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Improving the Educational and Training Opportunities of Adolescent Girls by Reducing Early Pregnancies in Kibaha District, Tanzania

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Abstract

This study aimed to assess and inform interventions that reduce early pregnancies and improve access to education and training for adolescent girls (ages 10–19) in Kibaha District, Tanzania.

Early pregnancies remain a significant barrier to the education and empowerment of adolescent girls in Kibaha District, Tanzania. This research seeks to improve educational and training opportunities for girls by addressing the root causes of early pregnancy, such as lack of reproductive health education, poverty, gender inequality, and limited access to youth-friendly services. Through a holistic, community-based approach, the initiative focuses on increasing awareness among adolescents, parents, teachers, and community leaders about the importance of delaying pregnancy to enable girls to complete their education and acquire life and vocational skills. A phased, mixed-methods approach was used, including surveys, focus group discussions, key informant interviews, and secondary data review. The study revealed that early pregnancies, school dropouts, and socio-cultural barriers significantly affect girls' access to education and vocational opportunities.

Findings showed that proposed interventions are highly relevant and aligned with national priorities and SDMI's mission. They also cohere well with efforts by local and international actors, though gaps remain in financing and geographic coverage. Efficiency can be improved by strengthening human resources and adapting specific activities, while external factors like the 2024–2025 election period may pose challenges. Effectiveness is promising in areas like vocational skilling and awareness raising, but deep-rooted cultural and legal enablers of early pregnancy may limit broader impact. The interventions are sustainable at the micro-level and well integrated with existing structures, though legal, political, and cultural risks exist.

Expected outcomes include reduced rates of early pregnancy, increased school retention and completion among girls, improved knowledge of SRH rights, and greater participation of girls in vocational training programs. Ultimately, the project aims to create a supportive environment where adolescent girls can thrive, make informed choices, and contribute meaningfully to their families and communities.

The research combines school-based sexual and reproductive health (SRH) education, peer mentoring, counselling services, and economic empowerment programs. It also engages boys and men as allies in transforming harmful social norms and behaviours. Collaboration with local schools, health facilities, and government departments ensures the sustainability and scalability of the interventions.

Key recommendations include omitting the direct provision of contraceptives by SDMI; reinforcing vocational training through VETA; integrating life skills and counselling; investing in skilled personnel;

and strengthening collaboration with CSOs and district education leadership. The integration of digital tools for SRHR awareness and anonymous counselling is also advised to enhance outreach and sustainability.

1. Introduction

The proposed project, titled **"Improving the Educational and Training Opportunities for Adolescent Girls by Reducing Early Pregnancies,"** aims to contribute meaningfully to the promotion of gender equality and the realization of fundamental human rights for women and girls in Kibaha Town Council, Tanzania. The overarching goal is to promote the right to education and foster economic equality by addressing the systemic and socio-cultural barriers that hinder the empowerment and advancement of adolescent girls and young women.

At the outcome level**,** the project seeks to empower adolescent girls and young women (ages 10–19) with accurate, age-appropriate information on sexual and reproductive health and rights (SRHR). By equipping them with this knowledge, the project envisions the creation of community-based support structures and systems that safeguard their right to education and expand their access to meaningful economic opportunities, including vocational training and life-skills development.

To ensure the relevance, feasibility, and sustainability of the proposed interventions, an external feasibility study was commissioned as a critical step in the project design process. The study was intended to assess the contextual alignment of the project, evaluate SDMI's implementation capacity, and shape strategic planning. Specifically, the study aimed to:

- **Evaluate the relevance and coherence** of the proposed activities in addressing core development challenges such as early pregnancies, school dropouts, and limited access to vocational training;
- **Formulate realistic, measurable indicators** for tracking progress at both the outcome and output levels;
- **Identify potential risks**—institutional, political, socio-cultural, legal, and operational—and propose **appropriate mitigation strategies**;
- **Assess the institutional, operational, and technical capacity** of the implementing partner, **Society of Daughters of Mary Immaculate (SDMI),** to deliver the proposed interventions efficiently and effectively; and
- **Generate practical recommendations** to guide successful project implementation and ensure long-term sustainability of its outcomes.

The study was conducted using the internationally recognized OECD/DAC evaluation framework**,** which includes five key criteria:

- **Relevance** – Are the proposed interventions addressing the most pressing needs of the target population.
- **Coherence** – Do the interventions align with national policies, strategies, and efforts by other stakeholders.
- **Efficiency** – Can the project achieve its objectives using available resources within the planned timeframe.
- **Effectiveness** – Are the proposed activities likely to achieve the desired outcomes.
- **Sustainability** – Will the benefits of the project continue after the external funding ends.

These criteria served as the foundation for the evaluation matrix, which included detailed questions under each domain (see Annex 3). The insights gained from this feasibility study provide essential input

for the final project design, implementation strategy, and monitoring framework.

Approach and Methodology

The study adopted a highly participatory and collaborative approach, ensuring the inclusion of diverse perspectives and promoting ownership of both the process and outcomes. Stakeholder engagement was prioritized throughout all stages of the study from the design phase**,** through the development of data collection tools**,** to field data gathering and joint analysis (sense making) of the findings.

The researcher played an integral role in shaping the study. Their contributions were critical in contextualizing the tools, facilitating field access, and validating preliminary findings. SDMI, in particular, was actively involved in the data collection process**,** especially within schools, and provided essential logistical support to ensure smooth coordination of field activities.

In addition to the core-implementing partners, the study engaged a range of key stakeholders to enhance the depth and relevance of the findings. These included:

- **Government representatives** at the district and ward levels,
- **School management teams** and teachers,
- **Parents and community members**, and
- **Local NGOs and Civil Society Organizations (CSOs)** operating within Kibaha Town Council and working on related thematic areas such as education, child protection, gender equality, and sexual and reproductive health rights (SRHR).

To ensure a comprehensive assessment of the project's feasibility across the OECD/DAC evaluation criteria Relevance, Coherence, Efficiency, Effectiveness, and Sustainability, each criterion was supported by a clear set of evaluation questions. These were mapped against relevant data sources and methods, as illustrated in Table 1 (below), allowing for triangulation of data and strengthening the reliability of the conclusions.

This mixed-methods approach combined both quantitative and qualitative data collection tools**,** including:

- Learner surveys and focus group discussions (FGDs) with in-school and out-of-school adolescents,
- Key informant interviews (KIIs**)** with school administrators, government officers, and CSO representatives,
- FGDs with parents, and
- Review of secondary data from existing literature, policy documents, and local statistics.

A joint sense-making workshop was later conducted with representatives from DESWOS and SDMI to co-analyze findings, validate interpretations, and incorporate stakeholder insights into the final recommendations.

TABLE 1: DATA SOURCES FOR EACH OECD CRITERION

OECD Criteria	Learners	School management	Parents	Government stakeholders	Other stakeholders (CSO, SDMI)	Secondary data
Relevance	☑	☑	☑	☑	☑	☑
Coherence		☑	☑	☑	☑	☑

Efficiency					☑	☑
Effectiveness	☑	☑	☑	☑	☑	☑
Sustainability		☑	☑	☑	☑	☑

Data Collection Phases

Data collection was carried out in two major phases, allowing for comprehensive engagement with all relevant stakeholder groups.

- Phase 1 focused on engaging learners and school management. During this phase, data was collected through youth surveys and focus group discussions (FGDs) with in-school and out-of-school adolescents, as well as key informant interviews (KIIs) with school administrators. This phase was conducted over three days, from 8th to 10th November 2024.
- Phase 2 targeted a broader group of stakeholders, including government officials, parents, representatives from SDMI, and civil society organizations (CSOs) active in the field of adolescent sexual and reproductive health (ASRH). Data collection for this phase was conducted between 20th and 25th November 2024.

This phased approach ensured the inclusion of diverse perspectives and allowed for triangulation of data from multiple sources, contributing to the robustness and credibility of the study findings.

Data Collection Methods

To ensure comprehensive and credible data, a combination of quantitative and qualitative methods was employed. These approaches enabled triangulation of data and ensured that both numerical trends and lived experiences were captured effectively. The primary data collection methods included:

Youth Survey

A closed-ended, self-administered survey was conducted among in-school youths, specifically targeting students from Form 1 to Form 6 (ages 10–19). The purpose of the survey was to generate quantitative insights into students':

- Perceptions of the causes and consequences of early pregnancies among adolescents;
- Willingness to access SRHR information and youth-friendly services at the school level;
- Views on support systems for pregnant adolescents and young mothers, both in and out of school;
- Other related indicators relevant to the project's objectives.

The survey was administered using Survey ToGo, an online/offline mobile data collection platform. Each selected learner was given an Android tablet or phone, provided with a short briefing on the purpose and confidentiality of the survey, and then allowed to complete the questionnaire independently. This method ensured privacy, reduced social desirability bias, and allowed for more accurate and candid responses from the participants.

Focus Group Discussions (FGDs)

FGDs were conducted to gain qualitative insights from adolescents and community members in a safe, interactive, and participatory environment. These discussions:

- Brought together 8–10 adolescents, separated by gender and schooling status (in-school and out-of-school), to ensure comfortable dialogue and increased openness;

- Were moderated by facilitators of the same gender as the participants, which enhanced trust and encouraged more honest sharing;
- Explored themes such as challenges contributing to early pregnancies, barriers to education for young mothers, and community-level support mechanisms.

Additional FGDs were also conducted with 10–12 parents or community members who had adolescent children or were actively involved in youth-related community activities.

Each FGD was guided by a Focus Group Discussion Guide, and sessions were conducted using **interactive tools**, such as:

- Flipcharts and multi-coloured cards to visually map issues;
- Small group activities and plenary discussions to deepen reflection;
- A highly participatory facilitation style that encouraged free expression, collaboration, and peer learning.

Key Informant Interviews (KIIs)

Key Informant Interviews (KIIs) were conducted to gather in-depth, experience-based insights from individuals who possess specialized knowledge in areas relevant to the research, such as youth programming, sexual and reproductive health (SRH), education, and community development. These interviews explored respondents' perceptions, beliefs, and professional observations and provided a broader understanding of contextual dynamics influencing adolescent girls in Kibaha Town Council.

The following stakeholders were engaged as key informants:

- SDMI staff in Tanzania,
- District-level officers from the health, education, youth, and gender departments,
- Head teachers and/or guidance and counseling teachers,
- Representatives from other NGOs implementing similar interventions in the area,
- Members of the local administration.

KIIs were conducted either in person or remotely, depending on the availability and preference of the respondents. A Key Informant Interview Guide was used to standardize the interviews and ensure consistency across sessions.

Desk Research

The study incorporated desk research to contextualize and enrich the primary data with relevant secondary information. Key documents reviewed included:

- National demographic and health statistics,
- Publications on adolescent sexual and reproductive health (ASRH),
- National and district-level education statistics,
- Reports on similar youth-focused programs,
- Relevant laws, policies, strategies, guidelines, and government circulars concerning SRHR and girls' education.

Both quantitative and qualitative data from secondary sources contributed significantly to understanding the broader policy and socio-economic landscape, and helped validate primary data findings.

Sense-Making Sessions

These sessions allowed key stakeholders to:

- Reflect on preliminary findings,
- Co-analyze emerging themes and patterns,
- Provide contextual insights and feedback, and
- Identify programmatic implications and areas for further exploration.

These sessions were grounded in the principle of collective meaning-making, a process often defined as "the ongoing retrospective development of plausible images that rationalize what people are doing." This participatory step ensured ownership of findings and strengthened the relevance of final recommendations.

Sampling Strategy

The sampling strategy combined quantitative rigor with qualitative purposiveness to ensure diverse and representative data. It involved protocols for:

- Calculating the sample size for the youth survey,
- Determining the number of qualitative interviews and FGDs**,**
- Selecting schools and communities, and
- Identifying respondents across various categories (see Annex 2).

Selection of Schools

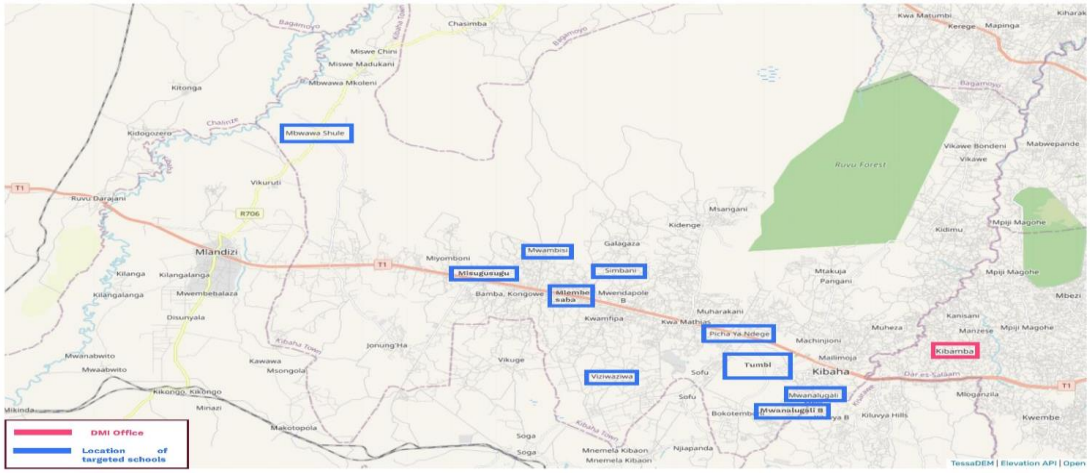
Kibaha Town Council has a total of 44 secondary schools**,** with an estimated student population of 20,650 in 2023 (9,438 male and 11,212 female). Since the research's scope is confined to Kibaha Town Council**,** the study required a strategic selection of 15 schools for data collection.

The selection process was as follows:

1. **Initial Pre-Selection**: SDMI identified 16 schools based on need and alignment with the project's intervention focus areas.
2. **Final Selection**: From the 16, a final list of 15 schools was selected using predefined criteria
3. **Approvals and Communication**: SDMI obtained official permission from the President's Office – Regional Administration and Local Government (PO-RALG)**.** Upon approval, formal communication and mobilization were conducted with the selected schools to ensure **their** informed consent and active cooperation**.**

The geographic distribution of the selected schools in relation to the SDMI country office is illustrated in

Figure 3.



Sampling for Quantitative Data

To draw a representative sample for the learner survey, Cochran's statistical formula was applied, using a 95% confidence level and a 7% margin of error (precision). This formula is appropriate when the total population size is unknown or large, as was the case with the population of in-school learners across Kibaha Town Council.

The formula is as follows:

n=Z2·p·qe2n = \frac{Z^2 \cdot p \cdot q}{e^2}n=e2Z2·p·q

Where:

- **n** = Required sample size
- **Z** = Z-score at 95% confidence level (1.96)
- **p** = Estimated proportion of the population exhibiting the characteristic of interest (assumed to be 0.5 for maximum variability)
- **q** = 1 – p
- **e** = Desired level of precision (0.07)

Using this formula, the calculated sample size was 196 learners. To account for possible non-responses or incomplete surveys, the sample size was increased by 5%, resulting in a target sample size of 205 learners.

In the field, a total of 208 learner surveys were successfully completed, exceeding the target. The total sample was then proportionately distributed across the 15 selected schools based on student population size, ensuring equitable representation of learners aged 10–19 years. (See Annex 2 for distribution breakdown.)

Sampling for Qualitative Data

The qualitative component of the study comprised Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). A purposive sampling strategy was adopted, targeting individuals or groups with relevant expertise, lived experiences, or institutional roles aligned with the project's thematic areas.

Participants were selected based on:

- Expertise in SRHR, education, or youth programming;
- Authority or position within institutions (e.g., school heads, government officers);
- First-hand experience or direct involvement with adolescent girls and young mothers;
- Ability to provide contextual or policy-level insights relevant to the project.

While **KIIs** were conducted with individual stakeholders, **FGDs** were carried out with groups of 8–12 participants. Selection of FGD participants was purposive but randomized within the target group, ensuring diversity in perspectives while maintaining thematic focus.

Below is a summary of the targeted vs. achieved **qualitative interviews (see** Table 2**):**

Method	**Targeted Participants**	**Achieved**	**Participant Group**
KIIs	10	10	School staff, government officers, NGO reps
FGDs	6 (3 youth, 3 parent)	6	In-school youth, out-of-school youth, parents/community

TABLE 2: SUMMARY OF THE TARGETED AND ACHIEVED QUALITATIVE INTERVIEWS

TYPE OF INTERVIEW	TARGET RESPONDENT	TARGETED INTERVIEWS	ACHIEVED INTERVIEWS	NO OF PARTICIPANTS
Focus Group Discussions (FGD)	Boys (in school)	3	3	31
	Girls (in school)	3	3	32
	Boys (out of school)	2	2	12
	Girls (out of school)	2	2	8
	Community (parents/guardians)	2	2	32[1]
Key Informant Interviews (KIIs)	Government (District/division officials of youth, health, education – secondary and vocational and technical)	4	4	5
	Management of schools / teachers	6	5	5
	Representatives of other similar NGOs	2	3	3
	SDMI	1	1	3

A total of six Focus Group Discussions (FGDs) were conducted with in-school adolescents: three with girls and three with boys**.** These sessions were held at Mwanalugali**,** Nyumbu**,** and Tumbi secondary schools, which were also selected for the learner survey. In addition, two FGDs with parents and guardians were conducted in the communities surrounding Mwanalugali and Miswe wards to capture the perspectives of caregivers on adolescent education and early pregnancy.

Furthermore, FGDs with out-of-school youths are planned to be conducted in Mwanalugali and Kibondeni wards to ensure the inclusion of voices from young people who are not currently enrolled in school but are key to the project's target group.

A comprehensive list of all sampled and interviewed stakeholders is provided in Annex 2**.**

Selection of Learners

Learners who participated in the self-administered survey were selected using a systematic random sampling method to ensure both fairness and representation across classrooms. In each classroom, the total number of learners present was divided by the number of participants required for the survey in that class to determine the sampling interval (nth number)**.**

Learners were then asked to count off, and those corresponding to the nth number were selected for the survey. This method ensured a simple yet effective approach to randomization within the classroom setting.

Before participation, informed consent was obtained from each selected learner. Additionally, head teachers provided consent in loco parentis, serving as the legal guardians during school hours, in line with standard ethical practices for conducting research involving minors.

Constraints during the Research

The data collection process was affected by several constraints, mainly related to timing and availability of key participants:

- **Overlap with School Examinations and Holiday Period:** The study coincided with the third term examination schedule and the start of school holidays in Tanzania. Consequently, Form Two and Form Six students were unavailable in many schools, which limited the representation of their perspectives in the survey findings.
- **Limited Availability of Key Education Stakeholders:** Some stakeholders, such as head teachers, school administrators, and guidance counsellors, were not available for face-to-face interviews due to their commitments during the examination period. In such cases, the study team relied on remote interviews and secondary data to gather necessary insights.

Despite these limitations, the study team successfully collected comprehensive data, ensuring sufficient depth and breadth to inform the project's design, feasibility, and future implementation.

2.0 FINDINGS

The findings from the study have been presented as per the OECD evaluation criteria and providing answers to the respective key evaluation/study questions.

2.1 Relevance

Generally, based on the findings of the feasibility study, the proposed activities are relevant to the needs of the target participants especially the young people (10-19 years). The main problem as identified in the study is high prevalence of early pregnancies among young people. The proposed activities seek to address not only the factors enabling early pregnancies (prevention) but also responding to situations when early pregnancies have occurred.

How many early pregnancies are there in Kibaha district and how does the situation compare to other districts?

The prevalence of early pregnancies is considerably high especially in the year 2023. As reported by the Tanzania Demographic Health Survey of 2022, 7.3% of adolescent girls aged 15-19 years were pregnant at the time of the survey while 19.8% had ever been pregnant[2]. Notably, Kibaha district is in Pwani region which ranks 19th out of 34 regions in teenage pregnancies (15-19 years) according to the TDHS 2022[3]. The feasibility study survey for learners also indicated that 82% of the leaners knew an adolescent friend in school or at home who was pregnant. Further, data from the Kibaha Town Council health department reported a total of 221 adolescent pregnancies (girls aged below 20 years) in the months of July – September 2023, out of the total 2218 reported pregnancies. This is approximately 10% of the total pregnancies reported.

Also, data from the Ministry of Education Science and Technology (MoEST) in Tanzania for the year 2022 depicts an extremely high dropout rate in the region as shown in Figure 1. The Pwani region has nine districts in total, 246 secondary schools and had an enrolment of 136,855 students (64,793 male and

[2] TDHS page 13.
[3] Ibid

72,041 female) in the year 2023. Subsequently, Kibaha TC had an enrolment of 20,650 students (9,438 male and 11,212 female) in 2023, the second highest among the nine districts[4][5]. However, compared to the other eight districts, Kibaha TC ranks seventh in terms of secondary school dropouts within Pwani region with a 1% dropout rate.

What do early pregnancies mean for the young people?

Early pregnancies in Kibaha district have several consequences not only for the young people but also for their parents and the government at large. The most cited implications of early pregnancies for young people were being chased out of school and at home, getting into early marriages, dropping out of school and psychosocial issues due to discrimination and stigmatization by fellow students, parents and friends[6]. Notably, data collected from 10 selected schools in the district for drop-out cases since 2019 depicted a dire situation where the school dropout cases have increased significantly in the last 3 years with 2023 having the highest shown in Figure 1.

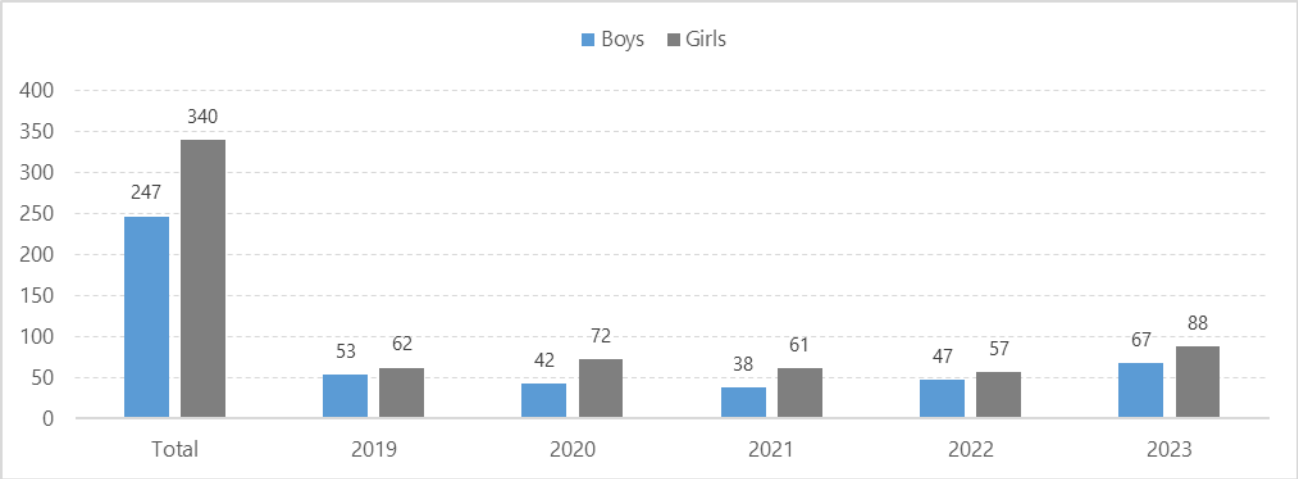


FIGURE 1: SECONDARY SCHOOL DROP-OUT CASES FOR 10 SCHOOLS SINCE 2019 – 2023 (SOURCE: 10 SCHOOLS)

Furthermore, early pregnancies increase the dependency rates for young people on their parents and relatives, may be forced into early marriages, leads to increased levels of poverty to the household when they have to take care of additional children and young mothers, may have health complications during child birth as they are not ready for child birth, may lead to sexually transmitted infections, they lose focus and don't get to achieve their goals and become a burden to the country as they have to set aside strategies and budgets to support young mothers[7].

What are the main reasons for early (unwanted) pregnancies or where are the main risks for early pregnancies (domestic/private assaults, travel to school, bodaboda drivers, lack of knowledge etc.)?

[4] Source: Consolidated Secondary Enrolment 2022-2023: https://www.tamisemi.go.tz/storage/app/ep4r2023/VIASHIRIA%20EP4R_2023/Consolidated_Secondary_EnrolmentbyGrade_CSEE2022,2023.csv
[5] Enrolment in other districts: **11,975** students in Kibaha (5,159 male and 6,816 female), **19,571** students in Bagamoyo (9,135 male, 10,436 female); **20,210** students in Chalinze (9,644 male and 10,566 female); **10,752** students in Kibiti (5,488 male and 5,264 female); **11,995** students in Kisarawe (6,005 male and 5,990 female); **4,325** students in Mafia (2,034 male and 2,291 female); **27,599** students in Mkuranga (13,153 male and 14,446 female); and **9,778** students (4,758 male and 5,020 female).
[6] Learner survey findings in Annex 4.
[7] FGDs with parents and learners, KIIs with health, gender, youth affairs officials.

The prevalence of early pregnancies for adolescents is high and depicted by the findings of the survey, the TDHS 2022 and data from schools and health department in Kibaha town council. The main causes cited for these early pregnancies were:

Poverty: According to the Tanzania Household Budget Survey 2020, Pwani region was the 15th poorest region out of 34 regions in terms of basic needs poverty and 5th poorest in terms of food. Thus, with these levels of poverty, girls from poor backgrounds are vulnerable to coercion, exploitation by bodaboda or working men and also vulnerable to early marriages or sex for money.

Culture and traditions: Pwani has the Swahili communities who have a ceremony called *Unyago*. It entails teaching the adolescent girls how to take "care of a man". Most girls who go through this ceremony will either try out the teachings, drop out of school (since they are already grown-ups) or end up getting pregnant as they try out.

Poor parenting: Parents in Pwani region were reported to be less concerned about the progress, relationship and engagement of their children[8]. Education in this region is not a priority. Also, neglect of children was reported to be rife within this region. As such, without proper surveillance, provision of basic necessities and follow-up on education, girls were exposed to exploitation, coercion and engagement in immoral activities.

Lack of information about sexual reproductive health[9]: Young people within this region lack adequate information on how to protect and prevent themselves from getting pregnant and being infected with sexually transmitted diseases and infections.

Separation of parents: Most parents separate or divorce or go to urban areas to seek for employment. As a result, the young people or children are forced to stay with grandparents or other relatives. These caregivers or guardians are not as keen on the children as their parents are. Thus, they become vulnerable to vices that may lead to early pregnancies. Also, these guardians or caregivers may not be able to provide for their basic needs adequately, leading to the children seeking ways of providing for themselves.

Peer pressure: Adolescents generally are faced with a lot of pressure in this age. Girls especially are pressured by their friends and even boyfriends to engage in sexual behaviours which leads to pregnancies or other behaviours like alcohol and drug abuse.

Sexual violation: Some of the adolescent girls get pregnant as a result of violation at home or in school. Violation is majorly perpetrated by fellow students, teachers, strangers in the village and relatives[10].

Contextually, the youth[11] mapped out specific risk areas where sexual activities, harassment and violation which cause early pregnancies occur. The mapping exercise considered both school and community settings. In school, sexual activities, harassment and violation will mainly occur in administrative offices, classrooms, playground, dormitories, canteens, store and toilets. Main perpetrators are usually fellow students, teachers and non-teaching staff (for example canteen traders).

At home or within their communities, sexual activities, harassment and violation will occur mostly in home houses, shops, guest houses and restaurants, forests, *boda boda*[12] parking bays, bushy roads/pathways and markets. The main perpetrators within these localities include their own parents and relatives, *boda boda* riders, small-scale traders, older men and strangers.

[8] KIIs with school management and FGDs with parents.
[9] FGDs with learners, parents and KIIs with teachers and NGOs
[10] FGD with learners and out of school adolescents.
[11] FGD with learners and out of school adolescents.
[12] Boda boda refers to motorcycles used mostly as commercial means of transport.

Which stakeholders are already active in the field of sexual reproductive health and rights and are relevant for the project (stakeholder analysis)?

There exists numerous categories of stakeholders concerned with the issue of adolescent reproductive health as depicted in Figure 2. Specifically, the stakeholders within Tanzania and operating within Kibaha TC district vary depending on specific thematic area or mandate and interest within the field of SRHR. The relevant stakeholders are mainly intervening at community or school levels. However, they have also integrated equitable access to education for young people as part of their SRHR efforts. Majority operate at community level with a few implementing at school level. The stakeholders are mostly drawn from the government and from national and international non-governmental organizations.

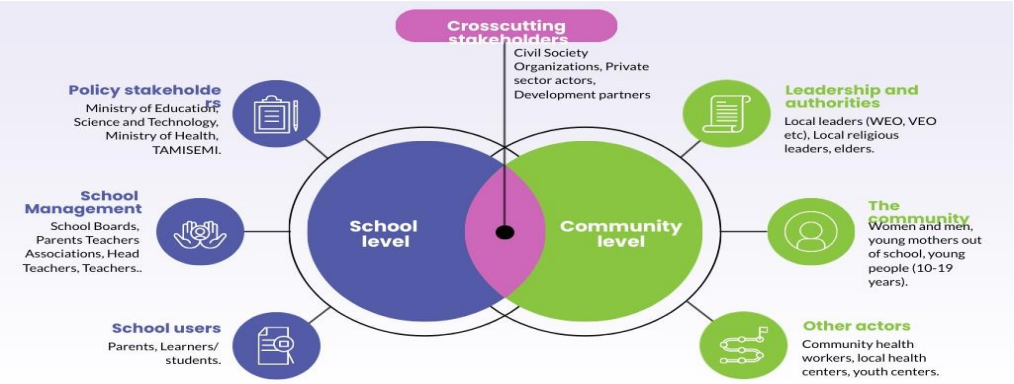


FIGURE 2: CRITICAL STAKEHOLDERS RELEVANT TO ASRHR IN TANZANIA AND WITHIN KIBAHA TC.

The policy stakeholders are mostly the respective government ministries, departments and agencies that are relevant to education and the reproductive health. These stakeholders have been instrumental in shaping and founding the efforts on ASRHR on solid policies and strategies while also implementing relevant initiatives. Various policies and strategies that guide access to education and provision and access of reproductive health have been developed (***see annex 5***). In addition, the government of Tanzania has been active in ensuring access to education for all students through the Tanzania Social Fund (TASAF). Also, through the President's initiative started in 2021, the government of Tanzania has focused on ensuring young mothers who dropped out of school are given an opportunity to finish their education in specified centers within their localities. The community health workers (CHW) have also been set up to facilitate the access to health services for all at the most local level. The NAIA-AHW specifies and budgets for the utilization of the CHWs in engaging the young people (in and out of school) in prevention of early pregnancies. The CHWs are also expected to visit schools to ensure there is provision of a safe environment for students, be the linkage between the community and nearest health facility and provide health education while assisting in implementation of public health interventions[13].

The other school stakeholders (head teachers, boards, Parents and Teachers Associations, parents, students and teachers) equally play an important role in the implementation of the school level preventive and responsive initiatives. According to school health policy and guidelines[14], the stakeholders have a core responsibility in ensuring students access to reproductive health information, guidance and counselling, WASH facilities and integration of related activities in curricula and co-

[13] Source: National health policy 2003, Policy guidelines on school health services 2018 & Tanzania NAIA – AHW 2021/22 – 2025/25.
[14] Source: Policy Guidelines on School Health Services in Tanzania, 2018.

curricular activities. The guidelines also allow for these stakeholders at governance and managerial level to provide opportunities to private sector, Faith Based Organizations (FBOs) and other actors to intervene in improvement of the school health.

There are actors that cut across both school and community levels. They include the development partners, local and international Civil Society Organizations and Non-Governmental Organizations and other private sector actors. These actors contribute to the improvement of the learning outcomes within the district by providing financial and technical support as well as capacity strengthen. They bridge the existing gaps in coverage and reach in issues ASRHR. Specifically, non-governmental organizations that have or are implementing SRHR interventions in the district in the past include BRAC, Youth Partnership Countrywide (YPC), Restless Development, local NGOs under the Pwani Youth Network (PYN), Korea Foundation, APOTHEKA, MKUKI coalition[15] and the KITANI network, PACT, Plan International and Pastoral Activities and Services for People with AIDS Dar es Salaam Archdiocese (PASADA).

At community level, the local authorities and leaders, community members and health workers and volunteers are critical stakeholders who provide community direction, gate keeping and services at the local level. Elected leaders and appointed leaders (Ward Executive officers – WEO and Village Executive officers – VEO) and religious leaders are highly influential in matters culture and religion which affect significantly the access, uptake, reach and coverage of ASRHR. Their authority and influence cannot be ignored. The elected and appointed leaders have a coordinating function bestowed to them in ensuring access to education and reproductive services for young people, under the Tanzania NAIA – AHW, school health policy among others. The women, men and young people are also key stakeholders as recipient of services and also the subject of the ASHRHR interventions.

Are there programs or projects in the Kibaha District in the recent past or currently that pursue the same objectives as the planned project?

There exists projects and programs currently and in the past that have pursued similar objectives to the proposed project. These programs and projects have focused on awareness creation within the community (children, women, men and youth) on family planning and positive parenting, economic empowerment for youths and women through financial literacy and access to loans to start small businesses, access to education for young mothers through the President Samia Suluhu's initiative and circular in 2021 on re-enrolment, reduction of neonatal and maternal death and facilitation of access to youth friendly sexual reproductive health services[16]. The Secondary Education Development Programme Phase II (SEDP II) is a World Bank funded programme implemented by the government of Tanzania with one component being upgrading of existing infrastructure in secondary schools. The infrastructure encompasses latrines and water supply among others[17]. The proposed project seeks to improve the sanitation facilities and thus, contributes to the project development goal of this multi-year programme.

Even with these efforts from different actors, there has been key bottlenecks. They include the lack of adequate financing to adequately geographically cover the district and region as well as address the magnitude of the early pregnancy issue in the region. Other notable bottlenecks to access include the lack of adequate youth-friendly centres (youths are normally referred to nearby clinics), sexual

[15] A network is comprised over with 70 organizations collaborated together upholding the purpose of ending Gender Based Violence from rural and urban areas of the country.
[16] Especially through the Ministry of health and their AfyaTech application - https://afyatechtz.com/about/
[17] Source: https://www.moe.go.tz/en/projects/secondary-education-development-programme-sedp and http://documents.worldbank.org/curated/en/426501468760789334/Tanzania-Secondary-Education-Development-Program-Project

reproductive health services being against the religion and culture[18]. These challenges further underline the need for more actors to support programs and projects within Kibaha district to address these existing gaps.

Are there currently gaps in the relevant system (reproductive health and rights, reducing early pregnancies, empowerment of young mothers) that will be filled by the planned project? In this context, it is important to clarify to what extent the topic of reproductive health and rights as well as sex education is dealt with in schools (in existing curricula) and whether there are already local structures (youth clubs, health services, active NGOs etc.) to which young people can turn?

In Tanzania, sexual reproductive health and rights for adolescents are a core concern given that young people make up a significant proportion of the population. Several gaps identified in this study hinder the adolescent's access to these rights. They include[19] inadequate financial resources for government and actors to comprehensively address the ASRH issues and cover the expansive regions adequately, inadequate coverage and access to adolescent-friendly health services[20], the lack of adequate awareness on existence and where to seek ASRH services, high costs of alternative opportunities for formal learning and vocational education, inaccessibility of the centers for vocational education, limited community-based services providing SRH services to in-school and out-of-school adolescents, inadequate facilities to promote good menstrual hygiene management (MHM). In addition, even though counselling is formalized in schools, glaring gaps exist in that most of the teachers who are supposed to undertake the counselling have not received any formal training on counselling and inadequate time for comprehensive counselling sessions[21].

The proposed project therefore provides an opportunity to contribute to addressing these gaps through the proposed activities like improving the sanitation facilities, awareness creation to adolescents (in school and out-of-school) on SRH and MHM, skilling through the mobile VST classrooms and providing referrals or linkages to CHWs for young people who need SRH services.

There exists no SRHR curricula in schools. However, some of the SRHR topics are addressed in basic terms in subjects like science and technology, health and environment, civics and moral and biology[22]. Schools also have clubs that engage students in different activities. They are formed with different objectives, and students participate based on their interests. There are however, no specific clubs at school level that engage in SRH-related activities. Locally, community health workers are a critical structure that can be utilized in creation of awareness and provision of services on SRH at the village level. Local NGOs within the Kibaha district are mostly focused on access to education for young people by either providing scholarships, scholastic materials, guidance, or counselling. In addition, there are some NGOs focused on awareness creation on SRHR, while some have created networks and partnerships to undertake advocacy, especially on early marriages. Some of these NGOs include BRAC, Youth Partnership Countrywide (YPC), Restless Development, and local NGOs under networks like the Pwani Youth Network (PYN), MKUKI coalition, and the KITANI network, and the faith-based Pastoral Activities and Services for People with AIDS Dar es Salaam Archdiocese (PASADA). Inadequate

[18] Oirschot, et. al. (2023).
[19] Source: FGDs and KIIs during the study, desk review of government strategies and plans.
[20] This includes the quality and attitude of service providers of adolescent-friendly services, the availability within the localities, the adequacy of the service stations and the quality of the spaces where these services are provided.
[21] HakiElimu. (2021). A study on policy and practice in primary and secondary schools in Tanzania mainland
[22] Ibid.

funding, however, hinders the local NGOs and even the government in reaching out sufficiently to as many young people and regions.

To what extent is the planned project exemplary and broadly effective? On which levels will norms and structures be changed?

The planned project seeks to implement activities at the school and community levels while ensuring inclusion and collaboration with local leaders and structures. The proposed interventions are classical, tried, tested, and lessons drawn from their implementation regionally and in Tanzania. The interventions have potential to achieve the envisaged objectives with the proposed reinforcement of some of the activities. The implementation model within SDMI has to be refined to provide adequate momentum and fluidity in implementation.

With the proposed project interventions, norms are planned to be changed at community level while the school level sustains the appetite for change by preparing the future community leaders and members to embrace change of the existing norms. However, in the project design, caution has to be taken to ensure there is a balance to what is achievable within the project duration given the contextual risks – Pwani region is deeply rooted in cultural and socio-economic factors that trigger the current norms. The inclusion and collaboration with local leaders who are highly influential, respected and authoritative is a significant driver of change if well utilized. The change of structures would be a tall order given the duration and resource basket available to the project. However, some impetus can be created through the advocacy activities as a first step to change of structure.

2.2 Coherence

The project activities and expected results are in strong coherence with the government initiatives aimed at ensuring equitable access to education for young people. This is evident through the past and on-going initiatives by government, laws, regulations, policies, guidelines and circulars. Also, there exists coherence with other local actors and stakeholders as well as the vision, mission and other projects implemented by SDMI.

How coherent are the planned activities with human rights principles (inclusion, participation), conventions and relevant standards?

The planned activities range from awareness and knowledge creation on sexual reproductive health for adolescents, vocational skills training, improving access to sanitation facilities and advocacy activities aimed at reducing early pregnancies. These activities are well aligned with conventions that Tanzania has signed to which include - the UN political declaration on HIV / AIDS, the Eastern and Southern African (ESA) commitments on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people, the UN convention on the rights of the Child, the SADC protocol on child and adolescent health, the Ouagadougou declaration on primary health care, and the UN Convention on the Elimination of all forms of Discrimination against Women (CEDAW) among others.

Additionally, the activities ensure inclusion and participation. Inclusion through ensuring both boys and girls are included in the activities and benefit equally, inclusion of other stakeholders like parents, teachers, religious leaders, local leaders and government. Participation of the primary participants in the activities is well integrated in the activities by ensuring they are driven by the students, teachers, local organizations among others.

To what extent are there synergies and linkages between planned project and other interventions of the implementing organization (SDMI) and other actors?

SDMI's core vision and mission resonates well with the objectives of the planned project. The project seeks to ensure young people and especially girls have the right to education and economic equality. Notably, SDMI's work is centred on supporting women, children and young people to access and utilize opportunities for education and development[23]. In Tanzania, SDMI is running a project, which aims at reducing trafficking of young girls while providing them with opportunities for education and creation of employable skills[24].

The government of Tanzania's interventions in reducing early pregnancies include the Presidential initiative for supporting young mothers to continue with education, formal re-entry of students who have dropped out of school within 2 years[25], and the preventive initiatives geared towards reducing teenage pregnancies[26]. Particularly, the NAIA-AHW strategy seeks to expand the access to comprehensive SRH information for in-school and out-of-school adolescents while expanding and promoting teenage pregnancy prevention at community level. These initiatives are in line with the objectives of the planned project as well as the interventions of other national and international NGOs[27] operating within the district. These actors focus on awareness creation to young people on SRH, access to education, psychosocial support for young mothers, and provision of ASRH services to adolescents, advocacy and lobbying on child right issues among others.

To what extent is the project in line with national strategies and policies?

Tanzania as a country is well grounded on strategies and policies that support young people on access to education, vocational skilling, WASH in schools and empowerment of women and girls. Numerous legal and policy frameworks support the rights of young people with some explicitly promoting and protecting their sexual reproductive health rights. The planned project's activities and planned results are well aligned to the majority of these strategies and policies. Some of these strategies and policies include the National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing (NAIA-AHW) 2021/22 – 2024/25[28], National Health Policy 2018, Tanzania National Development Vision 2025, National Strategy for inclusive education 2021/22 - 2025/26[29], National Education Act of 1978, Education and training policy 2014, National Education Sector Development Plan (ESDP III) 2021/22 – 2025/26, National Five Year Development Plan (FYDP III)[30] among other strategies, policies and legislations (***see summary of the analysis in Annex 5***).

It is worth noting that the government in November 2021 allowed students who had dropped out in primary and secondary schools to re-enrol in school for completion of their formal education. They include the dropouts due to pregnancy, truancy and indiscipline but not expulsion. This should be within 2 years of their dropping out. Otherwise, the rest should access education through informal system[31]. The circular also directs that all children of more than 7 years should be enrolled in school, with the responsibility of enrolment being bestowed on parents. As such, the project's efforts are in synergy with these government efforts of ensuring all young people have access to education – whether formal or informal.

[23] Source: https://www.dmimission.org/about-us/vision-mission-core-values/
[24] Source: https://www.dmimission.org/our-work/tanzania/ and the SDMI Annual Report for Tanzania, 2022.
[25] Education circular, No ED/OKE/NE/W/VOL.II/39 of 24th November 2021.
[26] Source: National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing (NAIA-AHW), page 14.
[27] NGOs under the Kitani network, MKUKI coalition, Pwani Youth Network, Restless Development, Youth Partnership Countrywide, PACT, BRAC, Engender Health, PSI among other actors.
[28] Prioritizes prevention of teenage pregnancies (Pillar 2), keeping boys and girls in school (pillar 5) and developing skills for meaningful economic opportunities (pillar 6).
[29] Seeks to ensure disadvantaged children (including girls and boys who drop-out of school for various reasons) access quality education.
[30] Prioritizes the improvement of teaching and learning environments which include latrines/toilets under the Quality and relevant education (page 112).
[31] Source: Circular no. 2 of November 2021.

An analysis of the legal, policy and strategic guidelines of the country indicates that SRHR focus is more pronounced in health policies and strategies as compared to the education sector policies and strategies. Weak response to adolescent needs and inadequate financial resources affects the implementation of these polices and strategies.

Incoherent with Marriage Act 1971, which allows girls to be legally married at the age of 15 years and the Penal Code 1972, which defines any person above 18 as a child yet any person below 12 year, is a child.

2.3 Efficiency

The implementing organization is capable of delivering the planned project activities within the duration and within the financial resources. However, some pre-conditions have to be met to ensure there is utmost efficiency. Specific strengthening strategies are as detailed herein.

What conditions must be met in order to carry out the individual activities efficiently? How can activities be carried out efficiently?

The implementation of the proposed project will need to address some key pre-conditions to ensure and guarantee efficiency in implementation. The pre-conditions include:

Adequate and timely approvals: SDMI has to acquire timely approvals and licenses from the relevant authorities in the President's Office - Regional Administration and Local Government (TAMISEMI), Ministry of Education (regional education offices) and health respectively for activities at school level and community level. In addition, this would also be seeking collaborations with the respective offices in the district under these ministries.

Partnerships and collaborations: SDMI has extensive experience in programs related to young people especially in education. However, to strengthen their achievement of results, there will be need to collaborate with institutions and organizations that are also delivering similar initiatives or have extensive experience in areas where SDMIC is not extensively experienced. Such partnerships would include Vocational Education Training Authority (VETA), Advocacy NGOs (local), Community Health Workers (referrals for SRH services) among others. Furthermore, collaborations with Youth Development Officers (YDOs), District Medical Officers (DMOs) and District Reproductive Child Health Coordinator (DRCHCos) would add value to the project as learnt from a similar project[32]. The school health program coordinators, SRH coordinators at the zonal levels and the Regional Reproductive and Child Health Coordinator (RRCHCO)[33] at regional levels would also be valuable structures to collaborate with given their mandates in SRHR.

Participatory and joint planning: To create comprehension and ownership especially at school level, the project would greatly benefit from participatory and joint planning of school activities with the school management (head teachers). This would hasten and adequately integrate the activities into the school calendar, a critical success factor for these activities.

Equipping areas of core activities with adequate resource persons: Adolescent Sexual Reproductive Health (ASRH) and vocational Skills Training (VST) form the backbone of the project. As such, SDMI will have to on-board of full-time personnel on SRH, advocacy and the VST trainers for efficiency.

Equipping the activities to ensure efficiency in reach: VST activities will ensure adequate access to education for young mothers within their localities. However, due to the need to reach as many young

[32] Lessons drawn from Kuwa Mjanja Project in Tanzania under the Adolescent 360 initiative.
[33] Responsible for policy oversight at zonal level.

people as possible and extensive duration of a comprehensive vocational course, SDMI considered pursuing short-term skilling of 5-10 days.

Clarity of implementation structure: In cognisance that SDMI has other core mandates to execute, there will be need to clearly define a project structure to ensure efficient implementation and coordination of the activities – Project manager, project officers, Finance and accounts among others.

To what extent the planned activities can be implemented within the project duration of three years and the manpower of SDMI (the local project executing agency)?

SDMI have the capacity to implement the project within the proposed project duration of three years. This is because of the experience that the institution has in implementing similar donor-funded projects within the Kibaha district as well as in other parts of Tanzania and other countries. Efficiency in time is attributed to proper planning with adequate human resource. As a pre-condition, SDMI will add SRH, advocacy and lobbying, VST trainers to the project team which depicts adequate resource for the efficient implementation. In addition, devolving the VST activities will create efficiency as it enables the reach of a large number of project participants at the minimal cost and time. Additionally, SDMI has full-time personnel in core project aspects like finance and project coordination and management. Thus, this guarantees continuity and efficiency in project implementation processes.

2.4 Effectiveness

The proposed project activities and approaches require adaptation for strengthening based on lessons drawn from implementation of similar interventions, changing contexts and adequacy in contributing to the planned results. Measures and approaches that can strengthen effectiveness are detailed as part of the evaluation questions herein.

Are the chosen activities (such as the establishment of school clubs, of a network of CSO or of trustfully, anonymous counselling services etc.), sufficient to contribute to the project objective and outcomes? To what extent are the planned outputs relevant and useful to achieve the overall objective and outcomes and if not, what could be other useful outputs and activities?

The project has proposed a range of activities addressing early pregnancies at school and community level. The selected activities can sufficiently deliver the proposed outputs and thereafter, the outputs contribute to the proposed objectives and outcomes. A few revisions to the outputs and outcomes have been proposed in the log frame to ensure they synchronize with the activities. Consequently, the activities can be strengthened further through several strategies:

Integration of life skills: Life skills are critical especially for adolescents as they try to seek their identity. Thus, integration of life skills training during the SRH awareness creation at school level, VST trainings at community level would significantly add value and strengthen the two activities.

Integration of counselling sessions for young mothers: Young mothers who will participate in the VST trainings would easily fit into the VST courses if counselling is provided. The evidence generated from the study indicates they are psychologically disturbed due to the stigma and discrimination they face during and after their pregnancy. To ensure they are well settled mentally to uptake the courses, counselling would add significant value.

Integration of youth-responsive activities: Young people are more drawn to activities that are participatory and resonate with their youthfulness such as sports and recreation activities. The project can consider inclusion of such activities especially in the SRH messaging/awareness creation activities in school and community level.

Integration of technology: Majority of the young people are tech savvy and thus, the project may explore the use of technology in ensuring uptake by the young people and extensive reach. These may include integration of mobile phone (applications + USSD) for information access, anonymous counselling and for Question and Answer (Q&A)/ Frequently Asked Questions (FAQs) options.

Can the selected activities also have negative effects and what could these be?

All the proposed activities have no negative effects except for the activity on provision of SRH services (especially contraceptives). Evidence from actors and stakeholders generated from the study indicated that promotion and provision of SRH services to students was not an idea that was welcome to parents, teachers and head teachers. They deemed it as unethical and a direct promotion of early sexual engagement for learners. Thus, the project would do well to consider dropping this activity due to its perceived negative effect.

Furthermore, SDMI has built a brand and reputation as a Catholic church affiliated organization that subscribes to the principles and doctrines of the Catholic church. Thus, a lot of trust is bestowed to SDMI and the church and this would be eroded if SDMI would take up the provision of SRH services directly.

Is there an openness on the part of the school management and the teaching staff to include the topics of reproductive health and rights as well as sex education in the curriculum or to be able to discuss them within the framework of the planned school clubs?

The findings from the study indicate that 51% of the learners get SRH information from teachers while 82.1% of the learners got guidance and counselling services from designated teachers in schools. This depicts the school as a potent space for integration of SRH education. As well, studies in Tanzania have found significant gaps in provision of SRH education or information in schools[34]. Key challenges in provision of SRH information and education in schools include the teacher's insufficient and inadequate knowledge on SRHR, inadequate teaching materials and impeding socio-cultural factors. Conspicuously, SRH is only embedded in subjects taught in both primary and secondary schools – mostly science and technology and biology which focus on puberty, HIV/AIDS and sexually transmitted infections and diseases[35].

To this end, conversations with selected secondary school stakeholders indicated their willingness to support and integrate SRH awareness creation at school level into the school activities – school clubs and general awareness creation activities. The integration into the school curriculum would however not be possible since this would have to be approved by the Ministry of Education, Science and Technology.

At which level (micro, meso, macro) are additional activities useful to increase effectiveness?

The project proposes the majority of the activities at micro and meso levels compared to the macro levels. The proposed activities are well designed to generate outputs for the project. However, several reinforcements have been proposed to activities at micro and meso levels to ensure their potential for effectiveness is strengthened.

At micro level, the integration of life skills in short-term VST activities, inclusion of an activity on joint planning with head teachers of selected schools for ownership, redesign of the VST remote skilling activity to ensure efficiency and adequate reach, face-to-face counselling for young mothers before enrolment for VST, inclusion of sports and leisure activities to activities at school and community level

[34] HakiElimu. (2021). A study on policy and practice in primary and secondary schools in Tanzania mainland.
[35] Ibid.

for young people, integration of technology in the SRH awareness creation and anonymous counselling activities, omission of activities seeking to provide SRH services to students.

At meso level, the proposed activities seek to ride on existing structures. The collaboration with CHWs will add value to the SRHR activities as it will be linking young people to the providers of SRH services at village level.

At macro level, the lobbying and advocacy efforts will require SDMI to have a full-time resource person to drive these activities while also riding on existing structures (networks or coalition of local NGOs) who are experienced in lobbying and advocacy. Starting a new network would be costly in time, effort and money as compared to collaborating with already experienced existing networks or coalitions. However, in seeking this partnership, SDMI will have to ensure that the collaboration is mutually beneficial, and each partner has some investment into the lobbying and advocacy efforts.

Which indicators are suitable to measure the impacts?

The project proposes six key outputs, four outcomes and one impact. The respective indicators for each of the results is detailed in the ***proposed log frame in annex 6***.

Will the activities planned be able to effectively reach out to a larger number of girls (for example, the mobile bus)?

The planned activities are effective in ensuring a large coverage and reach but need a concrete strategy which is efficient. At school level, the sanitation activities would reach the whole school while the school clubs would also ensure a sizeable reach within the school. The short-term VST for 5-10 days will ensure there is coverage of many young people within the project duration.

The uptake of the mobile phone anonymous counselling services has been proven to be successful in similar programs and projects. However, it is highly dependent on whether the young people have the mobile phones especially as students and whether they are paid or non-paid. This activity can be a success in reaching out to a large number of young people if they have access to mobile devices.

Sustainability

Being a project that addresses the impacts of behaviour and socio-economic and cultural enablers, it is faced with several risks that may threaten its sustainability. Notably, they are now unique risks even as some of them can be detrimental to SDMI. The sustainability of the activities and benefits of the project can nonetheless be reinforced as detailed herein.

How to ensure and strengthen the sustainability of the planned outputs (i.e. the planned school clubs, the mobile vocational training centre, network of relevant stakeholders, anonymous counselling services, support by local health services) and their outcomes (structural, economic, social and ecological)?

School-driven activities: Activities at school level will have to be driven by the school management, mentor teachers and students as facilitators of the school clubs to strengthen their effectiveness and sustainability. With a joint planning process including the head teachers, the school would then have mentor teachers (senior teachers or selected teachers) to driven the other activities especially the awareness creation and ensuring functionality of the school clubs. Notably, the project has to address the motivation issue for the teachers tasked with this responsibility.

Partnership and collaborations: VST, SRH services, advocacy and lobbying activities will have to be implemented in partnership and collaboration with other actors for example VETA for VST, local NGOs/actors (for example PASADA) for SRH service provision and local advocacy NGOs and networks for the advocacy and lobbying activities. Notably, these partnerships and collaborations must be mutually beneficial for them to strengthen the sustainability.

Alternative models for sustainability: The project could also explore long term models for sustaining the short-term VST activities. They would include charging a small maintenance fee to all participants to also ensure a given level of commitment from both the young people and their parents. Also, provision of follow-up internship/apprenticeship which may lead to absorption in workplaces and thus, employment opportunities. Additionally, the project could explore supporting the trained young people to establish savings and lending groups where they can save and have an opportunity to borrow capital for their business or financial needs. For the anonymous counselling, the project could ride on digital applications that can enable young people to access critical SRH information in both English and Kiswahili while also seeking counselling services anonymously[36].

Integration of local leadership: Local leaders in the country drawn a lot of respect and have influence and authority over the communities. Thus, community level activities will have to integrate these leaders for effectiveness and sustainability. However, the project team should be cautious of the level of engagement to avoid politicization of the activities and its results/achievements.

Utilization of existing structures: There exists structures on core issues like SRH services and advocacy established by various actors – the networks that are already in existence, the government supported community health workers among others. Thus, the project could explore the utilization of community health workers for ASRH at community level and the existing advocacy networks for lobbying and advocacy activities.

What capacities are built up in the target group in the long term to be able to continue the implemented activities independently?

The proposed project activities seek to create various capacities that will enhance the sustainability of the project benefits and activities. School level activities will be driven by selected teachers and implemented under school clubs. The project can integrate these activities into already existing school clubs or form new ones. School clubs have potential to drive these activities sustainably for some time. Nonetheless, attrition over time always affects the vibrancy of the school clubs. The knowledge and skills developed on the students who are members to the clubs can ensure they continue to drive the activities within the school and way after they leave school as they can become champions.

The VST activities also provide knowledge and skills to young mothers and other vulnerable young people. As such, this knowledge and skills can provide them with the capacity to exploit any economic opportunities available to them after the project. Also, future collaborations with VETA would strengthen SDMIC capacity to provide these VST not only to the project participants but also in future to other vulnerable young people to have the same competitive advance as youths graduating from VETA institutions.

The strengthening or establishment of a network of actors to lobby and advocate for policy or structural changes that can support the reduction of early pregnancies is equally sustainable since a network once strengthened provides a sustainable avenue for local actors to continue influencing the government and other stakeholders to make key decision on important issues. When brought together in a network, the actors are able to project a unified voice in the lobbying and advocacy efforts.

Which personnel risks for the implementers, institutional and contextual risks influence the sustainability and they can be minimalized?

[36] For example the Mjanja Connect under the Kuwa Mjanja project in Tanzania under the Adolescent 360 initiative.

There exists risks and bottlenecks that could affect the implementation and sustainability of the project. However, they can be mitigated to minimize their impact on the project. Some of the identified risks include:

Institutional and reputational risks: The implementing institution – SDMI – is a Catholic church institution. The Catholic church is known for its stand on the issue of family planning. As such, many staunch Catholics in Kibaha respect and follow the stand of the church[37]. Therefore, if SDMI was on the forefront of implementing an ASRH project which sought to also provide or advocate for the use of contraceptives, this would be seen as moving away from the Catholic church's stand. It is bound to erode the trust and brand that SDMI and the Catholic church is known for, among its followers within the district. To mitigate against this risk, the project may either consider collaborating or partnering with a local organization to drive the access to contraceptives aspect[38] which SDMI focuses on only SRH and life skills education to young people or drop the activities on access to contraceptives and retain only the SRH and life skills education to young people.

Cultural risk: Pwani region has a high population of Swahili communities who practice their culture and traditions religiously. Particularly, in their culture, there is a ceremony called "*unyago*" which is held for girls who get into puberty. This ceremony was cited as the single most enabler of school drop-out, early marriages and pregnancies in the region. Being cultural and a tradition, the project needs to understand that it may not successfully be able to eradicate this tradition yet it is a strong enabler of early pregnancies. Additionally, the project should not be seen to fight against the traditions of the Swahili culture as it may lead to defiance among the local leaders and the communities of Kibaha. In the design of the project, should be a consideration for collaborating with the local leaders and authorities especially in advocating against this ceremony. The messaging would be carried by the leaders who are respected, highly influential and authoritative. SDMI would them focus on a message of delayed sexual engagement for young people regardless of whether they have undergone the ceremony.

Gaps in legal framework: Tanzania has laws that are contradictory especially on the prevention of child abuse. Whereas the Penal Code 1972 define a child as any person below the age of 18 years, the Education Act 0f 1978 bars anyone from marrying a primary and secondary school student. However, the Marriage Act 1971 allows girls to consent and be legally married at the age of 15 years while indicating that the age of consent for boys is 18 years.

Political risks: In integrating and collaborating with political leaders at local level, caution should be taken to ensure the leaders do not alter the messages or the activities and make them political. This is especially because the year 2024 and 2025 will be campaign and election years respectively and political activities will be rife yet these are the proposed implementation years for the project. Political leaders are trusted, hold influence and authority and thus, their word or messages are highly believed by the masses at local level. Any misleading messages or politicizing of activities would affect the achievement of key project objectives.

Contextual risk / Ethical consideration: Discussions with parents and teachers confirmed that majority do not welcome the promotion of contraceptive use among students in their teenage. They cited health complications for contraceptive users and also that the promotion of contraceptives would be seen as licensing the young people to engage in unprotected sex which may be harmful to the society. They

[37] The Catholic Church has always been firm against the use of any contraceptives. Also, to adolescents and young people, the church has always advocated for abstinence especially before marriage.
[38] This transfers the risk to a third party while retaining SDMI's status and brand in the eyes of the Catholic church followers.

would only prefer the promotion for adults but not students who are in school. The project would do well to consider dropping the activities on the promotion of contraceptive use due to this risk.

To what extent could the project be criticized by relevant local stakeholders (school authorities, school management, parents, local/religious/cultural leaders) who may not be interested in the sustainability of the project?

The project is in line with government priorities in its strategies, plans and policies on adolescent related issues of concern. Similarly, the interventions are coherent with the interventions of local and international NGOs who have intervened in the area of concern. Thus, stakeholders will not criticize the project interventions as indicated during the study. It complements efforts by the various actors while also contributing not only to global, national and local objectives in addressing adolescent related issues. The findings from conversations with stakeholders however indicate that provision of access to contraceptives for students was not an intervention that is acceptable by local stakeholders (head teachers, parents, religious and cultural leaders). As such resistance or criticism is expected if the project proceeds with this intervention. The main issue of concern from these stakeholders is that it is an intervention to the wrong age group and also seems to promote sexual behaviour among students. Thus, harmful. The justification from these stakeholders is that this intervention contravenes their religious and cultural principles as well the ethical considerations.

Are there any political and cultural resistances and sensitivities that could prevent project implementation and that need to be dealt with very sensitively?

There exists some cultural and religious sensitivities and resistances that are expected and could affect the project implementation and even inception. They include:

Cultural resistances: Swahili culture of "*kuchezwa*"[39] is highly rife and popular within the Pwani communities. Most adolescent girls who go through this ceremony do not go back to school and also become anxious to try out the lessons drawn from the ceremony. They also become a target for men since they are "ready for marriage". As a result, it's a potent driver of early pregnancies and drop-out for young girls within the province.

Religious sensitivities: The district is majorly dominated by Swahili and thus Muslim religion. However, there exists Christians as well. The sensitization of adolescents on sexual reproductive health requires caution and a lot of sensitivities as it faces resistance from the two religions. According to conversations with stakeholders[40], it contravenes the religious teachings, especially the use of contraceptives.

Political resistances: In Tanzania, politics are local. The local political leaders are highly influential and thus, the project needs to consider engaging them effectively. However, the project needs to be cautious of the same leaders especially given elections in Tanzania will be held in 2024-2025. They may use some of the project activities as a political platform, discrediting or diluting the objectives of the project.

3.0 CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The study sought to ascertain the feasibility of the proposed project with specific focus on the pre-requisites, opportunities and risk and the extent to which the project's activities and results are relevant,

[39] This is a ceremony performed for a girl who has attained adolescent age. It entails a day-long dancing to publicly declare that the girl is now a grown up. They are also taught how to "handle" or take care of a man.
[40] Parents, head teachers and government officials.

coherent, efficient, effective and sustainable. Based on the findings of the study, the following conclusions are made:

3.1.1 Relevance

Interventions proposed are highly relevant to the needs identified in the study. The findings depict a dire situation – high prevalence of school drop-out and early pregnancies. The activities resonate with the selected target group (young people 10-19 years) and enabling factors which include – inadequate knowledge and awareness on SRH among young people, socio-economic and cultural factors, poor parenting, peer pressure and sexual violation. Notably, there exists few initiatives addressing these issues within the district apart from the government's initiative and several others by mentioned local CSOs which mainly focus on access to education through provision of scholarships and scholastic materials.

3.1.2 Coherence

There is strong compatibility – internal and external – of the proposed interventions. Internally, the interventions are synergetic with SDMI's vision, mission and core values as well as the initiatives by the government of Tanzania in its efforts to address the problem of early pregnancies and high rates of school dropouts. This is especially evident from the laws, regulations, policies, strategies, guidelines and circular by the government on addressing equitable access to education for children and young people. Notably, there is incoherence with the Marriage Act which dilutes the efforts of the government and other actors in addressing early marriages, early pregnancies and school dropout.

Externally, various actors (local and international as mapped in Figure 3) have made deliberate efforts at micro, meso, and macro levels in the past and presently to address this problem. Thus, the project's interventions align and complement their efforts. Major gaps to the actor's efforts include inadequate financing to ensure sufficient reach and coverage of the Pwani region.

3.1.3 Efficiency

The efficiency of the proposed project lies entirely on SDMI's capacity and several external factors. Evidence from the study indicated that SDMI is capable of implementing the project having amassed experience in implementing similar interventions for similar funders. Thus, they can deliver the intervention within the planned duration and time. There is however need to reinforce the human resources available to ensure stronger efficiency. For example, definition of a project implementation structure with full-time VST trainers, SRHR officer and advocacy officer. The three areas are speciality areas that would be well delivered by experienced personnel for standardization and compliant delivery of the respective interventions. Also, some of the proposed activities require reinforcement and adaptation to provide stronger basis for efficiency (VST, remote counselling among others).

Notably, the first two years of implementation (2024 – 2025) will usher in an electioneering period for the project which may affect the implementation of the activities, achievement of outputs and outcomes. That is, some activities might be halted or become too costly to implement during this season.

3.1.4 Effectiveness

The key objectives of the project are to contribute to the reduction of early pregnancies, school drop-out and access to equitable education for young people. The proposed activities have a high potential to contribute to access to equitable education for young people and reduced school dropout while minimally contributing to the reduced early pregnancies. This is because early pregnancies are strongly enabled by Tanzania's Marriage Act which allows age of consent and marriage for young girls to be 15 years, strong religious support for early marriages and the cultural practices of the Pwani communities

targeting girls at puberty. The proposed activities may not adequately manage to change these two significant enablers within the project duration and also given the scope of the project (one district).

The proposed interventions have an appreciable mix of preventive and responsive activities seeking to address the problem. Whereas the prevention interventions (awareness creation and advocacy) are extensive and targeted, they fail to also target the parents who are core. They target them at PTA level which may only achieve change for the few parents who are part of the PTA. The response interventions are significantly effective especially the short-term VST which would provide opportunities for the young people out-of-school or unable to access vocational training due to various reasons.

3.1.5 Sustainability

There is strong evidence for sustainability of the interventions at micro level which drive the changes at meso and macro levels. Capacities developed on project participants are bound to benefit them for a lifetime which also creating champions of change at community level. At meso and macro level, the project interventions have sustainably been proposed to ride on existing structures to guarantee efficiency, effectiveness and sustainability.

Markedly, several threats to the sustainability include the political, cultural, institutional and reputational, contextual and legal risks which may undermine the achievement and sustainability of the benefits generated from the project. Decisions on appropriate mitigation measures are instrumental to reducing the risks on pollical, cultural, reputation and legal risks.

3.2 Recommendations

The following recommendations are made from the conclusions across the five areas of evaluation. The specific recommendations are explicit to given interventions or aspects of the interventions while the general recommendations are broadly relevant for consideration.

3.2.1 Specific recommendations

Recommendation 1: Omission of the activity on provision of contraceptives

Contraceptives are not acceptable to parents and especially given the age of the targeted learners. The research would do well to only focus on sensitisation activities aimed at prevention. Also, SDMI is not the right partner to provide or seem to promote the contraceptives, given the reputation and trust bestowed on the Catholic church. If the project seeks to continue with this activity, then it must be implemented either by another partner independent of SDMI or as a linkage to the community health workers who are mandated by the government to provide these services or link the young people to where they can access them.

Recommendation 2: Reinforcement of vocational skills training intervention.

The VST activities should be strengthened by collaborating with Vocational Education Training Authority (VETA) to strengthen the acquisition of the VETA-accredited certificate for beneficiaries of vocational training while also ensuring compliance and standardization of the trainings to VETA standards. The VETA certificate would legitimise, popularise and motivate the young people to enrol and complete the trainings. Additionally, the short-term training should be guided by a VETA approved curriculum to ensure skills acquired through the project are equally competitive with those acquired through vocational institutions.

Recommendation 3: Include additional activities to complement proposed interventions.

- Inclusion of life skills inclusion in learner-focused activities and vocational skills training activities. Life skills training will entail the soft skills like communication, etiquette and grooming, problem

solving, critical thinking, effective communication skills, decision-making, creative thinking, interpersonal relationship skills, self- awareness building skills, empathy, and coping with stress and emotions.

- Inclusion of face-to-face counselling for young mothers who have been enrolled in the vocational skills training before the commencement of the actual course subjects. This will serve as a confidence and resilience builder to stabilize the psychological condition of the young mothers.

Recommendation 4: Invest in full-time vocational skill trainers, counselling and SRHR personnel for efficiency.

SDMI's project implementation structure especially for the short-term skilling should include full-time vocational trainers certified by VETA, counsellors as well as SRHR personnel to strengthen the efficiency of implementing the skilling and SRHR activities while enhancing the effectives of the delivering the activities.

3.2.2 General recommendations

Recommendation 1: Strong collaboration and partnership with an existing network of CSOs for the lobbying and advocacy activities.

The project can leverage on the existing networks of local NGOs that have years of experience in advocacy and ready connections to the influential organs and actors that trigger action. The selection of the partners must however be mutually beneficial to ensure synergy and interlinkage between interests and objectives.

Recommendation 2: Extensive engagement of the school management and education leadership at the district level for ownership.

- The project should consider having a joint planning and sensitization session with district education officials at district level, head teachers before kick-off of all other activities to foster buy-in and ownership while reducing resistance. This would also ensure seamless integration of project activities into the school calendar and programmes.
- Also, the local leadership should be engaged before kick-off to seek their blessings on the community level activities and advocacy efforts. They are highly influential and authoritative and can be utilized to lobby and advocate for changes at village level especially with parents.

Recommendation 3: Explore the integration of technology in awareness creation and counselling.

Past projects on provision of counselling services anonymously have utilized the technology to ensure adequate reach and coverage. The project can explore the use of a mobile phone app or USSD code to provide information on SRH, anonymous counselling and even reporting. This would majorly be sustainable as it is self-administered and would generate immediate feedback to the young people using it. Technology can also be utilised to create awareness in schools through the clubs through infographics, comic stories and other audio-visual mediums. These would resonate well with the youth especially since they are tech savvy.

ANNEXES

Annex 1: Documents reviewed

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8. Ministry of Finance and Planning. (2021). *National Five-Year Development Plan 2021/22-2025/26*. United Republic of Tanzania.
9. Ministry of Health (MoH) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), & ICF. (2023). *Tanzania Demographic and Health Survey and Malaria Indicator Survey 2022 Key Indicators Report.* Dodoma, Tanzania, and Rockville, Maryland, USA: MoH, NBS, OCGS, and ICF.
10. Ministry of Health, Community Development, Gender, Elderly and Children. (2021). *National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing (NAIA-AHW) 2021/22 – 2024/25*. United Republic of Tanzania.
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13. Ministry of Health, Community Development, Gender, Elderly and Children. (2021). *Health Sector Strategic Plan July 2021 – June 2026 (HSSP V): Leave no one behind*. Ministry of Health, Community Development, Gender, Elderly and Children.
14. Ministry of Health, Community Development, Gender, Elderly and Children. (2020). *Reproductive Maternal Neonatal Child and Adolescent Health Plan III 2020 – 2025*. Ministry of Health, Community Development, Gender, Elderly and Children. (2021).
15. Oirschot, V.J., Ooms, G., Bwana, E.D., & Swai, R.G. (2023). *Adolescent-Friendly health Services in Tanzania: Healthcare workers' perspectives on Barriers and Services Offered*. Health Action International, Amsterdam: Netherlands.
16. Society of Daughters of Mary Immaculate (SDMI). (2022). Annual Report 2022 for Tanzania. SDMI, Tanzania.

17. World Bank Group. (2010). *Tanzania - Secondary Education Development Program Project (English)*. Washington, D.C.: World Bank Group. Accessed from: http://documents.worldbank.org/curated/en/426501468760789334/Tanzania-Secondary-Education-Development-Program-Project
18. Tanzania National Bureau of Statistics & UNICEF. (2018). *School Water, Sanitation and Hygiene Assessment*. Tanzania National Bureau of Statistics.
19. Ministry of Health in Tanzania. (2003). National Health Policy (Draft). Ministry of Health.

Annex 2: Stakeholders consulted

The stakeholders below were targeted through key informant interviews and focus group discussions.

TARGET RESPONDENT	LOCATION	TYPE OF INTERVIEW
Boys (in school)	Nyumbu Sec. school	Focus Group Discussion
Girls (in school)	Nyumbu Sec. school	Focus Group Discussion
Boys (in school)	Mwanalugali Sec. school	Focus Group Discussion
Girls (in school)	Mwanalugali Sec. school	Focus Group Discussion
Boys (in school)	Tumbi Sec. school	Focus Group Discussion
Girls (in school)	Tumbi Sec. school	Focus Group Discussion
Boys and girls (out of school)	Mwanalugali	Focus Group Discussion
Girls and girls (out of school)	Miswe	Focus Group Discussion
Community (parents/guardians)	Miswe	Focus Group Discussion
Community (parents/guardians)	Mwanalugali	Focus Group Discussion
District VETA officer	Kibaha district	Key Informant Interview
District Youth Officer	Kibaha district	Key Informant Interview
District Gender Officer	Kibaha district	Key Informant Interview
District Health officer	Kibaha Town Council	Key Informant Interview
Head teacher Mwanalugali Sec. school	Mwanalugali Sec. school	Key Informant Interview
Head teacher Mwanambisi Sec. school	Mwanambisi Sec. school	Key Informant Interview
Head teacher Tumbi Sec. school	Tumbi Sec. school	Key Informant Interview
Head teacher Zogowale Sec. school	Zogowale Sec. school	Key Informant Interview
Head teacher Kibaha Girls Sec. school	Kibaha Girls Sec. school	Key Informant Interview
Director Youth Partnership Countrywide (YPC)	Remote/ online	Key Informant Interview
Executive Director Tanzania Child Welfare (TCW)	SDMIC Kibamba office	Key Informant Interview
Executive Director & Secretary Lady Shine NGO	SDMIC Kibamba office	Key Informant Interview
SDMIC	SDMIC Kibamba office	Plenary discussion

The schools listed below were sampled from a list of 16 schools (pre-selected from the 44 schools in Kibaha TC) and learner surveys conducted in the schools. The representation was ensured through utilization of five criteria which included:

1. ***Criteria 1:*** Level of schools - the schools with form 1 – 4 and those with form 1-6 have to be represented.
2. ***Criteria 2:*** Targeted learners - schools with both girls and boys and those with only one gender have to be represented.
3. ***Criteria 3:*** Category of school - schools which are either day only, boarding only or mixed day and boarding have to be represented.
4. ***Criteria 4:*** Prevalence of dropping out of school due to early pregnancies. The selection ensured there is a representation of those with high and low drop-out rates.
5. ***Criteria 5:*** School population – schools with high and low population of learners were both represented in the selection of the schools.

NAME OF SCHOOL	WARD	LEARNER SURVEY		TOTAL SURVEYS
		BOYS	GIRLS	
Mbwawa Secondary Schools	Miswe	9	9	18
Mwanalugali Secondary School	Mwanalugali B	12	13	25
Misugusugu Secondary School	Vitendo	9	9	18
Tumbi Secondary School	Tumbi	9	9	18
Kibaha Girls Secondary School	Mwanalugali	-	21	21
Nyumbu Secondary School	Kibondeni	10	10	20
Miembe Saba Secondary School	Miembe saba B	10	10	20
Zogowale Secondary School	Zogowale	12	13	25
Simbani Secondary School	Simbani	10	10	20
Mwanambisi Secondary School	Mwanambisi	10	10	20
TOTAL		**91**	**114**	**205**

Annex 3: Summarized analysis of the policy and legal coherence with Research

POLICY/ PLAN	SYNERGIES TO THE PROPOSED PROJECT ACTIVITIES
National Five Year Development Plan (FYDP III) 2021/22 - 2025/26	Prioritises the improvement of teaching and learning infrastructure (Incl. latrines/toilets). Has a budgetary allocation for the *Tanzania reproductive maternal, neo-natal child and adolescent health investment project*.
Health Sector Strategic Plan V 2020 - 2025	The plan prioritizes the access to health for all disadvantage groups (incl. young people) while also prioritizing health education and support especially to adolescent females. It also amplifies the role of the volunteer community health workers in addressing specific neds for young and adolescent boys and girls. It also prioritizes the strengthening

POLICY/ PLAN	SYNERGIES TO THE PROPOSED PROJECT ACTIVITIES
	of access to sanitation in schools. Most importantly, Its strategic goal 5.1.5 prioritizes the reproductive maternal neonatal child and adolescent health. This will be through activities that seek to improve the access of sexual and reproductive health services for young people to reduce teenage pregnancy, thus keeping girls in school. Also by expanding youth-friendly services. It also promotes the use of the private sector platforms such as the Accredited Drug Distribution Outlets (ADDOs) in providing reproductive services such as contraceptives to young people.
Reproductive Maternal Neonatal Child and Adolescent Health Plan III 2020-2025	The Plan prioritizes the reduction of the high maternal and neonatal mortality, access to adolescent health services, inequitable access and coverage of services, low quality of care, functionality of the health facilities, challenges with the health workforce, and increasing health financing. The plan also intends to address emerging priorities – increasing burden of non-communicable diseases, growing urbanization, climate change and emerging diseases, and to take advantage of the opportunities brought about technology
National Health Policy 2018	Focuses on ensuring improved quality and delivery of health services to all citizens. Recognises the issue of adolescent fertility as an important health and social issue while also prioritizing the provision of improved adolescent nutrition and adolescent-specific health services.
National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing 2021/22-2024/25 (NAIA-AHW)	Focuses on opportunities in adolescent health and wellbeing while prioritizing areas of high impact and those that can create momentum in addressing their challenges. Key pillars in this strategy include Pillar 1 - Preventing HIV, Pillar 2- preventing teenage pregnancy, Pillar 3- preventing sexual, physical and emotional violence, Pillar 4 - improving nutrition, 5 - keeping boys and girls in school and Pillar 6 - developing meaningful employment opportunities.
National Strategy for inclusive education 2021/22-2025/26	Acknowledges out of school learners, students living in extreme poverty, children living far from schools and girl-child as disadvantaged and a priority. Among the strategies prioritized in the strategy was construction and renovation of school infrastructure to ensure accessibility.
National Education Act of 1978	Recognises the right to education for all children.
Vocational, Education and Training Act of 1994 revised in 2006.	Prioritises the promotion of access to vocational education training for disadvantaged groups.
VETA Corporate Plan (VCT) 2018/19 - 2022/23.	Prioritises the provision of equitable access to vocational and educational training under the strategic objective 3.5.3.
National guidelines for School Water,	Guides on the ration of pupil: latrine in schools (1:25 girls and 1:20 boys). Also guides on handwashing and other latrine aspects or

POLICY/ PLAN	SYNERGIES TO THE PROPOSED PROJECT ACTIVITIES
Sanitation and Hygiene (SWASH) in Tanzania schools 2026	specifications in schools. Also defines the roles and responsibilities of the various school stakeholders in SWASH, including teachers, head teachers, learners and parents/community.
Government Circular no. 6 of 2022 on Management of morals for students in Secondary schools.	Provides guidance on strengthening the behaviour and morals of students at school level. Includes creation of school clubs, formation of committees at school level to oversee these activities among others.
Government Circular no. 2 of 2021 on school re-entry for primary and secondary school student's drop-out for various reasons.	Allows for the re-enrolment of students who drop out of school due to pregnancy to complete their education in a formal education system. Also, dropouts due to other reasons such as truancy, indiscipline and others. Provides direction on re-enrolment which should be within 2 years after drop-out, the students should be provided with guidance and counselling upon return, re-enrolment should be at the beginning of the new academic year of the class reached, and education leaders to monitor the implementation of these strategies.
Policy Guidelines on School Health Services in Tanzania, 2018 & the National School Health Strategic Plan 2018 - 2023	The policy indicates the willingness of the government to give opportunities to private sector, FBOs and other actors to support the policy objectives. It prioritizes the combining of health services, counselling and linkages of schools, health facilities and communities. It also always the participation of learners in school health improvement through school clubs. The policy also supports the integration of school health promoting activities into curricula or non-curricula activities. These activities include water, sanitation and hygiene, life skills, adolescent reproductive health, counselling and linkages to health facilities. The policy also states there should be available rooms for counselling and menstrual hygiene, enough toilets for boys and girls
Education and Training Policy of 2014	Promotes access and equity through improving access to basic education for all, expanding and improving girls' education and strengthening access to education for disadvantaged groups. It also prioritizes provision of counselling and guidance services in schools. It also guides on provision of skills for adolescent on reproductive health, life skills by integration into the school curricula.