

Evaluation of
A Pilot Programme
To Provide
Psychosocial Support
To
Children Affected by HIV/AIDS

- CHANGES2 and Ministry of Education

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ACRONYMS

AEI	African Education Initiative
AIDS	Acquired Immune Deficiency Syndrome
CAH	Children Affected by HIV /AIDS
CHANGES2	Community Health and Nutrition, Gender and Education Support - 2
CHEP	Copperbelt Health Education Partnership
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IGA	Income Generating Activity
MoE	Ministry of Education
MoH	Ministry of Health
MSF	Medecins Sans Frontiers (Doctors Without Borders)
NGO	Non Governmental Organisation
OVC	Orphans and Vulnerable Children
PE	Physical Education
PSS	Psychosocial support
PTA	Parent Teacher Association
REPSSI	Regional Psychosocial Support Initiative
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UNAIDS	The Joint United Nations Programme on HIV/AIDS
VSU	Victim Support Unit
YMCA	Young Men's Christian Association
ZOCS	Zambia Open Community Schools

EXECUTIVE SUMMARY

Introduction

CHANGES2 AND MoE (Ministry of Education) recognise that children affected by HIV, through the loss of parents or other difficulties facing the family, can suffer psychological and social ill effects. These psychosocial difficulties have been shown to lead to a variety of difficulties for children both in attending school and whilst at school.

In June 2006 CHANGES2 and MoE instigated a pilot programme with USAID African Education Initiative (AEI) funding, to develop psychosocial support to children in schools.

Objectives

This evaluation aims to analyse the model used to provide psychosocial support to CAH (Children Affected by HIV /AIDS), and to provide recommendations for CHANGES2 and MoE on how to scale-up the provision of psychosocial support to CAH.

Method

A qualitative method was used to interview the teachers, District Guidance & Counselling Coordinators, and community members who took part in the training; the CHANGES2 HIV/OVC coordinators; and other key players in the process. All available documentation from the process was also reviewed.

Outcome:

Participants

Overall, participants were seen to be well chosen. A huge strength of the programme was its involvement of community members in the training. Another strength was that participants were extremely enthusiastic and motivated to make a difference in this area.

The greatest threat to the programme was the lack of time the teachers have to carry out their guidance and counselling role in addition to a full teaching schedule. One recommendation to address this problem was for each school to have two guidance and counselling teachers, who could share the workload and support each other. This would also give an opportunity for there to be a teacher of each gender in the guidance and counselling role, and to some extent to insure against loss of institutional knowledge when teachers are lost through promotions, transfers or deaths.

Training

The participants interviewed reported finding the training very helpful, particularly on community participation, counselling skills and understanding the problems

children face. Some reported that the training had completely changed their perception of OVCs.

It was felt that the training tried to cover too many topics in the given time, and it was recommended that future trainings focus on an 'introduction to psychosocial support', with perhaps only one or two methods of psychosocial support covered more comprehensively.

Many participants were unclear about the difference between psychosocial support and counselling and it was recommended that future trainings ensure that this is clearly differentiated.

However, overall, this community based model of psychosocial support was seen to be highly relevant and appropriate to this context where there are many OVCs and few resources. The preventative approach, and the emphasis on group based interventions, is ideal for involving teachers, community members and pupils in planning and implementing the programme. It does not require sophisticated skills and it takes the pressure away from the guidance and counselling teachers to provide all the support.

Implementation

The evaluation found that the programme has got off to an excellent start with a broad range of activities being implemented. These include: counselling with home visits and follow ups; numerous IGAs; sensitisation with endeavours to involve teachers and parents; educating teachers, parents and children on a variety of psychosocial related topics including child abuse, drug abuse and early marriage; identifying OVCs, networking; and developing or strengthening kids clubs and sporting activities

Programmes were found to be focussing more on counselling and IGAs than other interventions, but it is understandable that initially participants use the methods they are most familiar with. As psychosocial support is a relatively new concept, it is envisaged that in time other interventions will become more developed.

Monitoring, Mentoring and Support

This area was identified as a major weakness in the programme so far. It was recommended that schools receive a monthly monitoring and mentoring visit, to collect data, but also to discuss progress with the participants, to assess their abilities and needs and coach them in psychosocial support methods and skills. It was also recommended that the current monitoring form be replaced with one which emphasises group and community interventions in addition to an individual counselling approach.

District guidance and counselling coordinators could be key people to offer monitoring and mentoring to the schools. However, this is not currently happening and it was recommended that the MoE support the District Coordinators to enable them to carry out this role. It was recommended that their positions be made part of the establishment, freeing them from teaching duties and enabling them to spearhead psychosocial support activities in their districts.

Another option discussed was to form multi sectoral monitoring and mentoring teams with those with appropriate skills and knowledge from MoH, Ministry of Social Welfare, and other appropriate agencies.

Taking the Programme Forward

The evaluation maintains that this programme offers an ideal community based psychosocial support initiative. It recommends that the programme be taken forward and scaled up to other schools, districts and provinces.

It is recommended that around 25 of the current cohort be trained as trainers of trainers to enable a cost effective scale up to other areas.

To ensure sustainability it is recommended that programmes strive to include parents, community members, community leaders, teachers and pupils, as key planners and implementers of the programme.

It is recommended that the psychosocial support initiative be conceptualised as a coherent 'programme' with a name, aims and objectives. This would also facilitate viewing the training as only one component of the programme, rather than as an intervention in itself. Other components would include preparing and involving the stakeholders (including school administration, community leaders), preparing mechanisms for supporting the implementers, and planning for how the implementation will fit with the wider organisation and other agencies. In relation to this, it is important that MoE clarify how the psychosocial support programme fits with its guidance and counselling programme. MoE might find it prudent and cost effective to consider integrating the psychosocial support approach fully into guidance & counselling services.

Networking and integration with other ministries and agencies, both at national and local level is also recommended, to prevent duplication and to share resources and skills.

Conclusion

This evaluation judged the model of psychosocial support to be a highly appropriate one for working in an area where there is huge need and few highly trained professionals to meet the need. The participants of the training also viewed this community based approach as relevant to their communities and have embraced the approach, getting off to an extremely positive start through implementing a broad range of activities with communities, teachers and pupils.

It is recommended that this programme be scaled up to other districts and provinces, in coordination with other ministries, agencies and NGOs. A good monitoring and mentoring system for the implementers was seen to be key in ensuring the quality and appropriateness of interventions.

To ensure sustainability, it was recommended that schools strive to fully include communities, teachers and pupils in planning and implementing the programmes.

Evaluation of a Pilot Programme to Provide

Psychosocial Support

To

Children Affected by HIV/AIDS

I. Introduction

Mainly due to the HIV pandemic, huge numbers of children in Zambia have lost one or both parents, or their families are incapacitated in some way, for example through ill health or caring for extended family members.

It has been recognised that many children who have been affected by HIV in these ways encounter difficulties in attending school, or once at school experience difficulties in performing well, related to their social and psychological well being. For example, children may have difficulties concentrating in class due to worries about their family or tiredness from other responsibilities at home; they may exhibit behaviour problems; become depressed and withdrawn; or lose confidence in themselves and their abilities.

The realisation that it is possible to rectify and prevent these psychosocial effects of HIV has led to an increasing number of initiatives to offer psychosocial support to children affected by HIV (UNAIDS, 2001).

II. Background

In June 2006, CHANGES2 embarked on a pilot programme, funded by USAID African Education Initiative (AEI), to develop psychosocial support to children affected by HIV/AIDS in schools. Four trainings on providing psychosocial support were conducted with 82 schools. The four trainings were carried out in the four provinces in which CHANGES2 works – Lusaka, Southern, Copperbelt and Central. In each province, 20 schools were targeted, and from each school, the guidance and counselling teacher and one community member were trained.

REPSSI (Regional Psychosocial Support Initiative) conducted the 5 day trainings, with input from CHANGES2 and MoE staff.

Two months after the initial training, all participants in each province were called together for a follow-on workshop for three days. At this time they were able to share experiences, challenges and accomplishments and receive some further training.

III. Evaluation Objectives

The main purpose of this assessment is to provide an analysis of the model used to provide psychosocial support to CAH. Specifically, the evaluation will provide

recommendations for CHANGES2 and MoE on how to scale-up the provision of psychosocial support to CAH utilizing existing MoE structures.

As the programme was only started in June this year, it was felt to be too soon to try to evaluate its impact on children, but a good time to assess whether the model was an appropriate and practical one to use in this context, and to make recommendations about ways to move forward with the programme and scale up to other schools.

IV. Method

A qualitative method of analysis was used. This method is different to a quantitative approach which would take a large sample of participants and aim to draw some statistically significant data from the sample. A qualitative approach uses in depth interviews with a smaller number of participants; it analyses the content of conversations with those interviewed, and draws out the main themes highlighted by the participants.

Semi structured interviews were used to enquire about certain areas, whilst also encouraging participants to give the information they felt was relevant to the topic. Each interview lasted around 1 ¼ - 1 ½ hours. See Appendix 1 for interview question guide used with teachers and community members.

Semi structured interviews to assess the training and its implementation were carried out with:

- 3 guidance and counselling teachers (from Lusaka, Central & Copperbelt Provinces) who attended the training in psychosocial support
- 3 community members (from Lusaka, Central & Copperbelt Provinces) who were trained in psychosocial support
- 7 pupils who have received psychosocial support
- Foster Kayungwa, MoE, Acting Principal Guidance and Counselling
- 1 provincial Guidance and Counselling Coordinator (Copperbelt Province)
- 2 District Guidance and Counselling Coordinators (from Lusaka & Central Provinces)
- 4 CHANGES2 HIV/OVC coordinators
- 2 course facilitators from REPSSI
- the REPSSI sub regional coordinator
- Sister Audrey Mwansa, OVC Technical Advisor, CHANGES2
- Dr. Joan Woods, HIV/AIDS Technical Advisor, CHANGES2

The assessor also reviewed the training materials and reports, as well as all available monitoring tools and data.

For linguistic ease, the guidance and counselling teachers and coordinators and community members who were trained are referred to throughout the report as 'the participants'.

Similarly, the acronym 'OVCs' is used to refer to orphans and vulnerable children or children affected by HIV. Despite the fact that using this term feels somewhat dehumanising for the children referred to, it is used for ease in reading the report.

Quotes from the interviewees to illustrate topics are placed in italics throughout the text.

Throughout the report, additional information from the author is added in grey shaded text boxes.

A 'SWOT analysis' has been used as a tool throughout the report. So where Strengths, Weaknesses, Opportunities or Threats have been identified, they are highlighted as such.

V. Limitations of the Evaluation

1. Understanding the Child's Perspective.

The greatest limitation was a difficulty in interviewing the recipients of the psychosocial support - the pupils. A number of factors seemed to contribute to this:

- Although teachers identified children who could speak English, their language skills were not sufficient to hold an in depth conversation about psychosocial support. For two pupils, 'ad hoc interpreters' were used – a driver and the CHANGES2 HIV/OVC coordinator.
- Pupils were not briefed on why they had been asked to meet with me and in some cases I suspect they were 'told' rather than asked.
- We met in the head's or the deputy head's office, a place which is often associated with very important matters or disciplining children, hence some children appeared quite nervous.
- Seeing a 'mzungu' or white person can be quite intimidating for some children, which I think added to their nervousness. In addition to this, the children were keen to emphasize their material needs and to ask CHANGES2 to continue their support to the school.

Recommendation 1: For future evaluations to place the pupils central to the assessment. For example, by holding focus group discussions with pupils who have first been briefed about the topic and given their permission. Discussions should be carried out with neutral persons who speak the local language.

2. Selection of Schools Visited for the Evaluation

Three schools were visited for the assessment. Each school to be visited was chosen by the HIV/OVC coordinator. It seems that each chose a school that they perceived was doing well in putting this programme into action. The aim was to visit a fourth school who were struggling with harder circumstances and perhaps had achieved less than the others, but this did not happen as exams started on 1st November preventing any further school visits.

If the participants were selected for their more positive response to the programme, we should be cautious about generalising the results to all 160 plus participants. In fact we may wish to hold in mind that we may be sampling some of the most constructive programmes from the 82 schools involved.

3. Reliance on Accounts and Opinions

The evaluator did not observe any activities such as community meetings, counselling sessions or committee meetings in progress, so the quality of the interventions cannot be evaluated. The evaluation is based on a variety of people's views of the programme and its implementation as well as all available documentation.

4. Evaluation at an Early Stage

The first training of teachers and community members took place in June. Only four months have elapsed since this time, making this quite an early stage to evaluate. However, it can be very helpful to scrutinise a programme in its early stages to prevent small difficulties becoming large ones at a later stage.

VI. Findings from Evaluation with Analysis and Recommendations

1. Participants of the Training

1.1 Guidance and Counselling Teachers

1.1.1 Appropriateness of training guidance and counselling teachers

Strength!

It was generally felt that the guidance and counselling teachers were the best choice of people to train from the schools. Although there were some reservations about whether some (though by no means all) had the appropriate characteristics to offer support and counselling, it was felt that their recognition in this role by the school system was a distinct advantage.

In some cases, where guidance and counselling teachers were too busy already, the assistant guidance and counselling teachers (these are found only in urban schools) attended.

Recommendation 2: to work with the MoE on more appropriate selection criteria for guidance and counselling teachers.

1.1.2 Training in Guidance & Counselling

Weakness!

One drawback was that a number of guidance and counselling teachers had received no previous training in guidance and counselling. In fact some seemed to view the CHANGES2 psychosocial support training as their training to be a guidance and counselling teacher. Although this training undoubtedly helped them

to perform their roles, the aims of the two trainings (guidance and counselling and psychosocial support) are separate and distinct. Having said that, the psychosocial support training offers a new and more cost effective approach to guidance and counselling in schools, which the MoE may wish to incorporate into their training for guidance and counselling teachers. (See Section VIII: Theoretical Basis of the Psychosocial Support Model.)

Even where guidance and counselling teachers had received no previous training, it was acknowledged that their experience in their role was valuable and helped them to understand the issues discussed in the training.

Recommendation 3: MoE to ensure that all guidance and counselling teachers receive the appropriate training in their field.

1.1.3 Lack of Time

Threat!

Perhaps the greatest drawback identified was the lack of earmarked time for the guidance and counselling teachers to do their work in this area and to implement the psychosocial support programme. All guidance and counselling teachers have a full teaching programme, and in addition to this, the majority of schools seem to be understaffed, placing extra teaching duties on all teachers.

As well as placing an extra burden on the guidance and counselling teachers, this creates a problem of access for pupils, who can only find the guidance and counselling teacher free to talk to after school hours, or perhaps in break time.

Recommendation 4: MoE to explore ways to allow guidance and counselling teacher allotted time for guidance and counselling activities. Reduced teaching loads to be considered.

1.1.4 Retention of trained teachers

Threat!

Some teachers had moved schools or districts since the training; this was viewed as a loss of a valuable resource to the school. It was recommended that when choosing candidates for a training, to ensure that they are not those likely to be transferred.

Recommendation 5: when choosing candidates for a training, to ensure that they are not those likely to be transferred.

However, there will always be transfers, retirements, and particularly in the current climate in Southern Africa – deaths of teachers. Therefore any structured intervention must take this into account. Hence the importance of spreading psychosocial support skills widely within the school and community so that one person alone does not ‘hold’ these.

In relation to the above two points(1.1.3 & 1.1.4) the training of two teachers from a school in psychosocial support (or in guidance and counselling) could also be considered, allowing for insurance against loss of a key person, cover in the guidance and counselling department during leave, and placing less pressure on one teacher. This would also allow a gender balance if a male and a female were trained. With two guidance and counselling teachers, each could still hold a reduced workload, putting less strain on the other teaching staff.

Recommendation 6: consider having two guidance and counselling teachers per school, to share the workload, provide cover and maintain continuity if one teacher is lost. One male and one female would also allow a gender balance.

1.2 Community Members

1.2.1 Involvement of Community Members in the Programme

Strength!

The involvement of community members in the trainings was viewed extremely positively by everyone and seen as a great strength of the programme. All those interviewed about this felt that it was crucial to involve community members for a variety of reasons:

- the school should become 'a centre of care and support' for the community
- the children come from the communities so the community members know the situation of the children
- community members may have more time than the teachers to conduct psychosocial support activities
- they are in a better position to explain to other community members about the programme
- they can bridge the gap between the school and the community
- it is through the community that the programme can continue, even if, or when CHANGES2 and the MoE withdraw their support.

1.2.2 Selection of Community Members

Community members seemed to be mainly chosen through the PTAs, although in some cases they were chosen by the head of the school. In one province, it was realised after the initial training that some community members had been picked for inappropriate reasons e.g. spouses of teachers or heads, and these people were replaced with more appropriate individuals.

On the whole people seemed satisfied with the choice of community members.

However, a number of participants suggested that in future, **more influential community members** such as headmen, chiefs or traditional counsellors be chosen so that the community would really apply their teaching.

One participant suggested that the **pupils select** a community member. Involving children in the selection would mean that the person was someone children could easily relate to.

One community member didn't speak the **local language** which proved to be a handicap for him. This is something to consider during selection.

From my observations and discussions, the community members trained seem to be highly motivated to make a difference in the lives of the OVCs in their communities. To gauge their skills in conducting psychosocial support activities and interacting with children would need someone to observe them doing this in action (see Section 4, Monitoring Mentorship and Support), but in terms of their commitment to the programme, they presented as very motivated and aware of the difficulties faced by the children and ways to address these.

However, the REPSSI trainers commented that some community members were not very in touch with the problems the children were facing

1.2.3 Time of Community Members

Possible Threat!

Some community members were chosen because they are already involved in HIV activities. This may be an advantage as they may already have some knowledge about HIV and supporting others. However, it leaves a question about whether these individuals have enough time to dedicate to the psychosocial support programme, if they have two volunteer roles as well as a full time job or other responsibilities.

Recommendation 7:

Recommended Criteria for Selection of Community Members:

- 1) respected status in the community
- 2) able to read and write
- 3) able to convey ideas and information to others
- 4) awareness of issues affecting OVCs
- 5) interest in psychosocial support
- 6) enough time to dedicate to the programme
- 7) counselling skills training an advantage
- 8) speaks the local language
- 9) lives in the area
- 10) Impartiality – not related or married to any teacher etc.
- 11) Relates well to children and empathic approach

1.3 Other Issues Regarding Participants

Gender Balance

Weakness!

Of the teachers and community members interviewed for this assessment, all were male. In the area of psychosocial support, there are many issues e.g. rape, sexual abuse, periods, puberty, which a girl may feel uncomfortable talking to a male about. Therefore, it is important to ensure a gender balance in this area.

Recommendation 8: to train one person of each gender from each school. I.e., if the guidance & counselling teacher is male, ensure a female community member is chosen.

Prevention of Sexual Abuse

Sadly, it is also important to be aware that 95% of sexual abuse to children is carried out by men, and that this occurs far more frequently than we care to imagine. Sexual abusers of children place themselves in roles where they can have access to children; this includes teachers, counsellors, youth leaders, religious leaders etc. Awareness raising in children, teachers and community members and vigilance by everyone may help to prevent those who are relied upon to support the children from abusing them.

Role of District Guidance and Counselling Coordinators

Weakness!

In each training, the District Guidance and Counselling Coordinators were assigned roles as facilitators to work alongside the REPSSI facilitators, with the expectation that they would carry the programme forward after the training. The idea was that they would support and monitor the schools in their district in implementation, and train others in psychosocial support. However, from talking with the participants, it does not appear that this has occurred. This appears to be due to a combination of other work commitments, a lack of clarity of their expected role and lack of access to transport. There is also a question about how clearly the role of the District Guidance and Counselling Coordinators was agreed with the MoE, who would then need to clarify with the individuals concerned their additional duties. Furthermore, the level of training and experience of the District Guidance and Counselling Coordinators appears to vary widely. Some would definitely have the ability and motivation to take on this role, whilst others probably would not.

Recommendation 9: MoE to clarify what role the District Guidance and Counselling Coordinators can realistically take in this programme; to ensure that District Guidance and Counselling Coordinators have the available resources and skills; and that they carry out agreed duties.

Collaboration between teachers and community members

The participants I spoke with were on the whole very positive about working with their partner. However, some participants and the facilitators highlighted that community members were and are treated as less than equal by the teachers. Some also commented that this situation has improved dramatically since the beginning of the programme, particularly since the follow up workshop.

It is also important to recognise that there may be real skill differences between the teacher and the community member, for example if the teacher has some training in counselling but the community member does not. Each individual should be valued for the different skills and experience they bring and it should not be assumed that everyone is qualified to do the same things.

Recommendation 10: To monitor and mentor on the issue of equity and collaboration between teachers and community members during school visits (see section 4, Monitoring mentorship and support), and to ensure that each person operates according to their skill level.

2. The Training

2.1 Aims of training

Strength!

The organisers and facilitators of the training seemed to be in agreement that the five day training was really **an introduction to the issues of psychosocial support** - to enable the participants to understand the social and psychological challenges faced by the children, e.g. stigmatisation, grieving due to the loss of parents, difficulty concentrating in school due to worries, etc.

Challenge!

However, it seems there was also a wish to give the participants some knowledge of **methods of intervention**, which lead to adding extra topics into what was already a full five day training. As a result, it appears that there was too much content and not enough time to cover it all adequately. A lot of people commented that the training was too packed, or that there was not enough time.

The workshop reports from each province stated the same objectives for the workshops, indicating coherence between all four trainings. These were:

- To make participants who were Guidance and Counselling Teachers and Community representatives understand the psychosocial needs of Children in the context of HIV/AIDS
- To train participants in providing psychosocial support to children in the context of HIV/AIDS.

Here the second aim - of training participants in methods to provide psychosocial support - is included, which in retrospect, the organisers recognised was a little ambitious given the starting point of the groups and the amount of material to cover in the time available.

The facilitators commented that some participants had expected to be given skills, but this was not the aim. They said that as the workshop was just an introduction to psychosocial support, participants were not supposed to be given skills, only an

understanding of the issues. The facilitators pointed out that REPSSI runs a number of further courses to train people in provision of psychosocial support, these include: memory approaches, Journey of Life, Community Parenting etc.

Hence, it seems that the facilitators gave one message through the stated aims of the training – that skills would be imparted, whilst actually holding a different belief about what could realistically be achieved. It appears that lack of coordination between organisers and facilitators may have led to this situation. There was perhaps an understandable wish that the participants gain a great deal of knowledge and skills in a very short space of time. However, when this occurs, the likelihood is that some of the participants will come away from a training unclear or confused about some of the topics.

Despite facilitators stating the aims clearly at the outset of a workshop, participants often have their own expectations of a training, and as discussed above, it seemed that some participants, who had not received a guidance & counselling training from MoE, thought that this was their training in guidance and counselling. In addition to this, it seems that some of the other participants were also expecting to be trained as counsellors.

Recommendation 11: for the initial training to cover less material in more depth. To focus on an introduction to psychosocial support with an emphasis on community involvement. To remove some of the more theoretical content (e.g. stages of bereavement), and to focus on only one or two tools for psychosocial support.

Recommendation 12: to clarify and agree the aims of the training beforehand and to communicate the aims to the participants before the training. This should include specific notification that this is not a training in counselling.

2.2 Contents of Training

For schedule of the training see appendix 2.

2.2.1 What the Participants Learnt ***Strength!***

Overall, the participants reported really appreciating the training and learning a lot. The main things the participants said they learnt on the training, documented in order of commonality of response, were:

- Community Participation / partnership
- Building resilience in children
- The emotional effects of difficulties on children (for example child abuse, stress, bereavement)
- Psychosocial counselling skills

- New ways to work with /help children e.g. stories, play, clubs, building trust,
- What psychosocial support for OVCs is
- That it is important to support children emotionally

The most useful things participants learnt

Strength!

Three main areas were mentioned by the participants as the most useful things they had gained from the workshop. These were:

- *A change in my perception – realising its not the child's fault*
- counselling & communication skills
- the importance of, and how to go about community participation

Other particularly useful areas mentioned were:

- The emotional effects of situations / difficulties on children
- The importance of understanding the child & their situation properly
- Identifying OVCs
- The importance of emotional support to children
- New ways to work help children e.g. stories, play, clubs
- Not stigmatising OVCs

Through their answers, participants showed that they had grasped a good number of the main ideas around psychosocial support. From these responses, we can infer that the main aim of the training – to impart an understanding of psychosocial support for OVCs – was for the main part, met.

Community Participation

Strength!

The results of the evaluation also indicate that the importance of community participation in this programme was understood and embraced by the participants.

2.2.2 Areas Lacking in Clarity

The difference between Psychosocial Support and Counselling

Weakness!

Although the results indicate that participants received a good basic understanding of psychosocial support to OVCs, it seems that there was one area lacking in clarity – an understanding of the difference between psychosocial support and counselling.

Counselling and Psychosocial Support

Psychosocial support refers to a range of ways in which people can be supported in their emotional or social needs, this includes group and community approaches (such as education on the effects of stigmatisation, involving children in recreational activities, support groups etc.) as well as individual approaches (such as showing understanding to a child, taking time to listen or play with a child, and one to one counselling). In other words, counselling is only one of a vast range of possible psychosocial support interventions.

There are many advantages to a psychosocial support approach being prioritised over a counselling based approach. An obvious advantage is that it is only through interventions at all levels (individual, family, school, community) that real change can occur. This enables some of the underlying factors to be addressed, rather than just focussing on the child and their 'problem'.

A second advantage is that where resources are limited, one to one counselling is costly and time consuming whilst group and community approaches can target more people, and need less specialised knowledge.

Thirdly, to offer counselling, one needs an intensive training. Partially trained 'counsellors' can use their skills to offer support to children, but where issues run deeper there is a danger of doing more harm than good. See Section 3, point 3.2.4 Use of Counselling skills, for further discussion on this issue.

From the interviews, it appeared that the majority of participants were unclear about the distinction between psychosocial support and counselling. Some came away from the training apparently thinking that they had been given a counselling training, and many participants showed a counselling dominated approach i.e. viewing counselling as the primary intervention.

One province referred to the workshop as a training in psychosocial counselling and guidance, and the community members as community counsellors which is likely to confuse the issue further.

Recommendation 13: For those already trained, to clarify the difference between psychosocial support and counselling and the focus of the programme through mentoring or follow up sessions. For future trainings, to ensure this issue is clearly explained and to verify this at the end of the training e.g. through an end of training quiz.

Psychosocial Support Skills

Regarding the second aim of the training – to impart skills to offer psychosocial support to children, responses show that participants feel they learnt some new skills, but, as we would expect, these were mentioned less and came across less clearly than knowledge relating to the first aim (basic knowledge about psychosocial support).

Some participants felt that some of the concepts taught were too theoretical and difficult to grasp. Participants were asked some specific questions to assess how well they had grasped the concepts of community parenting and kids clubs presented on the training.

Participants seemed to have grasped these concepts with widely varying degrees of clarity and accuracy. From their responses I would say that to:

- i) Clearly explain this intervention to others, and
 - ii) Plan and implement an intervention based on the concept,
- participants would definitely need further training or mentoring on these ideas to help them to use the concept in the way that was intended.

Recommendation 14: To include information on only one, or at most two methods of intervention in the initial training, so that the method can be explained in depth and practical applications discussed.

2.2.3 Further Feedback on the Training

Too much Content

Weakness!

There was a lot to learn in a short time. We cruised through. We needed more time to grasp it.

Participants felt that the training was good, presenting useful information, but too much was presented in the time available.

Teaching groups were too large

Challenge!

Some participants as well as the facilitators commented that the groups of 40+ participants were too large for everyone to participate fully. An ideal number would be a maximum of 25 participants. One participant suggested that there could be a large group taught at one time, but that they could be split into two and the facilitators rotate sessions between groups. The facilitators also commented that teaching a group of 40+ needs two experienced facilitators, and that the arrangement of one REPSSI facilitator working with the CHANGES2 and MoE staff did not fulfil this requirement as the MoE and CHANGES2 staff did not have sufficient knowledge of psychosocial support.

Certificates

Opportunity!

For some people, a training can be seen as an end in itself, where allowances are earned and a certificate is received. It can be useful to encourage participants to view a training as a foundation stone, upon which a building must be erected before the foundation stone is of any value. If it is clarified with participants at the start of the training, a certificate can be awarded for completion of both the theory (workshop) and the practice (implementation of training).

For example, when action plans are made and agreed at the end of the training, and a time frame for the actions is set, it might be agreed that each participant must complete three activities by x date (follow up training), at which point they will qualify for a certificate. A certificate indicating this would also be of more value than one showing the person has sat in a workshop for a week.

Recommendation 15: For future trainings, ensure there is a practical component to be completed before certificates are awarded.

Allowances

Challenge!

The question of allowances for trainings is a controversial and complex one. Not to go too deeply into this issue here, it may be useful to revisit the payment of large allowances for trainings, as many NGOs have done. Modest allowances reinforce the idea that the thing of value is the knowledge itself. Given this information in advance, participants can be given the option whether or not to attend, thus opening up some places to others who are fully motivated by the subject matter rather than the financial gain.

Recommendation 16: Payment of only modest allowances for workshops would ensure that participants attend trainings because they are motivated by the subject matter rather than the allowance.

2.3 Outcome of training

Strength!

From this evaluation, it seems that participants have come away from the training with a **basic understanding of psychosocial support**.

Strength!

The evaluation indicates that participants now have a **deeper understanding of the difficulties faced** by the pupils. They are able to understand that circumstances lead them to display difficult behaviours or problems. This new understanding allows the participants to support and help the pupils in a more genuine way. This **change in attitude** in the participants was one of the main hopes of the organisers and facilitators about what the training would achieve.

Participants' expectations about implementation

Strength!

Participants were asked - what did they think was expected of them following the training?

The most common response to this question was:

- Sensitisation on psychosocial support
 - sharing the information with other teachers, parents and communities

This response is appropriate and agrees with the organisers and trainers main ideas about how they hoped participants would put their learning into practice.

Other common responses were:

- To identify vulnerable children
- To use new methods to support children e.g. counselling, financial help, groups,
- To work together with parents / the community
- To go to the field and give counselling

The first three of these are entirely appropriate and again show that the aspirations of the participants interviewed were in line with those of the organisers and facilitators. Again here, the emphasis on working in partnership with the community comes out strongly, a very positive result of the training.

The fourth response 'to go to the field and give counselling' may indicate, as discussed above, that some of the participants are thinking of counselling as being the main intervention. Of course counselling is a valued intervention, but we must be cautious of participants assuming that it is the intervention of choice, rather than one possibility of many, and that they are now qualified counsellors. However, this response is unsurprising, given that counselling is the model most people are familiar with and changing people's approach takes time.

Overall, this result indicates that, by the end of the training, participants, organisers and facilitators were mostly in agreement when thinking about what were the next steps in the process.

Despite the difficulties encountered in the organisation (lack of clarity about aims, trying to cover too much), this model of training, as used by REPSSI is viewed extremely positively. The psychosocial support approach encompasses prevention as well as help for OVCs through aiming to engage the whole community in addressing their problems. The model suggests a variety of ways to address OVC related issues which can be initiated by people with varying degrees of training.

Recommendation 17: for further trainings, to continue with the REPSSI psychosocial support programme, whilst ensuring the aims of the training are clear to everyone from the outset.

3. Implementation

3.1 Action Plans

All participants made action plans during or following the workshop. On the whole, the action plans look impressive. They cover a good range of activities, for example:

- Sensitisation
- Developing project proposals
- Identification of OVCs
- Forming psychosocial support to OVC committees
- Home visits
- Counselling
- Kids Clubs
- Guidance – career, personal & educational
- Play skills
- Community Parenting
- IGAs e.g. gardening, poultry,
- Networking
- Reviews of activities

Strengths of Action Plans:

Transparency

An action plan is an excellent way to allow anyone who has access to it to know who is doing what for the programme, what they aim to achieve, by when, etc. if the action plan for each school is displayed in a place where everyone can see it, this can also encourage more involvement from parents, teachers and pupils.

Clear action plans

The action plans are well set out, showing: activity, objective, time frame, responsible persons, resources, indicators, and expected outcomes. (See appendix 3 for an example action plan.)

A range of activities

The action plans indicate that the teacher and community member are thinking about implementing an appropriate range of psychosocial support activities, and are not purely focussing on counselling or IGA s to meet the children's material needs.

Community Involvement

Most plans show some level of community involvement in planning and implementing the psychosocial support programme.

Weaknesses of Action Plans:

Too many Activities

Many of the action plans aim to complete a large number of activities (around 8 – 10) between June and December this year. Although it is admirable that the participants of the training perhaps felt very enthusiastic to try out their new skills following the training, this is probably too many activities for any school to complete them all in a meaningful way. This approach – of covering many topics in limited depth - perhaps mirrors the approach taken in the training.

Particularly at the start, schools would probably achieve more if they were helped to focus on completing three or four activities. For example, forming a representative committee to spearhead the psychosocial support programme, sensitising teachers, parents and children on some aspects of psychosocial support, continuing some 1 – 1 counselling with home visits and follow ups, and initiating one psychosocial support activity such as a kids club. This alone should keep the participants very busy.

In some cases, there were a number of activities, but some were being initiated by others e.g. CHEP peer educators, anti-AIDS club etc. This is an ideal scenario, as community involvement means that others take responsibility for parts of the programme. As the programmes develop, hopefully more people will become involved, allowing for more activities to take place.

Bias towards Income Generating Activities

A minority of action plans were heavily biased towards implementing IGAs. One or possibly two IGA s can certainly be an asset in helping children learn useful skills whilst providing for some of their material needs, and enabling programmes to be sustainable. However, there may be a temptation to develop IGAs rather than other interventions as these are more familiar to most people.

Recommendation 18: where more IGAs than interventions addressing psychosocial support needs are being planned, participants should be reminded of the value of social and emotional supports for children and encouraged to balance their plans accordingly.

Target groups for activities

Some action plans ask 'no. of children targeted?' and this is filled in even when an activity is not aimed at children, e.g. a discussion on early marriage and traditional practices with chiefs and headmen. This heading could be replaced with 'target group and target number'.

Little Experience in Writing Action Plans

In one workshop this process apparently took about 6 – 7 hours. For future workshops, more structured guidance on writing action plans may be helpful to cut down the time taken.

3.2 Activities

The school is building a partnership with the community to build a better society

We can share ideas how to help one another - pupil

Strength!

From the interviews, participants described a **broad range of activities** which are being carried out. These have been categorised and discussed under the following headings:

1. Organisation of activities
2. Psychosocial Support Interventions with the Community
3. Identifying OVCs
4. Use of Counselling skills & home visits
5. Psychosocial support activities with children
6. IGAs
7. Networking
8. Material Support
9. Other

3.2.1 Organisation of activities

Previously we thought for them, now we have community participation

Strength!

The majority of schools seem to have involved the community in planning and implementing activities in some way or other. This is a very positive step and crucial to the success of this programme.

Many schools have formed a psychosocial support to OVCs committee involving community members, and some have also involved pupil representatives – this is an excellent initiative which other schools could follow.

Many have also held meetings with the community to decide which activities to pursue, particularly regarding income generation.

Opportunity!

Apparently each school should have a **school guidance committee** comprising pupils and teachers, which would be another excellent forum for the development and monitoring of psychosocial support initiatives. However, this committee was not referred to in the interviews – at least not by this name.

3.2.2 Psychosocial Support Interventions with the Community

...a positive response from the community as issues they know & see are there.

Strength!

An important component of this psychosocial support approach is **working with the community to support the children**. This begins with explaining the programme to the community and asking for their involvement (often referred to as sensitisation), followed by educating and involving them in various topics or projects relevant to OVCs. All schools seem to have carried out some talks or meetings with teachers, parents and community members along these lines.

Topics covered:

Strength!

Meetings covering a variety of topics were reported. These included: OVCs, resilience building, how to keep OVCs, community parenting, HIV, stress & trauma, child abuse, early marriage, keeping girls in school, the importance of education, explaining that even without a uniform children can attend school. On the whole, participants reported a positive and interested response from those they met with, one participant described the response as '*overwhelming*', whilst another felt that there was a lack of support from community members who were preoccupied with finding food to support their families.

Opportunity!

- To come up with creative ways to get the community interested and involved. Suggestions included a presence at meetings from CHANGES2, distribution of leaflets in local languages and use of radio programmes. HIV organisations have put a lot of work into developing innovative ways to educate and involve communities in programmes, so networking with these could also provide some new ideas.

Strength!

One participant reported running a 2-3 day training for 20 community school managers on psychosocial support – this is an excellent and much needed initiative, and other schools could be encouraged to consider how they can include community schools in their programmes.

Few **challenges** were cited in this area, apart from:

Language

Participants pointed out that sometimes it is hard to translate certain concepts into local languages, & some things are taboo, making them particularly difficult to explain.

Recommendation 19: the participants to have access to materials, pamphlets etc. in local languages to help them find ways to present issues in the vernacular.

Food

One participant suggested that it would help if they could provide food when calling the community to meetings as people come from far and they expect to be given something to eat.

3.2.3 Identifying OVCs

Strength!

Again, all schools spoke about involving the community in this task, it seems to have been one of the first topics for sensitisation meetings, and all have identified increasing numbers of orphans.

Threat!

One pupil said that in class those who were orphans were asked to put up their hands. This approach may cause a problem if their classmates tease or stigmatise them as a result of this.

Recommendation 20: Use mentorship or follow up sessions to check methods used to identify orphans.

3.2.4 Use of Counselling skills, home visits & follow ups

It helped me concentrate as every time I have a problem I go back to him and get a solution.

I have found someone who's understanding, helpful and I have been able to grow up well despite my situation.

Strength!

This is understandably one of the major ways in which participants reported carrying out psychosocial support to OVCs. Although it is not possible to evaluate the style or quality of counselling carried out, from talking to the participants it sounds as though the work they are doing in this area is extremely positive. The types of situations participants described offering counselling in were as follows:

- Helping pregnant girls return to school
- Helping absentee children return to school
- Trying to prevent early marriage
- Children working too much at home leading to lateness and tiredness.
- Counselling to children on ARVs
- Talking with parents about how to support HIV+ children

Positive ways of working participants described included:

- Letting children know the guidance and counselling teacher will be in a certain room every day at the same time
- Talking with children in break time about how they are faring at home
- Talking with parents and guardians
- Conducting follow ups
- Teachers involving the trained community member in home visits
- Knowing that it takes time to build trust so continuing meeting a child when a need has been recognised

Case Example

Strength!

One pupil described how the guidance and counselling teacher had helped her to be assertive and refuse a boy who was propositioning her. The teacher had also assured her that if any boys bothered her, if she told him about this, he would speak with them, which he did. The pupil said that she had found this support from the teacher helpful, and she was pleased that the teacher was concerned about her welfare. A concern was that the pupil reported meeting with the teacher at his home.

Recommendation 21: when counselling, advise the participants to arrange meetings with the children on the school premises where possible, or in the child's home, but not in the teacher or community members' home to avoid misinterpretation by the community.

Strength!

All children who were interviewed about one to one support were asked if they would recommend a friend in difficulty to seek help from the same person. All responded that yes, they would.

The main *challenges* cited by the participants in this area were:

- Some parents have not been very receptive to discussions about their children
- It can take a long time for children to trust and open up
- Difficult to visit families who live far from the school – shared bicycles would be helpful
- Lack of a counselling room
- Creating a regular time when pupils can access the guidance and counselling teacher
- Many feel they need more counselling skills

I was very positively impressed by the work both guidance and counselling teachers and community members described in this area.

Threat!

However, a degree of caution is advised here as partially trained counsellors can easily do more harm than good when trying to help. Some of the follow up reports also highlighted serious gaps in terms of an understanding of counselling itself.

Using Counselling Skills or a 'Counsellor'?

It is important to distinguish between someone who uses counselling skills and someone who is a counsellor for a variety of reasons including the following:

- Whether a person is called 'a counsellor' or not, alters their perception of what they are capable of.
- Not being called 'a counsellor' should enable a person to realise that they are neither able, nor expected to counsel a child presenting complex difficulties. For example sexual abuse, complex grief issues or suicidal clients. A counsellor is trained to know what they can manage and what they must refer to someone more qualified.
- It is common for partially trained 'counsellors' to give well meaning but erroneous and counterproductive advice to clients. For example: telling a child who is being sexually abused that she must not allow the abuser to touch her. If the child was able to do this they would have done it already. Saying this increases the child's feelings of helplessness and guilt, and may result in the child feeling too ashamed to return to speak with the 'counsellor'.
- A difference in perception on the part of the client /child leads to a different power relationship. Viewing the adult as a counsellor allows them more power as an 'expert' in emotional issues, one whose 'advice' in this area must therefore be correct.
- As discussed above, counselling is a situation which offers opportunities for the counsellor to abuse their power. All possible safeguards should be put in place to guard against this.
- Counselling is a recognised profession worldwide and also in Zambia. Qualified counsellors should be affiliated with a professional body which monitors their abilities and professional conduct.
- A counsellor guarantees confidentiality. However, this is a complex concept, with some exceptions (such as when a person is suicidal), which a counsellor is trained and supported to manage.

Further evaluation of the quality of counselling offered is needed in this area.

Recommendation 22: a trained and experienced counsellor (or preferably counsellor supervisor) who speaks the local language should observe and assess a counselling session with each participant who is offering counselling. If this is not possible on a regular basis, every 6 - 12 months would suffice. Genuine consent from the child is a prerequisite. This would determine the degree of

counselling the person is capable of, as well as acting as a supervision session where constructive feedback could be given and discussed.

(See section 4: Monitoring, Mentoring and Support)

Recommendation 23: It should be made very clear to participants of the psychosocial support workshop, particularly those with no previous counselling training, that they are being trained in counselling skills but they are not being trained as counsellors.

Counsellor Qualifications

The Zambian Counselling Council (ZCC) outlines three levels of counsellor of which level one is the most advanced. Level three – lay counsellor – is described as the first stage in the career of a counsellor. This requires a four to eight week counselling training with certification issued by ZCC, Kara Counselling, MOH, etc.

Recommendation 24: during the psychosocial support training, participants should be taught the appropriate time to seek help from someone more experienced than themselves or refer on to a qualified counsellor.

Recommendation 25: if participants are observed, those with an aptitude for counselling could be encouraged and supported to take further counselling training. Those with less aptitude would be supported in developing their skills in other areas of psychosocial support such as community involvement, sensitisation, kids clubs etc.

3.2.5 Psychosocial support activities with children

They throw stones and shout at us

Strength!

As discussed above, there are **numerous psychosocial support interventions apart from counselling**. It was encouraging to see that participants are initiating these in a variety of ways.

Participants described the following interventions:

- Dramas educating pupils about HIV, drugs
- Support group
- Sport matches – football & netball, school vs. community
- Trying to bring back PE sessions – although lack of equipment
- Cultural group – dances, discussions comparing traditional and modern beliefs

- Talks to children on drug abuse, early marriage, HIV, keeping girls in school, children's rights and abuse of children.
- Talking with children to try to combat stigmatisation towards OVCs

Some additional positive interventions were described in written reports from schools. For example, running a '**Journey of Life**' workshop with children (this is a workshop developed by REPSSI to build resilience in children), and initiating kids clubs.

One child said that his school offers **extra lessons** (e.g. history) for vulnerable children, although I was not clear whether this was initiated as part of the psychosocial support programme.

Opportunity!

Another pupil said that she would welcome the idea of a **support group** for group counselling.

In my view, participants have made a positive start at implementing psychosocial support activities with children, particularly given that they were not properly trained in this, but only given a brief overview.

Threat!

One concern is whether schools are running **activities only for identified OVCs**. This runs the risk of stigmatising the OVCs further, and causing hostility through jealousy that they are getting extra attention. In addition, we can assume that the majority of children are vulnerable in some way and would benefit from these extra activities.

Strength!

A more positive approach was explained by one participant who said that they involve all the children in an activity, but they make special efforts to ensure the OVCs are fully involved.

Challenge!

Alongside encouraging those who have initiated a variety of psychosocial support activities with the children, it is important to monitor the quality of these interventions.

Recommendation 26: a person with experience in psychosocial support attend psychosocial support activities when they occur to monitor their quality, support the facilitators and offer mentoring and guidance.

Weakness!

One child who was involved in the psychosocial support programme spoke of being bullied by children outside the school. He said that he had not told any of the teachers about this, although he agreed that he could tell the guidance and

counselling teacher. This leaves a question about whether the guidance and counselling teacher, who has regular contact with the boy, gives the children opportunities to talk about their worries.

Recommendation 27: to encourage participants to grasp any opportunity to talk with children about their day to day lives, worries, etc., and to view this as a valuable intervention.

Recommendation 28: Integrated rather than vertical programmes. To ensure that each project (community parenting, IGAs etc.) is not treated as an intervention in isolation, i.e., a vertical project, but that all aspects of psychosocial support are integrated into each initiative.

3.2.6 Income Generating Activities

We are helping ourselves and others

Before the problem was persisting, I would be off school for one or two weeks for piecework, now I am helped and encouraged to do my work

Strength!

There is no doubt that poverty is a serious issue for many of the children, so it would be hard to address their emotional and social needs without also attending to their material needs. IGAs are important in any programme where a funding source is not guaranteed. As well as assisting the vulnerable children with their material needs, and teaching all of the children valuable skills, they can be used to ensure the sustainability of the programme, perhaps long after CHANGES2 has pulled out. The inclusion of small grants in the programme was an excellent initiative, without which the programme would be seriously lacking.

IGAs initiated by the schools included gardening, poultry, tie and dye fabrics, an orchard, a maize field, a tuck shop, pigs and goats. Where food is grown, children are given produce to take home, in other programmes, the plan is to use the income generated to purchase school books, pencils etc. for the children. An example of community involvement in IGAs was the tie and dye activity in which the skill was taught by a community member. This activity had not yet generated any income, but it was planned to use income for school requisites for the children involved. However, those involved were very positive about the fact that the school was doing something to help them, and about the fact that they could also help themselves, and then pass the skills on to their friends so they too could benefit.

Weakness!

Some of the pupils who were involved in the IGAs were interviewed. They were very positive about the IGAs, but when asked whether anyone had spoken with them about the hardships they had been through, they responded that nobody

had. When I asked them if they would like to speak with someone about this, they said that yes, they would.

Opportunity!

Where an IGA brings together a group of vulnerable children to work together on a project, this presents an **ideal opportunity for talking about some of the difficulties they face**, encouraging the children to support each other, and including small teaching sessions on issues of (for example) resilience building or children's rights.

Opportunity!

This is also a good way to involve the communities, as parents have a lot of skills in these areas and may feel more comfortable offering to help with a familiar task like gardening or poultry, than something new and unknown called 'psychosocial support'. Once parents are involved, as with the children, a little time can be used for talking about relevant OVC issues, community parenting, etc.

Recommendation 29: To use IGAs as an opportunity to conduct other psychosocial support interventions with both children and adults.

Threat and Strength!

In one school, community members were angered because they, many of them farmers, had not been involved in a gardening project by the school and the project failed due to lack of appropriate knowledge. Here we can see that **parents are feeling a sense of responsibility for the OVC activities** and are quite rightly speaking up when the school does not involve them.

There was some concern that the inclusion of small grants in the programme had taken the focus somewhat away from the real issue of psychosocial support. This did seem to be the case on the training and at the follow up when a lot of time was taken on the applications procedure for the grants. However, the enthusiasm of the participants to obtain the grants is understandable given the hardship so many children face. And the anomaly of trying to support a child through psychosocial support activities when they have not eaten that day or been able to attend school, is clear.

3.2.7 Networking *Strength!*

Networking allows a programme to flourish in coordination with other services or organisations. Good networking can help a programme to develop far more than a stand alone programme. It was encouraging to see that some schools had started networking with local organisation and that the pupils were benefiting from this. For example, one school is partnering with the 'Forum for African Women Educationalists in Zambia (FAWEZA) who provide sponsorship for OVCs to attend school, another is working with CHEP (Copperbelt Health Education

Partnership) to educate children about HIV, another with local HBC (home based care) providers, who already have good community networks. Even networking or working together with other school programmes such as the anti AIDS club as some are doing, can pool resources & strengthen outcomes.

3.2.8 Material Support

I would like help with books and shoes, pencils and pens, school fees, uniform & a bag

Some have no shelter, they need a place to go and stay - Pupil

Some schools are giving material support to OVCs in the form of uniforms, shoes, books, pens. At times, this is necessary; however, many participants recommended that wherever possible material support is linked to IGAs to help the children learn the value of these items, and so that resources are not used up purely on provision of items.

Recommendation 30: wherever possible, provision of material support is linked to IGAs.

Other – Support Group for HIV+ Teachers

Strength!

One other initiative deserves a mention. At least two schools are running support groups for HIV+ teachers. This is a very positive initiative as anybody who is to support others well must be well supported themselves. The support the teachers receive can also equip them with tools and motivation to offer similar initiatives to the children. Even though these projects are not directly a part of the psychosocial support programme, they are very much psychosocial support initiatives and embody the spirit of integration between programmes.

3.3 Challenges to Implementation

Transport is a challenge – I use my feet

3.3.1 Challenges in the Education System:

Guidance & Counselling Teachers: Time

Many of the teachers and their counterparts highlighted the problem of teachers having a lack of time for psychosocial support activities when they already have a full teaching schedule. Many also emphasised that understaffing leads to increased pressure on themselves and on all teachers, again leaving less time for psychosocial support activities.

Some teachers recommended that the guidance and counselling teacher position should be an established post, where they are freed of their teaching duties. This

is one option; another might be to share the guidance and counselling workload among two teachers. In urban schools, there is a guidance and counselling assistant. Perhaps this is a position which could be created in all schools, if suitable teachers were chosen. This would also allow gender balance if there were one person of each gender. (See also sections 1.1.3 and 1.1.4, Recommendations 4 and 6)

District Guidance and Counselling Coordinator

This is an ideally placed person to monitor and mentor the psychosocial support programmes in all the schools. However, these teachers' posts are not established, meaning that they have teaching responsibilities as well as having to coordinate guidance and counselling activities in the district. See section 4 - Monitoring Mentorship & Support.

Recommendation 31: to create established guidance and counselling coordinator posts to allow the coordinators to give appropriate support to the guidance and counselling teachers.

Lack of a private place to talk with children

For a child to feel safe and open up to someone about the difficulties they are facing, one of the necessities is a safe space where they can talk in confidence. Many participants stated the need for a counselling room. However, as this programme sees counselling as one intervention of many possible psychosocial support interventions, I would suggest a room large enough to accommodate group activities as well as counselling. Such a room could be made into a relaxing and welcoming environment for children. Some participants suggested a community project to build such a room within the school premises. Having some available space for psychosocial support interventions is crucial to this programme.

Recommendation 32: to provide a room in each school for psychosocial support activities including counselling. To make the room a welcoming and relaxing environment for children.

School administration

Some participants emphasised the need to involve the school administration more in the programme, perhaps in the training, as where they were not fully supportive of the programme, it was almost impossible to get it off the ground.

Recommendation 33: implement ways to enable the school administration to be a valued part of the programme. For example, the CHANGES2 coordinator to introduce the programme to them and ask for their involvement.

Stigmatisation

It was reported by the pupils and adults that even when children are encouraged and supported to come to school, teasing and victimisation from other children occurs, for example if the children come in a torn uniform.

Some schools are addressing this by working with children on prevention of stigmatisation. Regular mentoring would ensure that schools integrate this issue into all programmes.

Recommendation 34: Encourage schools to include non stigmatisation and equality issues in their programmes. Ensure schools do not carry any programmes which may stigmatise orphans.

3.3.2 Challenges in the Community:

Economic Hardships

This was cited as a big problem, where families have no food as well as no money for school requisites. One participant commented that this situation can also precipitate early marriage, causing further problems for a young girl trying to complete her education.

Recommendation 35: continue the use of IGAs to support children and families suffering economic hardship.

Recommendation 36: continue to promote a community parenting approach to enable the most vulnerable children to be supported emotionally, socially and practically.

Overwhelming number of Orphans

Participants stressed the difficulty of the huge numbers of orphans that need help, are sick and abused. This in itself is a practical as well as an emotional challenge.

Recommendation 37: the implementers should be well supported emotionally and practically to enable them to work with the emotional and practical stresses of the overwhelming numbers of orphans and vulnerable children.

Level of Education of the Community.

Many parents think all children need from school is to be able to read and write.

Participants discussed two main effects of this challenge. The first being that many parents do not understand the importance of educating their children. The second being that it can take time for new ideas to penetrate.

It takes people a while to understand, but they are catching it.

Recommendation 38: to continue with programmes to educate the community about aspects of psychosocial support, whilst keeping in mind that it will take time and persistence to achieve results.

Acceptance

Some think I'm being paid by CHANGES2, they want me to give them money

Some participants emphasised that many parents & teachers are resistant to change, which makes trying to gain their involvement increasingly hard. Where areas addressed, such as cultural practices and beliefs e.g. sexual cleansing, early marriage, are part of the tradition of the society, those challenging them can be treated with hostility and even threats. This highlights the need to involve community leaders in the programmes, and one participant suggested issuing participants with identity cards.

Recommendation 39: consider the introduction of identity cards for participants.

Long Distances to Reach Some Communities

Some participants emphasised the difficulty of reaching outlying communities for following up children or community activities. They recommended the provision of bicycles to allow them to access these areas.

3.4 Opportunities and Strengths for Implementation

The participants' enthusiasm and determination

Strength!

One of the greatest strengths identified by those interviewed as well as by the interviewer was the participants' interest, enthusiasm and determination. When asked if they have the time to be involved in the programme, everyone said yes, they would find the time somehow. This is greatest resource needed in any psychosocial support programme, and like any asset, if it is valued and cherished, it will flourish.

Recommendation 40: to recognise, value and nurture the participants' enthusiasm for the programme.

Small Grants

Strength!

Developing IGAs from the grants has been a very positive initiative as the community have seen concrete outcomes, e.g. one school bought chickens, whose eggs are sold and money is provided for necessities for the OVCs. this should increase the communities' trust and interest in the programme.

Encouragement from success stories

Strength!

Participants were clearly encouraged by seeing children they had helped doing well and many gave heartening examples of this. For example, one teacher spoke with pride about a girl he had encouraged and supported to return to school, who was sitting her exam that day.

Recommendation 41: to ensure that schools learn from each others successes and failures, and that successes are celebrated, a small information sheet could be circulated once a quarter, in which participants could write a paragraph or two about particular activities they have initiated.

Support from the Administration

Strength!

Although some participants had bemoaned the lack of support from their school administrations, others highlighted the support, acceptance and friendliness they had received as one of the greatest strengths.

Participants as a resource for each other

Strength! and Opportunity!

Some participants emphasised the strength they gain from meeting with other guidance and counselling teachers & community members and said they would benefit from more support of this nature. See Section 4, Monitoring, Mentorship and Support.

Involving Community Leaders

Strength! and Opportunity!

If we teach them they can teach others

Some highlighted how helpful it has been to involve headmen, and church leaders in the programme and how this needs to be put in place from the start.

Recommendation 42: all schools to ensure that community leaders are involved in their programme in whichever ways are appropriate in their context.

Teachers and community members have ample contact with children

Strength!

Because children and teachers see each other daily, this presents a perfect opportunity for building supportive relationships. Similarly, the community members are local and easily accessible and known to the children in their locality.

Follow up workshop

Strength!

The follow up workshop held in August was seen to be very timely and helpful. Before this point, participants had apparently been very focussed on applying for grants, whilst barely attending to the other psychosocial needs of the children and had been unclear about monitoring of their activities. The workshop helped to refocus the participants and lead to more attention to the psychosocial support needs of the children and improved monitoring.

Summary of Section 3 - Implementation

This has been an excellent start to the programme. From observation, interviews and reports, it is evident that the participants have put a lot of effort into getting the programme off the ground, particularly through educating and involving the community, which is an appropriate first step.

From the activities implemented, apart from community education & involvement, a bias towards the development of IGA s and individual counselling can be seen. However, this is unsurprising as we all feel most confident doing what we know best. What is impressive is that participants have initiated a broad range of other psychosocial support activities, and they are open to trying out new things.

Although some of the participants may not have grasped all of the theoretical concepts presented in the training, they seem to have embraced the concept of psychosocial support to OVCs and got off to a highly encouraging start.

4. Monitoring, Mentorship and Support

This is a key area in any programme. It is well known that no matter how much is put into a training, if it is not adequately followed up, with monitoring and support there will be little to show for it a year or so down the line.

In addition, psychosocial support of children is a challenging area to work in, workers are faced with the extreme economic and emotional hardships of families and sometimes there is little they can do to help. Workers face practical difficulties as well as emotional stress. Without adequate support the likelihood is that they will burn out, become cynical or hardened.

A good monitoring system will provide clear information to others about the activities and progress of the programme, and also give feedback to the implementers about the quality of their work, the progress they are making, and their strengths and weaknesses.

Monitoring can be split into two broad areas: monitoring on paper e.g. feedback forms, reports, etc and monitoring in person through visits, observation, discussions etc.

4.1 Monitoring Forms

Weakness!

Any monitoring system must reflect the aims or objectives of the programme it is monitoring.

The monitoring forms currently used by the programme ask for information on individual children, the implication being that an individual counselling model is what is expected. If counselling is what the participants are being asked to provide information on – this is likely to shape their behaviour into doing more counselling.

I would suggest developing a monitoring form which incorporates the various types of psychosocial support discussed in this report. For example, this might ask for information on the following areas:

1. Organisation of activities e.g. committees, planning meetings
2. Psychosocial Support Interventions with the Community e.g. community education, campaigns,
3. Identifying OVCs
4. Use of Counselling skills, home visits & follow ups
5. Psychosocial support activities with children e.g. kids clubs, workshops
6. IGA s
7. Networking with other agencies

In this way, counselling is not seen as the main activity, but one of a range of possible interventions, and participants are prompted to think about different interventions when filling in their monitoring forms.

Regarding counselling, it was recommended by some participants that monitoring on counselling should include the child's name so that cases can be verified and followed up.

Recommendation 43: to develop a monitoring form which reflects the diverse range of activities expected in carrying out psychosocial support, not only individual counselling.

Strength!

Southern Province is using a more appropriate form which asks for the number of pupils reached with psychosocial support, the nature of the psychosocial issues facing the children and other activities being undertaken.

Opportunity!

In the 'Introduction to psychosocial support' REPSSI participants resource package (p.7), a 'psychosocial support Indicators Model' is given. This model could also be used as a basis for monitoring the programme although some may find it a bit confusing.

Strength!

Some provinces have provided each school with an A4 hardback book in which to record their monitoring information as forms tend to get lost.

4.2 Monitoring and Mentoring Visits

Many participants highlighted the need for regular visits from a person or people who could offer monitoring and guidance to the programme. The need for this was also strongly emphasised by REPSSI, who stressed the importance of this for feedback, problem solving, encouragement, and ensuring the programme is heading in the right direction. This should include more in depth supervision of skills (e.g. counselling skills, group facilitation skills) through the mentor sitting in and observing a range of interventions, then sitting with the facilitator or counsellor to give feedback and coaching.

Encouragement and positive feedback

The effect of good encouraging support cannot be underestimated. Every teacher knows that a child who is encouraged and given positive feedback, will take more pride in their work, work harder and succeed more. The same goes for the teachers and community members in this programme.

How?

There are different ways these mentoring visits could be arranged. Apart from visiting each school on a regular basis, group mentoring in teams is a viable option:

Group Mentoring Meetings in Zones

Some participants suggested that it would be helpful for the schools in each zone to meet together for monitoring and mentoring meetings. This could save on resources as the identified mentor could meet with the group, say for a 2 ½ hour session, every second month, in one of the schools. This would help the participants too as they would benefit from each others experiences, support each other and all learn from the mentor's feedback. On the alternate months, mentors could visit the schools individually to observe the activities in action.

Recommendation 44: to ensure that each school or team is guaranteed regular – at least monthly – visits for monitoring and mentoring by a suitably trained and experienced person.

Suggested method using alternate months:

Month 1: Mentor visits each school & observes some activities e.g. counselling session, group work, meeting etc., followed by feedback and discussion with guidance and counselling teacher and community member.

Month 2: mentor visits each zone where all participants meet for group mentoring session. One or two schools per meeting present an aspect of their programme for analysis and discussion.

See also Section 3.2.4 Use of Counselling skills:

Recommendation 22: a trained and experienced counsellor (or preferably counsellor supervisor) who speaks the local language should observe and assess a counselling session with each participant who is offering counselling. If this is not possible on a regular basis, every 6 - 12 months would suffice. Genuine consent from the child is a prerequisite. This would determine the degree of counselling the person is capable of, as well as acting as a supervision session where constructive feedback could be given and discussed.

Who can offer Mentoring?

Identification of an appropriate person or team to offer mentoring

This is one of the most crucial challenges facing this programme. It is a challenge as the person or team needs the appropriate knowledge and skills to support the development of the programme.

Recommendation 45: to identify people or teams in each Province/District to offer regular monitoring and mentoring of the programme.

They should have

- knowledge of psychosocial support,
- training in counselling to identify more serious problems and mentor on counselling skills
- the time to visit schools or teams regularly (at least monthly), and
- access to transport to reach the schools

in addition to the motivation to develop this programme with maximum community involvement.

CHANGES2

The evidence from this evaluation indicates that the CHANGES2 HIV/OVC coordinators are currently doing a good job in this area; however their input is time limited. There needs to be a sustainable resource for mentoring. There is also a question about whether the CHANGES2 coordinators have enough experience of psychosocial support programmes to help the participants to stay focussed and develop the programme in innovative ways. Some coordinators still showed a bias towards individual counselling as the method of choice, rather than as one of many possible interventions.

District Guidance and Counselling Coordinator

On the whole, the participants reported that the District Guidance and Counselling Coordinators had not been able to monitor and support them adequately. Many

reported no visits at all from the District Coordinators since the training. Some said this was due to lack of transport. Others said it was due to the Guidance and Counselling Coordinators also having a teaching load so not having enough time. Whatever the reason, the District Guidance and Counselling Coordinators could be key supporters of the programme if they have the appropriate skills and motivation and if they are facilitated in this by the MoE.

Recommendation 46: MoE to facilitate the psychosocial support of OVC's through enabling each District Guidance and Counselling Coordinator to monitor and support the schools in their district in this programme.

One participant suggested that CHANGES2 enable the MoE to carry out regular monitoring and mentoring by providing incentives such as payment for fuel and lunch for each visit. However, this is not a sustainable approach, and if supporting OVCs to enable them to complete their educations successfully is seen as a priority within the MoE, this activity should be scheduled into District Coordinators budgets and work plans.

Multi Sectoral Teams

OVCs is not purely an issue for the MoE. Responsibility also lies with the Ministries of Health, and Development & Social Welfare. Some participants suggested creating multi sectoral monitoring and mentoring teams comprising appropriate people from these ministries. Similarly, people from other agencies or NGOs could be involved. This would facilitate integration of this work as well as sharing of skills and resources.

Recommendation 47: to network with other ministries and agencies to investigate the possibility of multi sectoral monitoring and mentoring teams.

Lead NGO s

Some provinces have contracted lead NGO s to distribute and monitor grants and monitor the programme generally. There is a question about whether these NGOs have any training and experience in developing psychosocial support programmes. If they did, they could act as monitors and mentors for the programme members, but it seems that the current NGOs do not have this knowledge or experience. In addition, it seems that the HIV/OVC coordinators are left having to chase up the NGOs into collecting the data and visiting the schools.

Recommendation 48: where other NGOs are responsible for monitoring and mentoring, ensure they have sufficient knowledge and experience in psychosocial support to do this in a meaningful way, and that they fulfil the terms of the contract.

REPSSI

REPSSI recommended finding out if there are any of their national psychosocial support trainers in the locality of the existing programmes, or workers in other NGOs such as Care International or World Vision who had trained with REPSSI

Recommendation 49: to find out whether there are REPSSI national psychosocial support trainers in the districts where the programme is being implemented and involve them in the monitoring and mentoring of the programme.

Use of other Local Resources

Strength!

When asked who they would turn to if they encountered a problem in this field, the participants cited a wide range of people or organisations they could draw on for support. This included the following:

the local clinic, counsellors at the clinic or hospital, counsellors at Kara, CHEP, the church/the pastor, the PTA executive, YMCA, fellow teachers, teachers in other schools, parents, VSU, provincial guidance and counselling officer, the district guidance and counselling coordinator, the guidance and counselling teacher, school-community partnership team, peer educators, head men, and the school administration.

In each district or zone, appropriately trained people from this group could be identified and involved.

4.3 Other Suggestions for Supporting Implementation

Regular Follow up Workshops

Many participants emphasised the importance of regular follow up meetings to share experiences, successes and challenges, to learn from each other and be kept on the right track by the facilitators.

Recommendation 50: Organise provincial follow up meetings once a term for exchange of ideas and coaching.

Summary of Section 4 - Monitoring Mentorship & Support

Monitoring and mentoring is crucial to the success of any programme. The information gained from this evaluation indicates that schools are currently being supported in their implementation mainly by CHANGES2. There is a need to develop a sustainable method of offering this support on a monthly basis. The suggested method alternates visits to schools in one month and meeting all the schools in each zone in the alternate month. Who carries out this mentoring in a sustainable way, is a challenge that will need to be tackled in each province and district, using the suggestions outlined above. There is no lack of appropriate people to fulfil this task if each province draws creatively upon human resources within MoE, other ministries and NGOs, and REPSSI.

VII. Taking the Programme Forward

Please continue supporting us and our friends - pupil

1. With the Current Cohort

Even if the MoE doesn't take it up, if parents know their role the project will continue

Greater Community Involvement

According to the information collected for this report, an excellent start has been made in the schools already involved in this programme.

To continue this, in addition to and in accordance with the recommendations above, many participants were in agreement that more people needed to be involved to strengthen the programme.

For example:

- more involvement of community leaders such as headmen, chiefs, traditional counsellors (Ifimbosa) and religious leaders
- giving more community members an active role to play
- networking and working together with local groups, NGOs and other sectors (e.g. MoH, Ministry of Development & Social Welfare)
 - a community mapping project in each area could map all groups and agencies working with OVCs, in psychosocial support, or relevant to the programme.

Recommendation 51: strengthen the existing programme through the greater involvement of community members, community leaders other ministries and agencies.

Greater Pupil Involvement

In addition to involving the community, the children themselves could be more involved in developing the programme. For example:

- involving children in decision making about the psychosocial support programme e.g. a psychosocial support committee for pupils, or involvement in existing committees
- giving children skills to run their own projects
- Involving children in the development of IGAs
- training children as peer counsellors
- Organising kids clubs in which children learn leadership and problem solving skills and are involved in programme design and evaluation.
- Involving children in monitoring and evaluation of the programme.

The act of involving children more also fulfils the aims of the programme by building children's self esteem and resilience.

Recommendation 52: strengthen the programme through greater involvement of pupils in planning and implementation.

If more people are involved this places less burden on the trained teacher and community member and guarantees the long term sustainability of the programme.

As recommended above, to build on this good foundation, participants will need regular monitoring and mentorship to determine the quality of interventions and to help them build their skills.

2. Scaling up to other schools

We can tell them what we've been doing

All those interviewed were very positive about this programme and were keen to see it being scaled up to other schools, districts, and if possible other provinces where there is huge need.

From the positive start this programme has made, it is highly recommended that other schools, communities and children are given the opportunity to benefit from this programme.

It offers a preventative element in working with communities and enabling children to build their resilience, as well as offering a range of support methods in addition to counselling. It is a highly appropriate intervention for a setting with few resources and many vulnerable children.

Recommendation 53: scale up this intervention to other schools, districts and provinces.

2.1 Planning

Careful planning for any initiative in the short term ensures coherence and effectiveness in the long term.

A Coherent and Transparent Programme

The psychosocial support initiative has been referred to throughout this report as a 'programme'. However, from the impression gained so far, it seems it could be shaped into a more coherent 'programme' to raise its profile and advertise itself more forcefully. A programme with a name (preferably in a local language) and stated aims and objectives, would make the agenda more transparent to children, teachers and community members.

Recommendation 54: shape the initiative into a coherent and transparent programme with a name, aims and objectives.

The training as only one Component of the Programme

In relation to this, there can be a temptation among NGOs to offer a training and view this as a viable intervention for a problem. It is important to view a training as one component of any intervention. It is recognised that offering a training without adequate preparation and involvement of stakeholders; planning how the participants will be supported in carrying out their new skills; and how this fits into the wider organisation and other agencies and institutions; can result in little long term impact.

Recommendation 55: Treat the training as only one component of the programme, and not an intervention in itself. This includes preparing and involving the stakeholders (including school administration, community leaders); preparing mechanisms for supporting the implementers; and planning for how the implementation will fit with the wider organisation and other agencies.

Remit of Guidance & Counselling Teachers

This programme encompasses the remit of the guidance and counselling teachers in the basic schools, but also goes beyond it in that it entails more than just giving counselling and guidance. If the programme is to scale up, there needs to be a clear message from the Ministry about what is expected from the schools and how this fits with the teachers' guidance & counselling responsibilities.

Recommendation 56: To clarify with MoE how the psychosocial support initiative fits with current expectations of Guidance & Counselling services, and to ensure MoE clarifies with the schools what is expected of them.

Given that this programme takes a more preventative, in depth, sustainable and cost effective approach to psychosocial support, MoE may wish to consider integrating it fully with current guidance and counselling services.

Recommendation 57: MoE to consider integrating the psychosocial support approach fully into guidance & counselling services.

An Integrated Approach

The psychosocial support of vulnerable children will be a far more effective and successful programme if it is fully integrated into other areas. In other words, it should not be treated as a vertical or stand alone programme, but something which should be incorporated into all existing programmes. There are clear overlaps with other education programmes such as gender, OVCs, health and nutrition, life skills, and also with other ministries (Health and Social Welfare in particular). For example, links with the National OVC Steering Committee would be key.

Recommendation 58: Integration of psychosocial support into other programmes. Ensure networking and integration within MoE and with other ministries at national level so that psychosocial support is not treated as a stand alone or ‘vertical’ programme.

Recommendation 59: network on a national level with other agencies working in this field, including UNICEF, Care International, World Vision and ZOCS (Zambian Organisation of Community Schools), to ensure coordination and avoid duplication of resources.

REPSSI

REPSSI is reportedly in the process of developing a minimum psychosocial support package for use in schools. This would act as a helpful guide once it is developed.

Recommendation 60: ensure continuing links with REPSSI to access future reports and documents including forthcoming recommendations for a minimum psychosocial support package for use in schools.

2.2 Training

Planning the Training

Enough planning time should be allotted so that the aims of the training are clear to everyone from the start and the content of the training reflects this.

Training of Trainers

To scale up in a cost effective way it is recommended that a group of 20 – 25 skilled and enthusiastic teachers and community members be trained as trainers of trainers. The majority of these could be picked from the current cohort, although other skilled teachers should not be ruled out. There should be approximately equal numbers of trainees from each province. These trainers could then carry the programme forward by training more teachers and community members from different schools, with the assistance of the CHANGES2 staff, Provincial and District Guidance & Counselling Coordinators and initially, REPSSI trainers.

Recommendation 61: Train a team of around 25 trainers of trainers, initially supported by CHANGES2 and REPSSI, to scale up the initiative into other areas.

An Introduction to Psychosocial Support

In many ways, the training already conducted was extremely effective so may not need to be altered extensively. However, the content of the training should be reduced as discussed above, unless the length of the training is increased by a day or two to allow justice to be done to some extra topics.

Recommendation 62: the initial training to cover less material in more depth. To focus on an introduction to psychosocial support with an emphasis on community involvement. To remove some of the more theoretical content (e.g. stages of bereavement), and to focus on only one or two tools for psychosocial support.

2.3 Implementation

District Guidance and Counselling Coordinators

Recommendation 63: MoE to facilitate the psychosocial support of OVCs through enabling each District Guidance and Counselling coordinator to monitor and support the schools in their district in this programme.

This may be achieved by allotting time and transport to District Coordinators for this task; by creating established District Guidance and Counselling Coordinator posts; by ensuring that District Coordinators are adequately trained; or by ensuring that they are personally well motivated and are carrying out their duties adequately.

It seems that MoE may have plans to create established District Guidance and Counselling Coordinator posts. However, there is a likelihood that these posts will be given extra responsibilities, again leaving the District Guidance and Counselling Coordinators with too many responsibilities and too little time to adequately support the guidance and counselling teachers with their tasks.

Monitoring, Mentoring and Support

See section 4 – Monitoring, Mentorship & Support

Recommendation 44: to ensure that each school or team is guaranteed regular – at least monthly – visits for monitoring and mentoring by a suitably trained and experienced person.

Suggested method using alternate months:

Month 1: Mentor visits each school & observes some activities e.g. counselling session, group work, meeting etc., followed by feedback and discussion with guidance and counselling teacher and community member.

Month 2: Mentor visits each zone where all participants meet for group mentoring session. One or two schools per meeting present an aspect of their programme for analysis and discussion.

Planning for the Future – A Growing Demand for Psychosocial Support

Society in Zambia is becoming increasingly educated about psychosocial issues, and this programme, of course, contributes to peoples raised awareness.

Gradually, more teachers, community members and children will become aware about the difficulties faced by children, and the services available to address these. As this happens, the demand for guidance and counselling services will

grow. There should be some preparation for this so that already stretched guidance and counselling teachers do not become overwhelmed by the demand for their services. Because this model does not rely exclusively on offering one to one counselling as an intervention, nor does it rely exclusively on the guidance and counselling teachers to support children, the development of this approach can be seen as ideal preparation for increased demand for psychosocial support in the future.

VIII. Summary of Recommendations

Recommendation 1: For future evaluations to place the pupils central to the assessment. For example, by holding focus group discussions with pupils who have been briefed about the topic and have given their permission. Discussions should be carried out with neutral persons who speak the local language.

1. Participants of the Training

Recommendation 2: to work with the MoE on more appropriate selection criteria for guidance and counselling teachers.

Recommendation 3: MoE to ensure that all guidance and counselling teachers receive the appropriate training in their field.

Recommendation 4: MoE to explore ways to allow guidance and counselling teacher allotted time for guidance and counselling activities. Reduced teaching loads to be considered.

Recommendation 5: when choosing candidates for a training, to ensure that they are not those likely to be transferred.

Recommendation 6: consider having two guidance and counselling teachers per school, to share the workload, provide cover and maintain continuity if one teacher is lost. One male and one female would allow a gender balance.

Recommendation 7:

Recommended Criteria for Selection of Community Members:

- 12) respected status in the community
- 13) able to read and write
- 14) able to convey ideas and information to others
- 15) awareness of issues affecting OVCs
- 16) interest in psychosocial support
- 17) enough time to dedicate to the programme
- 18) counselling skills training an advantage
- 19) speaks the local language

- 20) lives in the area
- 21) Impartiality – not related or married to any teacher etc.
- 22) relates well to children and empathic approach

Recommendation 8: to train one person of each gender from each school. I.e., if the guidance & counselling teacher is male, ensure a female community member is chosen.

Recommendation 9: MoE to clarify what role the DG&C Coordinators can realistically take in this programme; to ensure that DG&C Coordinators have the available resources and skills; and that they carry out agreed duties.

Recommendation 10: To monitor and mentor on the issue of equity and collaboration between teachers and community members during school visits (see section 4, Monitoring mentorship and support), and to ensure that each person operates according to their skill level.

2. The Training

Recommendation 11: for the initial training to cover less material in more depth. To focus on an introduction to psychosocial support with an emphasis on community involvement. To remove some of the more theoretical content (e.g. stages of bereavement), and to focus on only one or two tools for psychosocial support.

Recommendation 12: to clarify and agree the aims of the training beforehand and to communicate the aims to the participants before the training. This should include specific notification that this is not a training in counselling.

Recommendation 13: For those already trained, to clarify the difference between psychosocial support and counselling and the focus of the programme through mentoring or follow up sessions. For future trainings, to ensure this issue is clearly explained and to verify this at the end of the training e.g. through an end of training quiz.

Recommendation 14: To include information on only one, or at most two methods of intervention in the initial training, so that the method can be explained in depth and practical applications discussed.

Recommendation 15: For future trainings, ensure there is a practical component to be completed before certificates are awarded.

Recommendation 16: Payment of only modest allowances for workshops would ensure that participants attend trainings because they are motivated by the subject matter rather than the allowance.

Recommendation 17: for further trainings, to continue with the REPSSI psychosocial support programme, whilst ensuring the aims of the training are clear to everyone from the outset.

3. Implementation

Recommendation 18: where more IGAs than interventions addressing psychosocial support needs are being planned, participants should be reminded of the value of social and emotional supports for children and encouraged to balance their plans accordingly.

Recommendation 19: the participants to have access to materials, pamphlets etc. in local languages to help them find ways to present issues in the vernacular.

Recommendation 20: Use mentorship or follow up sessions to check methods used to identify orphans.

Recommendation 21: when counselling, advise the participants to arrange meetings with the children on the school premises where possible, or in the child's home, but not in the teacher or community members' home to avoid misinterpretation by the community.

Recommendation 22: a trained and experienced counsellor (or preferably counsellor supervisor) who speaks the local language should observe and assess a counselling session with each participant who is offering counselling. If this is not possible on a regular basis, every 6 - 12 months would suffice. Genuine consent from the child is a prerequisite. This would determine the degree of counselling the person is capable of, as well as acting as a supervision session where constructive feedback could be given and discussed.

Recommendation 23: It should be made very clear to participants of the psychosocial support workshop, particularly those with no previous counselling training, that they are being trained in counselling skills but they are not being trained as counsellors.

Recommendation 24: during the psychosocial support training, participants should be taught the appropriate time to seek help from someone more experienced than themselves or refer on to a qualified counsellor.

Recommendation 25: if participants are observed, those with an aptitude for counselling could be encouraged and supported to take further counselling training. Those with less aptitude would be supported in developing their skills in other areas of psychosocial support such as community involvement, sensitisation, kids clubs etc.

Recommendation 26: a person with experience in psychosocial support attend psychosocial support activities when they occur to monitor their quality, support the facilitators and offer mentoring and guidance.

Recommendation 27: to encourage participants to grasp any opportunity to talk with children about their day to day lives, worries, etc., and to view this as a valuable intervention.

Recommendation 28: Integrated rather than vertical programmes. To ensure that each project (community parenting, IGAs etc.) is not treated as in intervention in isolation, i.e., a vertical project, but that all aspects of psychosocial support are integrated into each initiative.

Recommendation 29: To use IGA s as an opportunity to conduct other psychosocial support interventions with both children and adults.

Recommendation 30: wherever possible, provision of material support is linked to IGAs.

Recommendation 31: to create established guidance and counselling coordinator posts to allow the coordinators to give appropriate support to the guidance and counselling teachers.

Recommendation 32: to provide a room in each school for psychosocial support activities including counselling. To make the room a welcoming and relaxing environment for children.

Recommendation 33: implement ways to enable the school administration to be a valued part of the programme. For example, the CHANGES2 coordinator to introduce the programme to them and ask for their involvement.

Recommendation 34: Encourage schools to include non stigmatisation and equality issues in their programmes. Ensure schools do not carry any programmes which may stigmatise orphans.

Recommendation 35: continue the use of IGAs to support children and families suffering economic hardship.

Recommendation 36: continue to promote a community parenting approach to enable the most vulnerable children to be supported emotionally, socially and practically.

Recommendation 37: the implementers should be well supported emotionally and practically to enable them to work with the emotional and practical stresses of the overwhelming numbers of orphans and vulnerable children.

Recommendation 38: to continue with programmes to educate the community about aspects of psychosocial support, whilst keeping in mind that it will take time and persistence to achieve results.

Recommendation 39: consider the introduction of identity cards for participants.

Recommendation 40: to recognise, value and nurture the participants' enthusiasm for the programme.

Recommendation 41: to ensure that schools learn from each others successes and failures, and that successes are celebrated, a small information sheet could be circulated once a quarter, in which participants could write a paragraph or two about particular activities they have initiated.

Recommendation 42: all schools to ensure that community leaders are involved in their programme in whichever ways are appropriate in their context.

4. Monitoring, Mentorship and Support

Recommendation 43: to develop a monitoring form which reflects the diverse range of activities expected in carrying out psychosocial support, not only individual counselling.

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- training in counselling to identify more serious problems and mentor on counselling skills
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- access to transport to reach the schools

in addition to the motivation to develop this programme with maximum community involvement.

Recommendation 46: MoE to facilitate the psychosocial support of OVC's through enabling each District Guidance and Counselling Coordinator to monitor and support the schools in their district in this programme.

Recommendation 47: to network with other ministries and agencies to investigate the possibility of multi sectoral monitoring and mentoring teams.

Recommendation 48: where other NGOs are responsible for monitoring and mentoring, ensure they have sufficient knowledge and experience in psychosocial support to do this in a meaningful way, and that they fulfil the terms of the contract.

Recommendation 49: to find out whether there are REPSSI national psychosocial support trainers in the districts where the programme is being implemented and involve them in the monitoring and mentoring of the programme.

Recommendation 50: Organise provincial follow up meetings once a term for exchange of ideas and coaching.

5. Taking the Programme Forward

Recommendation 51: strengthen the existing programme through the greater involvement of community members, community leaders other ministries and agencies.

Recommendation 52: strengthen the programme through greater involvement of pupils in planning and implementation.

Recommendation 53: scale up this intervention to other schools, districts and provinces.

Recommendation 54: shape the initiative into a coherent and transparent programme with a name, aims and objectives.

Recommendation 55: Treat the training as only one component of the programme, and not an intervention in itself. This includes preparing and involving the stakeholders (including school administration, community leaders); preparing mechanisms for supporting the implementers; and planning for how the implementation will fit with the wider organisation and other agencies.

Recommendation 56: To clarify with MoE how the psychosocial support initiative fits with current expectations of Guidance & Counselling services, and to ensure MoE clarifies with the schools what is expected of them.

Recommendation 57: MoE to consider integrating the psychosocial support approach fully into guidance & counselling services.

Recommendation 58: Integration of psychosocial support into other programmes. Ensure networking and integration within MoE and with other ministries at national level so that psychosocial support is not treated as a stand alone or 'vertical' programme.

Recommendation 59: network on a national level with other agencies working in this field, including UNICEF, Care International, World Vision and ZOCS (Zambian Organisation of Community Schools), to ensure coordination and avoid duplication of resources.

Recommendation 60: ensure continuing links with REPSSI to access future reports and documents including forthcoming recommendations for a minimum psychosocial support package for use in schools.

Recommendation 61: Train a team of around 25 trainers of trainers, initially supported by CHANGES2 and REPSSI, to scale up the initiative into other areas.

Recommendation 62: the initial training to cover less material in more depth. To focus on an introduction to psychosocial support with an emphasis on community involvement. To remove some of the more theoretical content (e.g. stages of bereavement), and to focus on only one or two tools for psychosocial support.

Recommendation 63: MoE to facilitate the psychosocial support of OVCs through enabling each District Guidance and Counselling coordinator to monitor and support the schools in their district in this programme. This may be achieved by allotting time and transport to District Coordinators for this task; by creating established District Guidance and Counselling Coordinator posts; by ensuring that District Coordinators are adequately trained; or by

ensuring that they are personally well motivated and are carrying out their duties adequately.

Recommendation 44: to ensure that each school or team is guaranteed regular – at least monthly – visits for monitoring and mentoring by a suitably trained and experienced person.

Suggested method using alternate months:

Month 1: Mentor visits each school & observes some activities e.g. counselling session, group work, meeting etc., followed by feedback and discussion with guidance and counselling teacher and community member.

Month 2: Mentor visits each zone where all participants meet for group mentoring session. One or two schools per meeting present an aspect of their programme for analysis and discussion.

IX. Theoretical Basis of the Psychosocial Support Model

This model of offering emotional and social support to children is not a new one. It has been employed in a number of forward thinking organisations and institutions over the past 20 or so years, particularly those where the need is great and resources are few. Some examples are included below.

Masiye Camp, Zimbabwe. Salvation Army.

Masiye Camp is often used as a model example of psychosocial support to children affected by AIDS. It started offering life skills camps to children affected by AIDS in 1998. The approach uses experiential and adventure learning, partially based on the UK's 'Outward Bound' programme. Every year over 1400 children and young people affected by HIV participate in life skills camps at Masiye.

Masiye offers psychosocial support using a variety of methods including:

- outdoor activities and games
- group and individual discussions about losing one's parents
- building relationships and trust
- facilitating grief and bereavement processes
- HIV education
- Talks on drug & alcohol use
- Arts and crafts
- Music and dance
- Teenage parenting and household management courses
- Kids Clubs for follow up support and group therapy

Masiye emphasises youth participation in its programmes. The Kids Clubs are run for youth by youth. These clubs then provide many of the facilitators for the camps. Masiye also trains adults such as teachers, youth workers and counsellors in psychosocial support to children.

The programme has achieved results in improving the resilience and coping capacity of children. Particularly in the areas of:

- Restoring and strengthening self esteem and confidence
- Allowing and supporting grief processes and overcoming 'low trauma'
- Development of goal setting, decision making and negotiation skills
- Empowerment, strength and developing a healthy sense of responsibility for their lives
- (re-) instilling values and hope for a future.

This project is documented in the UNAIDS Best Practice Collection (Investing in Our Future, 2001).

Psychosocial Support in Medecins Sans Frontieres (MSF) Programmes

MSF is an international NGO (non governmental organisation) offering medical support to the most vulnerable populations and those in crisis or conflict situations. Essentially a medical organisation, MSF has come to recognise the vital role played by psychological and social health in a person's physical and overall health. Many MSF programmes now incorporate a psychosocial support component to address this. These components work with communities to re-establish traditional coping mechanisms. This might include group discussions; support groups; education on the effects of loss or trauma; re-establishing group activities appropriate to the culture such as music and dance, community theatre, arts and crafts, play for children; use of counselling skills to offer emotional support; and training helpers to recognise more severe problems and to refer on to appropriate agencies.

Community Psychology and a Systemic Approach

Clinical psychologists working in the health system in the UK, particularly in urban areas, are often unable to meet the overwhelming demand for counselling and psychological support. As a result, community psychology approaches have been developed. These offer community and preventative interventions to groups or communities. This might include workshops on coping with psychological problems, helping communities to set up and run support groups, activities to promote social cohesion, training people in counselling and communication skills, and promoting children's or human rights.

Much of community psychology is based upon a systemic therapy approach. Systemic therapy focuses not only on the person with an identified 'problem', but also on the systems the person operates within, and how these systems influence the person and the difficulty. Systems might include the family, the school, the church, the wider community, even the social and political systems in operation. Hence, within this approach, to tackle any difficulty it is equally important to work with the systems as with the individual.

HUMULIZA Project, Tanzania.

- Supported by Terre Des Hommes, Switzerland

This project addresses the psychological needs of orphaned children through offering group counselling for children and educational seminars for teachers and NGOs. They work to change attitudes about HIV and orphanhood, and to enable adults to offer informal psychosocial support to children through identifying problems, using good communication skills, listening, and building children's self esteem. As a result of the project, class attendance improved, and teachers helped orphans to realise that they have the same right to education as every other child. This project is documented in the UNAIDS Best Practice Collection (Investing in Our Future, 2001).

The project also offers educational seminars to politicians to make them aware of the experiences and needs of children affected by HIV.

Parallels between all of these projects or approaches and the model outlined in this report can be seen. Through employing a variety of methods to support children and build their resilience; educating adults to support children; raising awareness in children and adults about psychosocial issues and dangers; and keeping interventions community based and culturally relevant, all of these approaches are successful in empowering children and building their resilience whilst enabling communities to support their children affected by HIV.

The UNAIDS Best Practice Collection Case Study 'Investing in Our Future' (2001) outlines a number of recommendations which could be usefully applied to this programme and would be of interest to the implementers, i.e., teachers and community members, as well as the planners and organisers. See Appendix 4 for these recommendations.

X. Conclusion

This evaluation investigated the effectiveness of the psychosocial support model employed by CHANGES2 in 82 schools throughout the second half of 2006. Given that the programme has only been in operation for four months, an extremely positive start was identified. The emphasis on genuine community involvement, particularly through the inclusion of a community member representing each school, was seen as an enormous strength. Despite the training presenting too many topics in too short a time, the participants came away having learnt a number of significant things about psychosocial support, and not least, many were seen to have changed their approach to vulnerable children to a much more aware and understanding one.

Following the training, the participants developed action plans and implemented a broad range of psychosocial support interventions. These included educating the community about the social and emotional needs of children affected by HIV;

endeavouring to involve the community in this initiative; developing IGAs to provide school requisites for vulnerable children; supporting children informally and through counselling and home visits; and instigating activities to build resilience and awareness in children. Although there was seen to be a greater emphasis on IGAs and counselling than other methods, this is unsurprising as these are familiar approaches, and the enthusiasm and openness of the trained teachers and community members to use a variety of methods to make a difference in this area was evident.

The greatest threat to the activities was the current lack of a sustainable method of monitoring and mentoring. Without suitably knowledgeable mentors to support and coach the participants of the training, it is feared that the activities will fade away or develop in the wrong direction. With good mentorship, those trained can be helped to develop the programme in their schools and communities so that more community members including children are involved and taking responsibility for psychosocial support to children affected by HIV. A significant challenge will be to identify and engage appropriate and accessible mentors in each district.

It is recommended that this psychosocial support model be used to scale up to other schools through training a cohort of trainers from the current group to train their peers. As this is a field which is rapidly gaining recognition for the important role played by psychosocial support, scaling up this programme would necessitate networking and joint working with other agencies and ministries involved in this field.

This model of psychosocial support has been tried and tested in other African countries and other parts of the world, where it has had significant success in enabling communities to support themselves and in enabling children to complete their education. This model was seen to be particularly appropriate for this context, in which it is crucial to address not just the presenting problem but also the source of the problem; where there are many children in need of support and not enough resources to offer one to one support to them all; where not everyone can obtain advanced skills such as counselling, but the skills of many people can be utilised in a variety of ways; and where children can be helped to build their resilience to protect against future problems.

References & Resources

Dr. Jonathan Brakarsh and the Community Information and Inspiration Team (CIIT). **The Journey of Life – Community Workshops to Support Children.** Manual 1: Awareness Workshops. REPSSI. 2004

CARE International Zambia with guidance from Family Health International **Telling our Stories: Children Deal with Loss, Grief and Transition.** 2003

Dr Geoff Foster, Consultant in Child Health & Welfare, Zimbabwe Lenah Jiwli, Salvation Army HIV/AIDS & OVC Consultant, S. Africa.
Psychosocial Support of Children Affected by AIDS: An Evaluation and Review of Masiye Camp, Bulawayo, Zimbabwe. June 2001

Germann, Stefan., Madörin, Kurt. & Ncube, Ncazelo. **Psychosocial Support for Children Affected by AIDS.** Practical responses from Zimbabwe and Tanzania. 2001

NCube, Ncazelo (REPSSI) & Watt, Tsitsi (Masiye Camp). **Introduction to Psychosocial Support** – in the context of orphans and other children and youth made vulnerable by AIDS. REPSSI Participants resource package.

Sr Silke-Andrea Mallmann CPS. **Building Resilience in Children Affected by HIV/AIDS.** Catholic AIDS Action, Namibia. 2003
[A handbook for people who live and work with children affected by HIV/AIDS.]

UNAIDS Best Practice Collection. **Investing in Our Future: Psychosocial Support for Children Affected by HIV/AIDS** *A Case Study in Zimbabwe and the United Republic of Tanzania.* July 2001.

Zambia Counselling Council, **Guidelines for Registration.** May/June 2005.
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