evaluation of the programme using specific instruments and indicators prepared by MoEC with other collaborators.
- 9.1.2 Monitoring and Evaluation of the programme will be conducted in collaboration with interested parties involved in the school HIV/AIDS/STIs education.

ANNEX 1:

The chapter is adopted from the National Policy on HIV/AIDS November, 2001.

The Rights of People Living with HIV/AIDS

Objectives

The main objective is to safeguard the rights of People Living with HIV/AIDS (PLWHAs) so as to improve the quality of their lives and minimize stigma. In regard, Tanzania shall work closely with the international community and the United Nations in reviewing and updating guidelines on Human rights and HIV/AIDS.

- a) People living with HIV/AIDS, are entitled to all basic needs and all civil, legal, and human rights, without any discrimination based on gender differences; or sero-status.
- b) Persons seeking HIV/AIDS, information or counseling, treatment and care are entitled to the same rights as any other person seeking other healthy/social services
- c) HIV infection shall not be ground for discrimination in relation to education, employment and any other social services. Pre-employment HIV screening shall not be required. For persons already employed, HIV/AIDS screening, whether direct or indirect, shall not be required. HIV infection alone does not limit fitness to work or provide grounds for termination. HIV/AIDS patients shall be entitled to the social welfare benefits like other patients among the employees.
- d) HIV/AIDS information and education targeting the behaviour and attitudes of employees and employers alike shall be part of HIV/AIDS intervention at the workplace.
- e) Measures to protect the public from transmission of HIV/AIDS at workplace shall be instituted by the respective organizations.
- f) Adolescents have the same rights to confidentiality and privacy as well as informed consent, so they shall be involved in counseling.
- g) The public has the right of accountability on the part of PLWHAs with regard to prevention of HIV/AIDS.
- h) Prison inmates have the right to basic HIV/AIDS information, voluntary counseling and testing, and care including treatment of STIs.
- i) To ensure that Human Rights issues on HIV/AIDS are adhered to these include:-

- (i) The right to non-discrimination, equal protection and equity before the law
- (ii) The right to seek and enjoy asylum;
- (iii) The right to liberty and security of person
- (iv) The right to highest attainable standard of physical and mental health
- (v) The right to privacy
- (vi) The right to freedom of association
- (vii) The right to freedom of opinion and expression and the right to freely receive and impart information
- (viii) The right to marry and to found a family
- (ix) The right to work
- (x) The right to equal access to education
- (xi) The right to an adequate standard of living
- (xii) The right to social security, assistance and welfare
- (xiii) The right to share in scientific advancement and its benefits
- (xiv) The right to be free from torture and cruel, inhuman or degrading treatment or punishment.