



Integrating Adolescent Sexual and Reproductive Health Programming Into Vocational Education and Training in Zanzibar:

AYA's Advocacy for Policy Formation and Support for Pilot Implementation

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AFRICAN YOUTH ALLIANCE



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Integrating Adolescent Sexual and Reproductive Health Programming Into Vocational Education and Training in Zanzibar:

AYA's Advocacy for Policy Formation and Support for Pilot Implementation

In Zanzibar, members of the African Youth Alliance (AYA) have played a crucial role in ensuring that adolescent sexual and reproductive health (ASRH) concerns be included in the government's national vocational education and training (VET) policy. AYA staff members have also provided ongoing technical and financial support to the country's government, nongovernmental organisations (NGOs), and its private sector facilitating the pilot integration of a Life Planning Skills (LPS) curriculum into VET centres. In doing so, AYA staff have built local capacity, set the stage for scaling-up and institutionalising youth-focused policy implementation, to ultimately ensure a broad, positive, and sustainable impact on the lives of Zanzibari youth.

AYA

The African Youth Alliance is a five-year initiative to expand national campaigns in Botswana, Ghana, Uganda, and the United Republic of Tanzania to educate youth (aged 10-24) about reproductive health matters, including HIV/AIDS prevention, and to provide them with the necessary information, skills, and support to protect themselves. In each country, a consortium of governmental and nongovernmental organisations implements the programme in partnership with the United Nations Population Fund (UNFPA) and two United States (U.S.)-based international NGOs—PATH and Pathfinder International. AYA is supported by funding from the Bill & Melinda Gates Foundation through the U.S. Committee for UNFPA.

Botswana, Ghana, Uganda, and the United Republic of Tanzania were selected based on need, demonstrated country commitment to HIV/AIDS prevention among youth, and specific requests for assistance. Priority activities include health education programmes in both rural and urban settings, peer counseling for young people in and out of school, accessible reproductive health services in multiple settings, and integration of ASRH information and service referral into job training programmes. Regional support networks facilitate the exchange of national experiences and best practices.

This innovative programme began in late 2000 to:

- Advocate with policymakers and community leaders to ensure support for ASRH.
- Work with youth to build the knowledge and skills required for behaviour change.
- Develop and expand youth-friendly services to ensure youth have access to quality health care that meets their needs and respects their concerns.
- Network and lobby to integrate ASRH into livelihood programme curricula.
- Coordinate with existing initiatives at district and national levels to maximise overall impact.

- Build national capacity and expertise to address ASRH and sustain successful programmes.

In Tanzania, AYA implements activities in partnership with the government in ten districts, two of which are in Zanzibar. Zanzibar has been a part of the United Republic of Tanzania since 1964. It comprises two islands, Unguja (popularly referred to as Zanzibar) and Pemba, and about 50 other small islets, located 40 kilometres off the coast of Tanzania's mainland. Its total population is approximately 984,000 according to the population census of 2002, with youth under 19 years of age constituting more than half the population. Fertility rates are high,¹ in keeping with cultural norms that favour large families, and population density is considered to be amongst the highest in sub-Saharan Africa. Under the Constitution of the United Republic of Tanzania, Zanzibar maintains its own government with full powers over non-union matters. The government of Zanzibar has its own president, cabinet, legislature, and judiciary system. The island's economy is poorly developed and largely dependent on agriculture and tourism, both of which are in decline. Its health system has poor infrastructure and little capacity. The education system includes Koranic schools called *madrassas*, primary and secondary schools, and colleges. School is compulsory only through Form 2 (reached usually around age 15), after which most students drop out. Reasons for dropping out after Form 2 include failing the national examinations required to proceed with further secondary school education, family poverty (hence the need to leave school and work to contribute to household income), early marriage, pregnancy, and the system's limited capacity to accommodate students in the existing institutions.

According to reports from UNAIDS,² since the first three AIDS cases were diagnosed in Zanzibar in 1986, there has been a marked escalation in the reported numbers and rates of HIV infected people on its islands. The current estimate of HIV prevalence in the general population is 0.6 percent for sexually active adults. The primary mode of transmission is heterosexual sex, although mother-to-child transmission has become significant. It is estimated that more than 600 Zanzibaris have died of AIDS since the first case was identified, and approximately 6,000 adults and children are living with HIV/AIDS. The government of Zanzibar is placing special emphasis on HIV/AIDS prevention and mitigation given the alarming infection trends and the negative developmental effects of the disease on the Tanzania mainland and in neighbouring countries.

AYA's "Promotion of Sexual and Reproductive Health and Positive Behaviour of Zanzibar Youth" Project

The Zanzibar Population Planning Unit, under the chairmanship of the Zanzibar Ministry of Finance and Economic Affairs, coordinates the work of AYA's implementing partners (IPs) in Zanzibar. The IPs operate in the Urban West district of Unguja (this encompasses historic Stone Town, also known as Zanzibar Town) and on Pemba. Five partners implement AYA's behaviour change communication strategies of LPS training, edutainment (educating through entertainment), peer education, community mobilisation, and adult-child communication:

¹ Population Reference Bureau. Datafinder, accessed on Dec. 7, 2004. Available at : http://www.prb.org/TemplateTop.cfm?Section=Data_by_Country&template=/customsource/countryprofile/countryprofiledisplay.cfm&Country=340

² UNAIDS, Country HIV and AIDS Estimates, end 2004. Available at: <http://www.unaids.org/en/geographical+area/by+country/united+republic+of+tanzania.asp>

- Vocational Education and Training Department (VETD), Ministry of Youth, Employment, Women and Children Development (MYEWCD). VETD staff coordinate and supervise VET in Zanzibar and have developed a draft policy for VET that, as a result of AYA's efforts, includes an LPS training requirement at VET centres. AYA also works with VETD to guide and monitor the pilot implementation of LPS training at six centres.
- Ministry of Education, Culture and Sports, Zanzibar. In selected schools, teachers facilitate LPS training and peer education activities, building on the existing Family Life Education curriculum and activities.
- Zanzibar Association for Children's Advancement (ZACA). Established in 1997, ZACA aims to promote positive sexual and reproductive health behaviours among Zanzibari youth.
- Zanzibar Association for Information Against Drug Abuse and Alcohol (ZAIADA). Established in 1997, ZAIADA's mission is to create a substance abuse-free society in Zanzibar. With ZACA, ZAIADA implements LPS training, peer education, community mobilisation, edutainment, and adult-child communication activities.
- The Somo Adolescents Youth Friendly Organisation (SAFYO). Established in 2001, SAFYO promotes positive traditional practices that help young people to become responsible adults and minimise the negative effects of modernisation. (*Somo*, a Kiswahili term, refers to an aunt who takes care of girls and provides them with traditional sexuality education when they first experience their menarche.) SAFYO reaches out-of-school youth through traditional methods and through *madrassas*.

All these partners work together to help young people acquire knowledge, skills, and positive attitudes to avoid risky behaviours. They also increase access to ASRH services through referrals to Marie Stopes International (MSI) and government-run, youth-friendly, service-delivery points, both of which are part of the AYA partnership. In addition, youth involved in ZACA and MSI activities also play an active role in AYA's policy, advocacy, and youth empowerment efforts through AYA's IPs, Zanzibar Television and Zanzibar Radio. Youth regularly help organise and participate in call-in shows and perform dramas and songs to encourage young people to adopt positive behaviours and to act as advocates on their own behalf. ZACA also has links to other key ASRH stakeholders, such as the United Nations Children's Fund (UNICEF), ActionAid, Save the Children, and the Zanzibar AIDS Control Programme.

Integrating LPS Into Vocational Education Curriculum

AYA's contribution and success regarding the integration of LPS curriculum into VET was two-fold. First, AYA played a key role in convincing the recently established VETD at the MYEWCD, to include LPS in its policy. Second, AYA worked with the department and with six individual VET centres to pilot the integration of the LPS training into their curricula and activities. During 2004, an additional 19 centres throughout Zanzibar began integrating LPS into their vocational training with young people. The centres were chosen based on lessons learned from this initial pilot phase.

Advocacy for Policy Formation

In early 2001, AYA staff strategically decided to focus some of its efforts to include the integration of ASRH programming into VET and other livelihood-skills training centres. The rationale was that large numbers of young people in AYA countries were attending such centres, and yet these centres had traditionally not received support for any sort of ASRH programming, unlike schools in the formal education system.

Also in 2001, the Government of Zanzibar established VETD under MYEWCD, which is currently in the process of formulating a youth development policy. The VETD works toward the overall national objective of helping youth in Zanzibar to learn vocational skills and find employment. The VETD's mandate is to supervise and coordinate all VET activities in the country, both in the government and private sector. There are about 70 VET centres in Zanzibar, 20 percent of which are government-run. The centres mainly attract young people who have dropped out of other schools and are looking for job skills.

One of the VETD's first required tasks was to formulate a VET policy. AYA saw a great opportunity to work with the VETD to integrate LPS into the entire system of vocational institutes in Zanzibar, rather than working with a few individual centres. AYA staff approached the MYEWCD, and the VETD specifically, and successfully advocated for the inclusion of ASRH issues in the policy. With support from AYA, the VETD staff held a workshop with the heads of the centres in December 2002 to introduce them to ASRH issues, AYA, and the LPS strategy. Fifty-nine of the 70 heads attended. Dr. Idrissa M. Hijja, director of the VETD, gave a presentation in favour of incorporating ASRH and LPS into the VET centres' curricula. Because of strong political will and the enthusiasm and support for implementing LPS training, participants decided that the AYA LPS curriculum would be used in the VET once adapted and translated for use in Zanzibar.

According to Dr. Hijja, AYA's advocacy efforts were extremely fortuitous. He says it was not difficult to convince policymakers and stakeholders that ASRH issues should be included: "There are several reasons why it was obvious that we should include this in the policy. In Zanzibar, people are finally accepting that HIV/AIDS is now here. Though we are a population of nearly one million, we feel that we are a small community. When the disease has touched anyone in Zanzibar, we have all been touched. There is no denying that the problem is here, and we are aware that a large percentage of new infections each year is among the youth. At our VET centres, the majority of students are young people between the ages of 15 and 24, the same age at which so many become infected. We realised that we have an obligation to ensure that the VET centres provide students with necessary knowledge and skills training, as well as guidance and counselling. Lives are at stake, and we have a responsibility to treat all these students as if they were our own children. In addition, we know that we would be wasting our national resources if we invest in teaching youth vocational skills

"Lives are at stake, and we have a responsibility to treat all these students as if they were our own children... How could we provide them with the skills to help them achieve their goals, and to contribute to the development of our nation, and yet fail to provide them with the skills to keep themselves safe and healthy?"

—Dr. Idrissa M. Hijai
Director
VETD

only to have them become infected with HIV. How could we provide them with the skills to help them achieve their goals, and to contribute to the development of our nation, and yet fail to provide them with the skills to keep themselves safe and healthy? In conjunction with AYA, we called consultative meetings with the heads of VET centres. They saw the reality themselves and were happy to incorporate these issues into their curricula. The key to our success is going to be their commitment and dedication, which we have already witnessed. We know that it is up to us to save our youth and our nation.”

Thus, as the VETD developed the policy—with support from the African Development Bank and the International Labour Organisation—it added language to Section 9.5, which describes in broad terms the role of VET institutions. It states that VET institutions must incorporate LPS training, guidance, and counselling into their programming. The policy describes the importance of VET; the role, objectives, organisation, and administration of the VETD; the VET curriculum; inspection, monitoring, evaluation, examinations, and certification, training, funding, tools, equipment, and teaching AIDS.

AYA and VETD staff held workshops with stakeholders on Unguja and Pemba to review and contribute to the first and second drafts of the policy in March-April 2003 and June 2003, respectively. The draft was then sent to the committee of the principal secretaries of all Zanzibar government ministries for review. After having received approval at that level, it went to the House of Representatives (*Baraza la Wakilishi*), where it was reviewed and approved for final government endorsement in June of this year.

Piloting LPS Training Integration Into VET Centres

AYA and the VETD agreed to work together to pilot the integration of ASRH into VET centres, specifically focusing on incorporating LPS training into the curricula. The process of establishing and implementing the pilot project has been intensive, with many stakeholders from all levels involved in planning meetings and discussions.

AYA and VETD agreed to pilot the LPS training in six VET centres. In February 2003, VETD staff conducted field visits to select the six sites. During the visits, VETD officers discussed in great detail the possibility of incorporating LPS into the centres’ curriculum with the head teachers. VETD staff wanted to conduct the pilot activity with different types of centres, three on Unguja and three on Pemba. They wanted a mixture of government and privately owned centres with large numbers of students and a balance of male and female students. Because the duration of the courses offered at VET centres varies widely, they knew it would be important to test the LPS curriculum in settings where students attended courses for one to two years as well as where courses only lasted three to six months.

Three illustrative examples of centres selected by VETD follow:

- **Jeshi la Kujenga Uchumi (JKU), Mtoni, Zanzibar.** (Translated from Kiswahili, *Jeshi la Kujenga Uchumi*, means “an army to build up the economy.”) Students at JKU, a government-run VET centre, attend the centre as part of the national service, which is no longer compulsory in Zanzibar. JKU offers training in carpentry, masonry, electronics, mechanics, plumbing, fitting and turning, welding, and tailoring. Students receive a very small stipend to cover basic personal necessities. The centre does not have residential

facilities, so most students stay with relatives who live nearby. JKU currently has 560 students: 220 in their first year and 340 in their second year. This two-year, full-time training is a mix of theoretical and practical coursework. In the first three months of their first year, students receive army training. Although most students are boys, 70 girls currently attend JKU, and their numbers are steadily increasing. Students are selected for admittance through a competitive application process. Some of them have come to the centre directly after leaving school, while others have some work experience, usually in small family businesses. Most of the students are from lower-income families in the more rural areas of Zanzibar and Pemba.

- **Hotel and Tourism Training Centre (HTTC), Maruhubi, Zanzibar.** HTTC was established in 1992 with assistance from the United Nations Development Programme to help improve Zanzibar's tourism industry, specifically the hotel sector. Although the centre receives some assistance from the government, it is run as a private enterprise. Student tuition and occasional special income-generating activities cover 84 percent of its operational costs. The centre offers four courses: food production, food and beverage services, front office management, and housekeeping. Each full-time course runs for nine months. There is a higher admission demand than the school can accommodate. As a result, a number of smaller hotel and tourism training centres are opening up, but HTTC remains highly respected and the best known. In fact, a number of students at the school come from the Tanzania mainland, where similar training is offered but at more than double the tuition. The minimum age requirement for students is 18. Most students attending HTTC have completed Form 4; but some with only Form 3 are accepted, especially if they have some practical experience and English skills. Most students come from lower-income families, and their parents struggle to pay the expensive tuition in installments throughout the school year. Roughly 40 students attend the school each year, 35 percent of whom are female. HTTC tries to help graduating students find jobs, mainly at Zanzibar hotels, and the school has established relationships with some hotels on the island, encouraging them to advertise at and recruit from HTTC when they have available positions.
- **Tech 2000, Moagogoni, Zanzibar.** Tech 2000 is a privately owned centre, established in 1995 to meet the growing demand for computer training. It offers basic courses such as Introduction to Computers and training in software programmes (including Microsoft Word, Excel, PowerPoint) to about 120 students a day. In addition, it offers courses in secretarial services and computer system installation and maintenance. The centres' two-hour-long classes last three or six months. Some courses are offered as one class per week, whereas others meet two to three times each week. Most of the students range in age from 15 to 30, with the majority between the ages of 18 and 22. Most Tech 2000 students dropped out of traditional schools after Form 4, although many dropped out after Form 2. In general, the students have a genuine interest in computers, though some attend merely to please their parents who believe that acquiring computer skills will guarantee employment. Most of the students live in town and come from moderate-income families.

Following the selection of the pilot centres, two teachers—one male, one female—from each centre were selected to participate in the LPS Training of Trainers (TOT) Workshops. (Due to the large number of students at JKU, three JKU teachers were trained.) In 2002, AYA conducted a two-week LPS TOT workshop for representatives from all of the AYA Tanzania IPs.

Representatives from VETD participated in that workshop. These government representatives in turn held two workshops—one on Unguja (July 2003) and one on Pemba (September 2003)—to train teachers from the selected primary and secondary schools and the VET centres.

During the two-week TOT workshops, participants learned both the LPS content and participatory teaching and learning methods, including lectures, roleplays, small and large group discussions, dramas, case studies, demonstrations, and watching and discussing videos. According to all who attended, the training workshops were successful for a number of reasons. First, the workshops helped the teachers gain a tremendous amount of knowledge and training skills regarding ASRH and LPS. A great number of misconceptions regarding HIV/AIDS and sexual and reproductive health issues were cleared up. A pretest and posttest administered before and after the workshop confirmed this. In addition, numerous participants openly shared personal life experiences in relation to the content of the LPS curriculum. This helped to build a strong sense of teamwork and team spirit among participants and facilitators. Because the workshops brought together different players from different types of schools and VET centres, participants had a great deal of experience to share and established a basis for future collaboration. Finally, they had a chance to review the LPS manual in great depth and made a number of positive recommendations to make it more suitable and applicable to the Zanzibar context. For example, they overwhelmingly agreed that it needed to be translated into Kiswahili. Daily workshop evaluations and a final evaluation indicated that participants greatly benefited from the workshops; they were emboldened and their commitment and confidence to train young people in LPS was greatly strengthened.

Following the TOT workshops in September 2003, the heads of the VET centres, their assistants, and the trained VET centre teachers met to discuss and plan *how* and *when* to integrate LPS into their curricula. They reviewed the adapted LPS training manual and decided how to integrate the content into the curricula according to the type of institution, discussing and developing a specific plan for LPS integration into each vocational training institute. With the exception of JKU—whose staff had started implementing LPS immediately following the LPS TOT—meeting participants decided to start the implementation in January 2004. The final quarter of the school year was very busy for the staff who were preparing for exams. Ramadan and Christmas holidays also take place during this time, which interrupted activities. Staff at four of the VET centres—those with yearlong or more semesters—agreed to conduct all 40 hours of LPS training as directed in the LPS manual. Individually, they made schedules devoting two hours per week to LPS training. Staff at the centres with semesters of less than a year faced a more challenging situation, but agreed to provide LPS training for 30 minutes a day. For a six- or three-month course, it would not be possible to cover the full 40 hours of the LPS training, but the centres' staffs are developing a minimum package of key activities that they could incorporate within the available time. Finally, because of the number of students at the Pemba pilot VET centres, teachers from the different schools in Pemba have developed plans to conduct the LPS training sessions jointly.

Conclusion and Way Forward

Although LPS training has only recently begun in the pilot VET centres in Zanzibar, preliminary feedback from headmasters, principals, teachers, and students is very positive. Teachers are glad that they have the chance to put their training to use, and they are committed to helping young people develop the knowledge, positive attitudes, and skills youth need to protect their sexual and reproductive health. Despite some predictable growing pains, such as the need to reorganise some of their school responsibilities and schedules in order to accommodate the LPS training, the teachers remain highly enthusiastic and committed. Interviews with young people are overwhelmingly positive. The young respondents are pleased—and grateful—that they have a chance to learn about and discuss so many topics that are normally considered taboo. They seem to crave the information and the activities. They feel that the use of participatory methods and the chance to demonstrate their creativity with roleplays and dramas make the learning relevant and enjoyable. In addition, they find that when they discuss the issues among their peers, they feel more comfortable and find that they can identify with other young people who can offer them positive reinforcement. Many of those interviewed said that they have developed a strong desire to share what they have learned and done with other young people, whether their friends, siblings, or even youth living in their home villages. With more time for implementation, AYA will measure the impact of this programme in these pilot centres.

In the meantime, it is clear that the AYA project has made a great contribution to Zanzibari youth through its work with VETD. AYA and VETD staff collaborated on integrating LPS as part of VET curriculum for the VETD Policy. They continue to work closely together and plan to scale up and institutionalise ASRH and LPS integration into the VET curriculum in line with the policy. The VETD is conducting monitoring visits to support the efforts of the pilot centres and to document the challenges and lessons learned regarding integration. Staff at VET centres will be able to share their experiences with one another and, with time, the VETD will be able to send clear guidance to all VET centres based on the experiences and lessons learned during this pilot phase. Based on these lessons, an additional 19 centres began integrating LPS into their vocational education curricula during 2004. AYA's contribution has been to lay the groundwork for the policy and its implementation and to build local capacity to ensure that the policy remains sustainable and will continue to be implemented in order to significantly improve the lives of Zanzibari youth.

Adolescent Health Programming in Vocational Education Programs: Experience from Zanzibar

The national vocation education and training policy adopted by the Vocational Education and Training Department (VETD) of Zanzibar includes an adolescent sexual and reproductive health (ASRH) component and integrates Life Planning Skills (LPS) curriculum into vocational education centers. AYA has worked closely with VETD to support these efforts.

Why Vocational Education Centers?

- There are 70 vocational education centers in Zanzibar, 20 percent of which are government run.
- Many young people attend such centers, yet few efforts have been made to support ASRH programming in livelihoods programs.

ASRH Programming: A Critical Need

- Youth under 19 constitute more than half the population of Zanzibar (2002 census).
- Since 1986, there has been a marked escalation of reported numbers and rate of HIV infection on the islands of Zanzibar.
- School drop out rates after age 15 are high. This is due to a variety of reasons including poverty, child labor, and limited capacity to accommodate students in existing institutions.
- Youth often seek vocational education training to acquire job skills.
- Limited employment options due to a poorly developed economy largely dependent on agriculture and tourism, both of which are in decline.



map courtesy of zanzibar.net

Integration of LPS: A Two-Stage Approach

- Encourage VETD to include life-planning skills in its policy.
- Work with the VETD and six individual vocational education and training centers to pilot integration of life-planning skills training into their curricula and activities.

Looking Forward: Beyond the Pilot Program

- Teachers are enthusiastic and committed.
- Young people are overwhelmingly positive about the program - pleased and grateful that they have the chance to learn about and discuss topics they normally could not.
- Youth also respond positively to the use of participatory methods.
- In 2004, an additional 19 vocational education centers integrated life-planning skills into their curricula.

"Lives are at stake, and we have a responsibility to treat all these students as if they were our own children."

Dr. Jadhissa M. Hijiya, Director of the VETD

AYA Poster presented at the 2004 American Public Health Association Conference in Washington, DC, and at the 2004 Tanzania Public Health Association Conference.