



UNITED REPUBLIC OF TANZANIA  
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY  
**MOSHI CO-OPERATIVE UNIVERSITY (MoCU)**  
**CHUO KIKUU CHA USHIRIKA MOSHI**



**A REVIEW REPORT ON**  
**INSTITUTIONAL MECHANISMS TO ADDRESS GENDER-BASED**  
**VIOLENCE, HIV/AIDS, SEXUAL AND REPRODUCTIVE HEALTH AND**  
**SPECIAL NEEDS**

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## **EXECUTIVE SUMMARY**

The University is implementing the Higher Education for Economic Transformation (HEET) Project through the Ministry of Education, Science and Technology (MoEST). Among others, one of the Project objectives is to ensure that Gender-based violence (GBV), HIV/AIDS, Sexual and Reproductive Health (SRH), and special needs issues are adequately addressed. To achieve this objective, several activities are conducted including the review of existing Institutional mechanisms to address the aforementioned issues.

The review process was done by a Team from within the University. The team was mandated to review the institutional mechanisms and come up with a report comprising a comprehensive summary of the existing institutional mechanisms, gaps in the existing mechanisms, and a way forward. The process involved a review of the University Charter, various institutional policies and guidelines as well as Government circulars and guidelines. Moreover, an assessment of the existing and potentially undocumented practices was done. Both the review and assessment were done to identify the gaps in the existing institutional mechanisms and bridge such gaps. During the review process, the Team consulted relevant units mandated to oversee the implementation of the approved policies and guidelines.

In view of the assessment, it was clear that the institutional mechanisms for addressing GBV, HIV/AIDS, SRH, and Special needs were in place. This entails the availability of legal instruments, Policy frameworks, and practices. However, the framework did not adequately address all issues. Moreover, the framework was embodied in different documents. This report compiles the existing institutional policy framework and practices to address the

aforementioned issues; codify the practices which are undocumented and evaluate the existing institutional mechanisms.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

AIDS	Acquired Immunodeficiency Syndrome
DAHRM	Directorate/Director of Administration and Human Resource Management
DSS	Dean of Students Services
DVC-PFA	Deputy Vice Chancellor Planning Finance and Administration
EGPAF	Elizabeth Glaser Pediatric Aids Foundation
GBV	Gender-Based Violence
GD	Gender Desk
HIV	Human Immunodeficiency Virus
HLIs	Higher Learning Institutions
KICoB	Kizumbi Institute of Co-operative and Business Education
MoCU	Moshi Co-operative University
PCCB	Prevention and Combating of Corruption Bureau
PWSN	People with Special Needs
SP	Strategic Plan
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
VVU	<i>Virusi vya Ukimwi</i>



## **1.0 INTRODUCTION**

Over time, the Moshi Co-operative University (MoCU) has been developing and devising mechanisms for addressing issues related to Gender-Based Violence (GBV), Sexual and Reproductive Health (SRH), HIV/AIDS, and special needs. The mechanisms are in line with national and international needs and standards. At the national level, GBV is addressed in the Women and Gender Development Policy (2000) which requires that mechanisms are set to avoid oppressive traditions and practices. Moreover, the mechanisms should be set to ensure gender equity and equality in education, employment, and participation in decision-making. In addition, "*Mwongozo wa Uanzishwaji, Uendeshaji na Ufuatiliaji wa Dawati la Jinsia katika Taasisi za Elimu ya Juu na Elimu ya Kati (2021)*" obligates Higher Learning Institutions to introduce the Gender Desk (GD) which will deal with issues related to Gender and GBV.

With regard to HIV/AIDS, the HIV, and AIDS (Prevention and Control) Act, No. 28/2008 imposes a general duty to Institutions to *inter alia* promote public awareness on causes, modes of transmission, consequences, prevention, and control of HIV/AIDS; reduce the spread of HIV and AIDS, the prevalence of sexually transmitted infections (STIs) in the population and adverse effects of HIV and AIDS; and increase access, care and support to persons living with HIV and AIDS from the community or health care facilities. In addition, "*Mwongozo wa Kudhibiti VVU, Ukimwi na Magonjwa Sugu Yasiyoambukizwa mahali pa Kazi katika Utumishi wa Umma (2014)*" requires institutions to set mechanisms and plan activities which aim at preventing and combating HIV and AIDS. Similarly, "*Mkakati wa Taifa wa Kondomu (2019 – 2023)*" stipulates that Higher Learning Institutions (HLIs) should incorporate issues related to SRH in educational and research

activities. The HLIs should also raise awareness of the appropriate use of condoms.

In relation to special needs, the Persons with Disabilities Act, No. 9/2010 imposes an obligation on public bodies to ensure that its buildings, environment, services, and information are accessible to persons with disabilities.

As highlighted earlier, the University has responded to the obligations set by the national laws in addressing Gender-Based Violence, Sexual and Reproductive Health, HIV/AIDS, and Special needs. The response was manifested in various mechanisms and activities implemented in the University, some of which were documented. The University has several instruments that set the framework for the implementation of such mechanisms. Therefore, this document seeks to:

- (i) Centralise institutional mechanisms for addressing Gender-Based Violence, Sexual and Reproductive Health, HIV/AIDS, and special needs, and ensure easy access by members of the University community and the public;
- (ii) Codify the undocumented practices, and;
- (iii) Evaluate the institutional mechanisms for addressing GBV, SRH, HIV/AIDS, and Special Needs with a view to improving the same.

## **2.0 APPROACH TO THE REVIEW**

The process involved a review of the University Charter, institutional policies and guidelines, and Government circulars and guidelines relating to GBV, HIV/AIDS, SRH, and special needs. Moreover, in the process, an assessment of the existing practices was done. In addition, consultations were made with the Director of Administration and Human Resource Management, Director of Student Services, Director - Kizumbi Institute of Co-operative and Business



Education (KICoB), staff from Moshi Campus Health Centre and KICoB, and members from the Gender Desk.

### **3.0 EXISTING INSTITUTIONAL MECHANISMS TO ADDRESS GBV, HIV/AIDS, SRH, AND SPECIAL NEEDS**

#### **3.1 Gender-Based Violence**

In addressing GBV, the University has set, adopted, and implemented various mechanisms including those listed under sections 3.1.1 through 3.1.4.

##### **3.1.1 Adoption of Policies and Guidelines**

The University has adopted specific instruments aiming at preventing and remedying GBV. The instruments include the Gender Policy and Guidelines (2023) and Anti-Sexual Harassment Policy (2023).

###### **3.1.1.1 Gender Policy and Guidelines, 2023**

Through the Gender Policy and Guidelines, the University is committed to strengthening measures to prevent and remedy all forms of GBV. In realising its commitment, the University plans to raise staff and student capacity to recognize and respond to GBV symptoms; strengthen procedures for detecting and reporting; as well as mechanisms to prevent, handle and remedy GBV cases. The Policy has an implementation plan which imposes obligations to various stakeholders including University organs, staff, students, service providers, and visitors. It places an overall responsibility of overseeing the implementation of the Policy at the University to the specific Unit which is required *inter alia* to coordinate capacity building and gender awareness programmes and liaise with the University Gender Desk (GD) in addressing GBV.

The Policy has also stipulated the mechanism for reporting GBV where it can be reported by any person who receives information about an act of GBV, Victims of gender discrimination or gender-based violence, or witnesses of gender-based discrimination or GBV provided that person can provide evidence. The channels of reporting GBV are as well stipulated in the Policy. A gender-based complaint may be made through a complaint box installed at the University Gender Desk Office; Gender Desk telephone; Electronic means including e-mail or special application; and or a prescribed form.

In handling complaints related to GBV, the Policy insists on diligence, confidentiality, fairness, justice, and due process; presumption of innocence to the accused person; protection of the victim, whistleblowers, and accused person; non-retaliation/non-victimisation of the complainant, whistleblower, and witness; prompt and thorough investigations and notification of investigations outcome to the parties involved. Under the Guidelines, procedures for handling complaints are specified based on their categories as highlighted hereunder:

- (i) A formal complaint shall be lodged in the prescribed form (See section 3 of "Daftari la Kusajili Taarifa za Ukatili wa Kijinsia katika Taasisi za Elimu ya Juu na Elimu ya Kati, 2022"). The complaint can be lodged by any member of the University community who believes that he or she has been subjected to GBV. Such a complaint should be signed and submitted to the GD. A formal complaint may also be submitted through an electronic means. Where any Unit of the University has a reason to believe that any of its member is committing negative gender discrimination or being subjected to gender-based violence, it may initiate an official investigation and upon completion of the investigation process, the Unit shall take necessary action or refer the matter to the relevant

authority. Both parties to the complaint shall have a right to be notified of the outcome by the Gender Desk.

- (i) In case of an informal complaint, it may be lodged by any member of staff, gender desk, gender unit, guidance and counseling unit, student organisation, or any academic/administrative unit or person of authority that the victim trusts. An informal complaint may also be submitted through a complaint box or a Gender Desk telephone. Such a complaint may be lodged where the victim anticipates immediate action to be taken to remedy or redress the harm without pursuing disciplinary action or seeking sanctions against the respondent. In any case, the respondent must be notified of the complaint lodged against him/her. The informal procedure may involve the respondent asking the complainant for forgiveness on his or her motion. It may also involve the complainant and the respondent where the complainant may openly face the respondent and express his/her dissatisfaction with the acts of the respondent. In the event, an informal complaint has been lodged to any member of the Policy implementation bodies, and such complaint warrants disciplinary action, it shall be forwarded to the relevant authority. The Policy requires that an informal complaint be documented and may be used in the future as evidence of repeated conduct.
- (ii) With regard to anonymous complaints, they shall first be investigated to determine their authenticity before any action is taken. In any case, a complainant/witness/victim of gender-based violence who wishes to pursue a remedy through these procedures must be prepared to be identified to the respondent.

### **3.1.1.2 Anti-Sexual Harassment Policy and Guidelines, 2023**

Through the Anti-Sexual Harassment Policy and Guidelines, the University is committed to strengthening measures for the prevention of incidents of sexual harassment; strengthening the system for handling sexual harassment complaints, and ensuring victims of sexual harassment are provided with necessary support and rehabilitation. In realising its commitment, the University has placed the overall responsibility of handling all gender-based violence issues, including sexual harassment at the University to the Gender Desk. The Policy has also defined the responsibilities of other University organs and stakeholders including the Directorate of Student Services (DSS), the Staff Disciplinary Authority, the Student Disciplinary Committee, the Students' Organisation, persons who experience sexual harassment, and victims of sexual harassment. Such responsibilities are stipulated under Part III of the Policy.

The Guidelines under the Anti-sexual Harassment Policy, provide for specific procedures for implementation of the Policy. The implementation of the Policy shall observe the following:

- (i) All sexual harassment complaints will be treated with due diligence, confidentiality, fairness, justice, and due process.
- (ii) In any investigation of a sexual harassment complaint, the respondent shall be made aware of the complaint and the identity of the complainant(s).
- (iii) Investigations shall be conducted promptly and thoroughly.
- (iv) Both the complainant and the respondent shall be notified of the outcome of the investigations.
- (v) The personal dignity of all parties shall be respected during the investigation and hearing processes.
- (vi) All proceedings shall not be open to the public.

- (vii) A person against whom allegations or a complaint of sexual harassment has been made shall be deemed innocent until the contrary is proved.

Under the Guidelines, the mechanism for reporting sexual harassment is laid down as extracted hereunder:

- (i) The primary responsibility of reporting alleged sexual harassment is imposed on the victim, who should report to the University GD. In addition, any member of the University who witnesses an act of sexual harassment should report the same to the University GD where he/she has reasons to believe that the victim is unable to report the incident due to ignorance, fear, and other similar reasons. Regarding the manner of reporting, a sexual harassment complaint may be made through the complaint box installed at the University Gender Desk Office; the University Gender Desk telephone; or an electronic means including e-mail or special application.
- (ii) A sexual harassment complaint may be pursued through formal or informal procedures. An **informal procedure** may be utilized where a victim of sexual harassment wishes some action to be taken against the alleged perpetrator without lodging and pursuing a formal procedure. The informal procedure shall be pursued by the University GD which shall endeavor to reconcile the parties through amicable means. The settlement must be done within fifteen (15) days after the lodging of the complaint by the complainant. After the conclusion of informal proceedings and where an amicable settlement is reached, the complainant shall not be allowed to pursue formal proceedings. However, where a victim of sexual harassment is dissatisfied with the outcome of the informal

complaint procedure, he/she may lodge a formal complaint to the University Gender Desk for further redress. The University Gender Desk is required to keep a record of all informal complaints reported to it and such records may be used in future proceedings as evidence of repeated unwanted conduct.

With regard to **informal complaint procedure**, it involves administrative proceedings of handling sexual harassment complaints which include investigation of allegations, disciplinary actions, or dismissal of a complaint. The procedure may be pursued by any member of the University community who believes that he or she has been subjected to sexual harassment. In such case, he/she can lodge a written formal complaint (in the prescribed form) with the University GD. In an event where the University GD is of the opinion that informal procedures will address the problem more conveniently, it may advise the complainant to pursue the matter through informal procedures. If the GD is satisfied that the evidence adduced is insufficient or that the complaint is baseless and frivolous, it may dismiss a complaint. The procedure for receiving and handling a formal complaint involves the following steps:

- (a) The Complainant shall present his/her complaint orally to the University GD;
- (b) The University GD shall listen to the complaint and discuss all options with the complainant as well as explain the processes involved in the formal complaint procedure;
- (c) Upon agreement to the formal complaint procedure, the complainant shall then put his/her complaint in writing and lodge it with the University GD. If the complainant is unable

to write a complaint, the Desk shall assist the complainant to write, then read and explain in the language he or she understands before putting his/her signature or fingerprint;

- (d) The written statement shall give details of the alleged harassing behaviour, and if possible, give details of dates, places, and names of those connected with the incidents;
- (e) The University GD shall notify the alleged offender about the matter, and request that he or she files a written statement in response to the allegations within seven days failure of which the matter shall proceed *ex parte*;
- (f) The GD shall conduct a private interview with the complainant and the alleged offender, and their witnesses if available;
- (g) The complainant shall be heard first in the presence of the alleged offender. The alleged offender may question the complainant before the Committee. The alleged offender may then be requested to make his oral statement to state his/her side of the matter;
- (h) The GD may take testimonies of other relevant persons and witnesses where available and review the evidence;
- (i) A decision will be taken after a careful review of the circumstances, the evidence adduced, statements, and all other relevant information before the GD, and;
- (j) Where the GD is satisfied that the alleged perpetrator has engaged in the sexual harassment act complained of, it shall refer the matter to the appropriate University organ for disciplinary action or state organs for criminal actions as the case may be.

- (iii) Outsiders may report the incident of sexual harassment committed by a University staff to the University GD which shall deal with the complaint in an appropriate manner or advise the complainant to pursue other relevant measures such as reporting the incident to state authorities.
- (iv) Anonymous complaints may also be lodged to the GD, however, they shall first be investigated to determine their authenticity before any action can be taken. In any case, a complainant of sexual harassment who wishes to pursue a remedy through these procedures must be prepared to be identified to the respondent.

Where a sexual harassment complaint has been lodged, the burden of proof lies with the complainant which should be on a balance of probabilities. Consequently, a person subjected to sexual harassment should take necessary steps to collect and preserve evidence in a manner stipulated in the Guidelines. In case a person is found guilty of sexual harassment by relevant University disciplinary organs, he/she shall be punished by relevant rules governing the discipline of staff and students.

### **3.1.2 Other Policies and Guidelines**

Apart from the two instruments which specifically seek to address GBV, other University instruments contain provisions that seek to prevent and combat GBV in the University. The instruments include the Dress Code (2015), Staff Regulations (2015) (regulation 7 (4) and 20), Students Disciplinary Rules (2016) (rule 12, 14 (1), 23 and 26), and Students Accommodation Guidelines (2021) (guideline 12).



### **3.1.3 Introduction of Gender Desk**

The University established the GD in April 2022 which started its operations in June 2022. The establishment of the GD was in accordance with the Government Directive on the establishment of a Gender Desk in Higher Learning Institutions and Colleges (2021). The GD is constituted by nine members out of whom four are students. It is headed by a Coordinator and reports to the Vice Chancellor. The GD is responsible for handling all GBV issues at the University. The roles of the GD are stipulated in the Directive. The GD works in collaboration with the DSS, the Vice Chancellor, the Prevention and Combating of Corruption Bureau (PCCB), and the Police Gender Desk. It reports quarterly to the Ministry responsible for community development, gender, women, and special groups.

The Directive requires that the GD design a safe and friendly reporting system for GBV. Moreover, the GD is required to prepare a friendly procedure for receiving information related to GBV. The University GD has designed a system through which a victim of GBV or any person who experiences/witnesses a GBV may report. The system involves the use of a mobile phone where a person may call or send a message to the identified number and or physical reporting to the GD office. However, the GD plans to develop an electronic system that will simplify the reporting of GBV.

### **3.1.4 Awareness Creation and Capacity Building**

In ensuring that the University community is aware of GBV and mechanisms to prevent and combat it, the University is continually conducting seminars for students. In such seminars, the University has been engaging facilitators from within and outside the University including Police Force and PCCB. Moreover, staff from the DSS and Health Centre have been guiding and advising students on GBV and the action they should take in case of its

occurrence. In addition, the University through the DSS has been preparing posters to discourage GBV and disseminate similar information to students through face-to-face awareness creation sessions. On the other side, students have formed PCCB Club which sensitizes their colleagues on *inter alia* GBV issues.

### **3.2 HIV/AIDS**

In addressing HIV/AIDS, the University has set, adopted, and implemented various mechanisms. Such mechanisms are:

#### **3.2.1 Adoption of Internal Governance Instruments**

The University Strategic Plan (SP) 2021/2022 – 2025/2026 caters for the University's strategic direction. The SP focus areas encompass cross-cutting issues where, *inter alia*, HIV/AIDS is underlined. The cross-cutting issues are acknowledged to have an impact on the University undertakings. As such, the University has strategies in place to address them. Amongst the strategies embodied by the SP (Item 4.6) is the strengthening of HIV/AIDS support services. The University has set various targets for addressing HIV/AIDS. The targets include ensuring 100% of staff and students living with HIV/AIDS are provided with care and support services by June 2026 and at least 10 awareness and sensitization events on HIV/AIDS are conducted by June 2026.

MoCU Staff Regulations (2015) is another important instrument that caters for the University Staff. It provides for, *inter alia*, the rights, and obligations of the University and its staff. The Regulations protect staff living with HIV/AIDS by placing the cost of their treatment on the University (Regulation 86).

The University Risk Management Policy (2014) is also a relevant instrument for addressing HIV/AIDS. Amongst the key issues underlined by the Policy is that of occupational risks and HIV AIDS. The Policy embodies the University's commitments to, *inter-alia*, creating awareness of HIV/ AIDS to staff and students, and providing protective gears to minimize the spread of HIV/AIDS.

Students' welfare, at the University, is understood as encompassing the provision of education and promotion of awareness on HIV/AIDS. This is as per the Students Welfare Policy (2017). The Policy focuses on, *inter alia*, promoting HIV/AIDS awareness on prevention of transmission and post-infection treatment and care. To realise these, the Policy has set a number of strategies including providing information to students through convenient ways; taking action against any person who discriminates against a student based on HIV/AIDS status; endeavour to discourage and dispel all myths relating to HIV/AIDS; and to provide care and treatment to HIV positive students. The University encourages the formation of clubs as part of its efforts to promote awareness.

The Students' Guidance and Counselling Policy (2021) is another important instrument that was adopted by MoCU and which embodies mechanisms to address HIV/AIDS. The Policy underlines, under Item 3.9, threats to health, the ones students are exposed to, including diseases. It provides for strategies to protect the sick including people living with HIV/AIDS. The strategies include providing effective counseling services that renew the hope of living and boost-up the self-esteem of students with health challenges including those living with HIV/AIDS. The strategies extend to acting against any person who will discriminate against a student based on his/her health challenge/status including students living with HIV/AIDS.

Mechanisms to address HIV/AIDS have also found their way in sports, games, and recreation. The MoCU Sports, Games and Recreational Policy and Guidelines 2021. Policy Item 3.10 recognise the problem of low participation of people with infectious diseases in sports, games, and recreational activities due to personal inferiority or stigmatisation. It also underscores the importance of sports, games, and recreation for all. As a result, the University is committed to mainstreaming all health-related infectious diseases and other diseases in all sports, games, and recreational programmes to ensure that staff and students have correct information on matters related to prevention and care (Policy Item 3.10.1). The University has several strategies in place including providing education on infectious diseases and health facilities during sports, games, and recreational programmes.

### **3.2.2 Provision of Material Support**

The University provides support to people living with HIV/AIDS. The support is for both members of staff and students. Members of University staff living with HIV/AIDS who have disclosed are provided with financial and material support to cater for their specific needs. At some point, they are also assigned light duties. In addition, the University has been bearing medical costs outside the National Health Insurance Fund coverage.

Students access material support through the Directorate of Students Services (DSS). The DSS has quarterly budgets for students with special needs including those living with HIV/AIDS. These students are provided with an amount of money for subsistence or a particular item or service that is essential for their good health.

### **3.2.3 Presence of University Committee on HIV/ AIDS**

The University has formed a Committee on HIV/AIDS. The Committee is part of the University's efforts to address HIV/AIDS. The Committee works under the Directorate of Administration and Human Resource Management (DAHRM). The formation of the Committee is a requirement under the *"Mwongozo wa Kudhibiti VVU, UKIMWI na Magonjwa Sugu Yasiyoambukizwa Mahali pa Kazi katika Utumishi wa Umma, 2014"* literally translated as the "Guideline for HIV, AIDS, and Non-Communicable Chronic Diseases at Workplaces in Public Service, 2014". The Committee is responsible for coordinating and overseeing the implementation of the Guideline.

### **3.2.4 The Presence of the University Health Services**

The University has its own Health Centre and Dispensary located in Moshi and Shinyanga respectively. The Centre and Dispensary accommodate the health needs of the University and neighbouring community. Their scope of services encompasses those with HIV/AIDS. The Centre and Dispensary have trained and dedicated staff. They have Clinics for youth as well as for fathers, mothers, and children. The Clinics offer "Ushauri Nasaha" on matters relating to HIV/AIDS to all groups. In addition, the Dispensary offers Prevention of Mother-Child Transmission (PMTCT) services. Both the Centre and Dispensary offer medical care and support and follow-up on treatment; advisory services and guidance as well as HIV testing and screening. They are central to staff recommendations on alternative work (light work). They prepare quarterly reports and submit the same to the DAHRM and relevant Municipal office. There are collaborative efforts with like-minded institutions including Marie Stopes, Engender Health, and EGPAF; and students organisations in HIV/AIDS awareness creation.

### **3.2.5 Awareness Creation**

The University has several institutional mechanisms for the awareness creation on HIV/AIDS. There are multiple fora where staff and students are educated on HIV/AIDS prevention, support, and care. These include the University orientation programme; the DSS initiated programmes (including those in collaboration with outside stakeholders); and Health Centre awareness programmes (including those in collaboration with outside stakeholders).

### **3.3 Sexual and Reproductive Health**

The University offers Sexual and Reproductive Health (SRH) services through its Health Centre and Dispensary. The Centre and Dispensary have dedicated rooms for SRH. There are two clinics namely, the reproductive youth-friendly clinic and the reproductive health for father, mother, and child. Regarding the previous, the Centre and Dispensary offer multiple services to the youth including advice on Sexual Transmitted Diseases (STDs) and measures to be taken to protect themselves, changes in growth, and "Ushauri Nasaha" in general. The clinic at the Centre attends almost 90% of the number of youths that it is supposed to attend as directed.

The services referred to in the youth clinic are also available to the latter clinic. The dominant item that adds to the list of Father, Mother, and Child Clinic is the discussion on reproduction. The Centre can attend up to 30 people per month and recent trends have shown that it is only 50% of the expected population that turns up. With regard to the Dispensary, it attends a minimum of 12 people per month reaching its directed target of 12 people.

The Centre and Dispensary are responsible for ensuring sexual and reproductive health. They do so by, in addition to what is done in the clinics,

providing condoms, contraceptives, vaccination, run some check-ups on various sexual and reproductive diseases including cancer. The Dispensary also provides midwifery services.

The Centre and Dispensary are guided by Government Directives and Circulars in discharging their roles on SRH. There are no institutional-specific policies and guidelines. The Centre and Dispensary have collaborative arrangements with several like-minded institutions including Marie Stopes.

The Centre conducts awareness programmes on SRH in collaboration with internal and external stakeholders including the DSS, Students Organisation Moshi Municipal Council, Marie Stopes, and Engender Health. The programmes are conducted during students' orientation week, institutional meetings, and upon request by external stakeholders.

### **3.4 Special Needs**

The University had, has, and is likely to have people with special needs so long as it is operational. The University has several institutional mechanisms to address special needs. The mechanisms encompass a wide range of initiatives as narrated hereunder:

#### **3.4.1 The University Charter, 2015**

The University Charter establishes the University and provides for, among others, its powers and functions. It is therefore one of the core University instruments. That being underlined, the Charter recognises special needs in several ways. First, it embodies special needs for staff and students in the area of infrastructure and facilities.

The Charter calls for the provision of a suitable environment for teaching and learning. According to Article 36, infrastructural, physical, and technological environments as well as equipment, facilities, and amenities are required to be suitable for both male and female staff and students including ones with special needs. Moreover, Rule 93, of the University Rules (part of the Charter) provides for considerations for People with Special Needs (PWSN). Under the Rule, PWSN are to be considered in the construction or maintenance of any building.

Special needs are also part of the Charter in the area of representation to University decision-making organs. The University Rules provide for the composition of members of the Senate and Boards and Committees [Rules 28(1) (o) and 31 (2) (e) respectively]. Representatives of students with special needs are part and parcel of the Senate, Boards, and Committees. The requirement is reiterated in Rule 93.

### **3.4.2 Adoption of Policies and Guidelines**

Several policies and guidelines have been adopted by the University in its attempts to cater for the special needs of the members of its community. Foremost to these policies and guidelines is the Special Needs Policy and Guidelines (2023).

#### **3.4.2.1 Special Needs Policy and Guidelines (2023)**

The Policy and Guidelines underline the five University's commitment to PWSN. The first commitment is on the creation of a conducive environment for enrolment, recruitment, and retention of students and staff with special needs. To realise this, the University's strategies include the facilitation of the hiring of supporting staff for PWSN; building capacity for special needs, and providing preferential enrolment and recruitment opportunities for qualified applicants.



The University is also committed to employing all necessary measures to improve the learning and working environment for PWSN. To realise this, the University strategies include making existing infrastructure accessible by PWSN; adhering to infrastructure universal design standards to accommodate PWSN; building capacity on the special needs to its community members; prioritise PWSN in learning and working related services and assessing and acting upon safety and security threats for PWSN.

Moreover, the University is also committed to making efforts to attain the realisation of the rights of PWSN in research and consultancy activities. In this regard, the University strategies include the introduction of provisions on preference for qualified research proposals by PWSN; building capacity to PWSN on research and consultancy proposals writing and execution; encouraging the participation of PWSN in research and consultancy; making available information on "call" for consultancy and research proposal to PWSN and introduce mechanisms to financially incentivise research and consultancy works by PWSN.

In addition, the University's commitment is to strengthen the provision of guidance and counseling services to PWSN. In achieving this, the University has set several strategies including the strengthening of the department responsible for guidance and counseling to accommodate PWSN; introducing and implementing provisions on guidance and counseling for PWSN; building capacity to the University community on special needs identification and handling and facilitate the provision of advisory services to PWSN.

Lastly, the University is committed to strengthening the existing mechanism for receiving, handling, and sharing information to cater for the needs of

persons with disabilities. This will be achieved by enacting and implementing guidelines for handling information of PWSN; providing for sanctions against individuals who fail to comply with the guidelines; as well as building capacity to the University community on disclosure and confidentiality.

The Policy sets the implementation strategy which involves the participation of all University organs, staff, students, service providers, visitors, and any other person in the University premises including but not limited to children and other dependants of staff and students. It mandates the unit responsible for persons with special needs to oversee the implementation of this Policy at the University. The roles of each implementing organ and actors are as stipulated in the Policy and Guidelines.

The Policy sets specific principles to guide the implementation of the Policy. Such principles are fair and preferential treatment; confidentiality; respect; privacy; dignity and equality; and inclusivity and participation. Moreover, the Guidelines provide for specific procedures for implementing the Special Needs Policy as highlighted hereunder:

(a) Identification of Special Needs

Special needs may be identified through disclosure by a person with special needs or any other person including parents, relatives, staff, students, visitors, or other relevant authorities with the mandate to do so. Disclosure of special needs may be through a declaration in admission/enrolment/recruitment form; an informal declaration in formal and informal occasions; reporting to the University unit responsible for special needs; and any other way which is deemed fit by the person wishing to disclose.

(b) Handling of Information Related to Special Needs

The Policy stipulates how special needs information may be handled. On receipt of information regarding special needs, officer(s) in the University department relevant to handling PWSN shall document in the appropriate register all details including personal particulars, and initiate action on response. Such register shall be under the custody of the University unit responsible for PWSN. The Policy requires that all the information documented be treated with confidentiality.

(c) Case Handling and Feedback Provision

- (i) Where a case is capable of being resolved at the department level, the officer shall take action to resolve it as soon as possible;
- (ii) The officer(s) action shall encompass inquiries to verify information received and may involve contacting the person who made a disclosure, the person with special needs, and or any other relevant authority;
- (iii) Where a case requires other relevant University or outside authority attention and decision, the officer shall in person or through the use of confidential means report such a case to such authority;
- (iv) The University authority, on receipt of the case, shall act on it or cause it to be addressed as soon as possible;
- (v) A person, at whose information, a disclosure of special needs was made shall have the right to make follow-ups and get feedback;
- (vi) Case officer(s) shall make regular follow-ups to relevant University authorities to facilitate timely response to particular needs; and
- (vii) Where case officer(s) provide feedback to a person with special needs or his/her representative, there shall be evidence of such provision.

For effective implementation of the Policy, the University is committed to facilitating the conduct of workshops/seminars/training on special needs on

a quarterly basis. In so doing, it may collaborate with other actors in addressing contemporary and emerging special needs.

To ensure compliance with the Policy, penalties are imposed on any member of the University community who fails to comply with the terms of the Policy and Guidelines. Such penalty may be imposed by the relevant University disciplinary authority or such other authority mandated with the handling of the contravention.

#### **3.4.2.2 Students Welfare Policy 2017**

The Students Welfare Policy is part of the University instruments constituting the institutional mechanisms for addressing special needs. The Policy recognises special needs by PWSN and respective requirements on privileges or special treatment. Consequently, it guides the university to continually improve its environment to ensure better access to its services by PWSN.

Multiple strategies are underlined including ensuring access to its buildings and other facilities by students with special needs; identifying students with special needs and the nature of their needs; taking action against any person who discriminates against or harasses students with special needs.

#### **3.4.2.3 Student Disability Policy 2017**

This Policy enshrines within it measures to address the special needs of students with disability. The measures include: allocating rooms with necessary facilities to cater for their needs; purchasing some of the required tools related to their disability; constructing special facilities for female and male students with disabilities; giving students with disabilities priority in hostel accommodation; and remodeling lecture halls, a theatre, and some lecture rooms to ensure accessibility for students with disabilities. The Policy further requires special considerations to be given to students with special needs in field placement and research.

#### **3.4.2.4 Student Guidance and Counselling Policy 2021**

The Student Guidance and Counselling Policy was adopted to address students' social, economic, academic, psychological, and other needs. The Policy has taken measures to address special needs. Item 3.5.2 of the Policy provides for the expansion of advisory and students support services to students with special needs.

To do so, the University is committed to continually improving its environment to create an inclusive environment and intervene to help students with special needs (Policy Item 3.7.1). Various strategies are in place including identification of all students with special needs, the nature of their needs, barriers to meeting their needs, and where necessary and possibly help them. The University has also strategies for enhancing the provision of effective guidance and counseling, acting against any person who discriminates or harasses them, and making referrals to appropriate specialists for students needing special treatments or follow-ups.

#### **3.4.2.5 Sports, Games, and Recreational Policy and Guidelines 2021**

Special needs are part and parcel of MoCU's sports, games, and recreation activities. The Policy and Guidelines embody the University's commitment to providing opportunities to staff and students with special needs to ensure their participation in various sports and recreational activities. To do so, the University seeks to ensure people with special needs are: eligible for sport-related support, involved in decision-making related to sports and recreational activities, and part of awareness campaigns designed to overcome negative attitudes and prejudices about their participation in sports and recreational facilities.

There are also strategies to organise special sports and recreational events for people with special needs, acquire appropriate facilities, equipment, and

supplies as well as facilitate the availability of specialised personnel to coach people with special needs.

#### **3.4.2.6 Other Policies and Guidelines**

There are other policies and guidelines catering for special needs and PWSN. These include the Students Accommodation Guidelines 2021 and the Library Policy and Procedures 2015. The previous Policy sets priority in the allocation of beds and rooms, where priority is given to PWSN (Policy Item 12). The latter Policy sets a requirement regarding the designation of a new library building. The Policy requires the same to be designed in such a way that it is accessible by all users including PWSN (Item 5.9).

#### **3.4.2.7 Infrastructure and Facilities**

The University has, in addition to the adoption of policies and guidelines, taken several other measures regarding infrastructure and facilities. The measures include the construction of special needs user-friendly buildings and pathways; refurbishing old buildings to make them friendly and accessible to PWSN; provision of transportation for PWSN; as well as purchase and provision of assistive gadgets.

The University's newly constructed buildings are designed to accommodate PWSN including the differently abled. Some of the old buildings have been partly refurbished to ensure access by all. The library, administration blocks, as well as research block, represents such (renovated/refurbished) buildings. Uniquely, student dormitories refurbishing encompassed the construction of new toilet facilities for the differently abled. Moreover, considering PWSN, pathways were increased and are accessed by all members of the University community including the differently abled.

Measures taken by the University to provide transportation include the provision of motor tricycles which facilitate the easy movement of differently

abled students within the University campus. The University in collaboration with external stakeholders has also been providing wheelchairs to students in need. The University has vehicles that are used as a means of transport to distant health facilities by students with special health needs.

In addition to the above-listed measures, the University in collaboration with other stakeholders provides assistive devices. These devices include: hearing assistive devices, eyeglasses, and body oil for skin disorders.

#### **3.4.2.8 Awareness Creation and Capacity Building**

The University runs awareness creation and capacity-building programmes for its community on special needs. There are dedicated seminars for female and male members of its community. Uniquely, there is a dedicated day for PWSN every year. The day includes sessions on awareness creation where different experts normally present topical issues. Through this avenue, the University obtains feedback on the satisfaction of the service from PWSN.

### **4.0 GAPS OBSERVED IN THE INSTITUTIONAL MECHANISMS**

Following the evaluation of the institutional mechanisms for addressing GBV, HIV/AIDS, SRH, and special needs as highlighted in section 3 of this document, the following gaps have been observed:

#### **4.1 Gender-Based Violence**

- (i) The mechanism for reporting GBV involves the use of personal mobile phones. Cases of GBV and sexual harassment are reported through the mobile phone numbers of members of the GD.
- (ii) Some cases are not reported to the GD instead, are reported to other University units.

- (iii) Some members of the University community and surrounding community are not informed of the existence of the GD at the University and their roles.
- (iv) To a large extent awareness programmes have been focusing on students leaving aside the rest of the University community members.

#### **4.2 HIV/AIDS and SRH**

- (i) The mechanism for providing support to people living with HIV/AIDS is discretionary. There is no clear guideline on the same;
- (ii) In some cases, the support given to people living with HIV/AIDS does not correlate with their needs;
- (iii) Some people living with HIV/AIDS are unwilling to disclose so that they can be provided with the care and support they are entitled to;
- (iv) Specific institutional Policies and Guidelines on SRH are not widely disseminated;
- (v) Limited support for staff from the Health Centre and Dispensary to regularly attend training on HIV/AIDS and SRH;
- (vi) Awareness programmes are hindered by limited time due to tight academic calendar;
- (vii) Limited synergies between units mandated to coordinate training on HIV/AIDS and SRH;
- (viii) Limited resources to organize training on HIV/AIDS and SRH;
- (ix) Absence of customized materials for awareness creation such as posters and brochures;
- (x) Some members of the University and surrounding community are not informed of the services available at the Health Centre in relation to SRH;



- (xi) Limited financial resources to ensure continuous provision of Protective Gear such as condoms, and;
- (xii) Low students' participation in the University orientation programme where important information on HIV/AIDS and SRH is normally shared.

### **4.3 Special Needs**

- (i) The budget allocated does not adequately cater to all special needs;
- (ii) The Policy framework is challenged by the changing definition and scope of special needs;
- (iii) The available infrastructure is yet to fully address the needs of PWSN and allow full access to PWSN, including, playgrounds, toilets, and pathways;
- (iv) The available facilities including transport and assistive devices do not adequately cater to all students with special needs;
- (v) Representation of PWSN is observed in the Senate but not in other University Decision Making Bodies;
- (vi) Both human and financial resources are yet to adequately address issues of PWSN;
- (vii) Disclosure of special needs is still challenging since some PWSNs are not willing to disclose their special needs, and;
- (viii) Some strategies in University policies are not fully implemented.

## **5.0 AVENUES FOR IMPROVEMENTS AND WAY FORWARD**

### **5.1 Gender-Based Violence**

- (i) Gender Desk telephone and a complaint box should be installed for easy reporting of GBV;
- (ii) An Electronic system should be designed and put in place;
- (iii) To strengthen the system for handling sexual harassment complaints and ensure victims of sexual harassment are provided with

- necessary support and rehabilitation; the University in consultation with the GD should identify and collaborate with relevant stakeholders. Such collaboration may be by entering into Memoranda of Understanding (MoU) or special arrangements;
- (iv) The GD should strengthen working relationships with external stakeholders including Police Gender Desk and PCCB to harness best practices for preventing GBV and sexual harassment;
  - (v) The University should continuously evaluate the available reporting system(s) of GBV and sexual harassment to improve and design user-friendly reporting systems;
  - (vi) The University should set aside funds to facilitate staff training on GBV and sexual harassment, and;
  - (vii) The University should establish a gender unit under the office of the Deputy Vice Chancellor-Planning, Finance, and Administration (DVC-PFA).

## **5.2 HIV/AIDS and SRH**

- (i) The University should set aside funds for providing care and support to staff and students living with HIV/AIDS and facilitate awareness and sensitization programmes. The support should consider the respective needs of a person living with HIV/AIDS.
- (ii) The University should devise a clear internal procedure/guideline on the provision of support to people living with HIV/AIDS. The procedure should be documented and continuously communicated to the University community members.
- (iii) The Committee on HIV/AIDS should share a report on HIV/AIDS with the Management. The Management should after receiving the report, share relevant information with community members.

- (iv) The services at the Health Centre and Dispensary should be strengthened to cope with the growing population and needs.
- (v) Staff from the Health Centre and Dispensary should be supported to regularly attend training on HIV/AIDS and SRH
- (vi) There is a need to strengthen linkages between units overseeing the implementation of policy and guidelines on HIV/AIDS and SRH and technical personnel at the University's health centre and dispensary;
- (vii) The working relationship between staff working in HIV/AIDS and SRH sections and the department responsible for guidance and counseling and external stakeholders including KCMC and Mawenzi Hospital should be strengthened. The two units should put in place a schedule of visits by counsellors from outside the DSS;
- (viii) The University orientation programme should be strengthened by devising mechanisms that will encourage high participation among students, and;
- (ix) The University should set a budget for the publicity of services offered at the health Centre and Dispensary.

### **5.3 Special Needs**

- (i) The University should endlessly ensure that the equipment, facilities, and amenities are suitable for PWSN; and are regularly checked and maintained;
- (ii) The University recruitment plans should include hiring supporting staff for PWSN;
- (iii) The University should collaborate with external stakeholders, engage professional counsellors and utilize University staff with counseling expertise outside the DSS office;

- (iv) The University should continuously sensitise staff and students on the disclosure of special needs. Disclosure should be emphasised during staff and students' orientation programmes;
- (v) The University should put in place a register of information for PWSN and keep it confidential, and;
- (vi) The University should establish a unit for PWSN under the office of the DVC-PFA;
- (vii) An annual implementation plan for each policy should be in place to implement all the set strategies. The Plan should inform the budget preparation and allocation.

## **6.0 CONCLUDING REMARKS**

The review of institutional mechanisms for addressing GBV, HIV/AIDS, SRH, and Special needs was done with a view of assessing the implementation of the respective policies and Guidelines and the practices at the University regarding the same; identifying gaps in the two aspects and consequently, bridge such gap. The assessment of the policies and guidelines as well as practices sheds light on how the University has been addressing GBV, HIV/AIDS, SRH, and special needs. It has also helped to identify the gaps in the available institutional mechanisms both in the Policy framework and practices. From the identified gaps, the way forward has been proposed so that the institutional mechanisms are strengthened.