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EVALUATION OF THE COMMUNITIES SUPPORTING HEALTH, HIV/AIDS, GENDER EQUITY, AND EDUCATION IN SCHOOLS (CHANGES) PROGRAM IN ZAMBIA

April 2005

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Women, Girls and HIV/AIDS
Written and Directed by Mrs. J. Jushoke
Performed for the Evaluation Team
Nalituwe Basic School

CHORUS
Memories Come,
Memories Go,
Memories Come,
Memories Go.
Memories Mingled with sorrow,
Pain and Affliction,
Come and Go,
Memories mingled with doubt and hope,
Come and Go.
HIV/AIDS seems to be in control of our destiny,
No! No! No!
We shall not allow it.

STANZA 1
HIV/AIDS, HIV/AIDS
Great is the fight against HIV/AIDS
My efforts, your efforts and our efforts,
Can combat the killer disease AIDS.
Oh women and girls of Mother Zambia!
Arise, Arise, Arise!
Arise and take your place
In the Fight against HIV/AIDS.
Great is the fight, but
You have the key to a better future.

STANZA 2
Women and Girls of Mother Zambia
The taboo saga is over
Traditional Bias,
Oh, Yes!
Traditional Bias!
Erase that bias, traditional view,
Be assertive
Take part in decision making
Your place is not only a kitchen
As they say
You are worth more than just a mere cook
HIV/AIDS is here for you to act.

STANZA 3
Oh women and girls of Mother Zambia
Be a force for change
You have the key to a successful
Prevention and control of HIV/AIDS.
Erase that bias traditional view
The submissive saga to the opposite sex
Is long gone
Receive and pass on the
Information on HIV/AIDS
Without reservations.

STANZA 4
Girls, mothers of tomorrow
Arise, Arise, Arise!
Pick up the challenge
Show ourselves fit for the HIV/AIDS fight
Restore the lost hope for survivors
Adore your God-given beauty
As you Continue, Continue with virgin power, virgin pride
For the choice is yours
Safe you are if you live a careful life,
But a careless life, AIDS is the Price.

STANZA 5
Women of Mother Zambia
You have the ability to put HIV/AIDS to an end
Stage Oh Yes! Stage a total fight against HIV/AIDS
That no eye has ever seen
Hear the plea of an orphan
Where children are scattered
Like sheep without a shepherd
Restore Peace, Joy and Happiness to Mother Zambia.

"Without the (CHANGES) sensitisation, some communities would not participate. We (MOE) could not penetrate the community. They (CHANGES) taught us to be with the people. The program ownership was by the people themselves. Don't pounce on the villagers or they will pounce on you harder."
- An MOE Provincial Official

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Acronym Glossary

AEI	African Education Initiative
AGSP	Ambassador Girls' Scholarship Program
AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-retroviral Drugs
BEPS	Basic Education and Policy Support
BESSIP	Basic Education Sub-sector Investment Program
CARE	Co-operative for Relief Assistance Everywhere
CBO	Community based organisation
CBoH	Central Board of Health
CDA	Community Development Assistants
CDC	Curriculum Development Centre
CFPP	Community Focal Point Person
CHANGES	Communities Supporting Health, HIV/AIDS, Gender Equity, and Education in Schools
CHIF	Community Health Innovation Fund
CHW	Community Health Worker
CSMC	Community Sensitisation and Mobilisation Campaign
DC	District Commissioner
DEBS	District Education Board Secretary
DEO	District Education Officer
DHMT	District Health Management Team
DHS	Demographic Health Survey
ECZ	Examinations Council of Zambia
EFA	Education for All
EMIS	Education Management Information System
EP	Eastern Province
ESO	Education Standards Officer
FAWEZA	Forum for African Women Educationalists of Zambia
FBO	Faith-based organization
FPP	Focal Point Person
FRESH	Focusing Resources on Effective School Health
GDP	Gross domestic product
GRZ	Government of the Republic of Zambia
HIPC	Highly Indebted Poor Countries
HIV	Human Immunodeficiency Virus
HW	Health Worker
IDA	Iron Deficiency Anaemia
IEC	Information Education and Communication
JICA	Japan International Co-operation Agency
LBT	Let's Build Together
MCDSS	Ministry of Community Development and Social Services
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of Understanding
NBTL	New Breakthrough to Literacy Primary Reading Program
NFNC	National Food and Nutrition Commission
NGO	Non-governmental organisation
NHC	Neighbourhood Health Committee

OVC	Orphans and Vulnerable Children
PAGE	Program for the Advancement of Girls' Education
PCD	Partnership for Child Development
PEO	Provincial Education Officer
PEPFAR	President's Emergency Plan for AIDS Relief
PRP	Zambia Primary Reading Program
PTA	Parent Teacher Association
SACMEQ	Southern Africa Consortium for the Measurement of Educational Quality
SAFE	Students' Alliance for Female Education
SCI	Schistosomiasis Control Initiative
SESO	Senior Education Standards Officer
SFPP	School Focal Point Person
SHN	School Health and Nutrition
SI	Successful Intelligence
SIAPAC	Social Impact Assessment and Policy Analysis Corporation
SP	Southern Province
SPRINT	School Program for In-Service for a Term
STI	Sexually Transmitted Infections
TDRC	Tropical Diseases Research Centre
TED	Teacher Education Department
TOT	Training of trainers
TTC	Teachers Training College
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
UNZA	University of Zambia
USAID	United States Agency for International Development
USG	United States Government
UTH	University Teaching Hospital
VIP	Ventilated Improved Pit Latrine
WFP	World Food Program
WHO	World Health Organisation
ZATEC	Zambia Teacher Education Course
Z-CAI	Zambia Cognitive Assessment Instrument
ZCF	Zonal Community Facilitator
ZEST	Zonal Education Support Team

I. EXECUTIVE SUMMARY

This process evaluation of the CHANGES programme includes an analysis of its three major components: School Health and Nutrition (SHN), Community Sensitisation and Mobilisation (CSMC), and Small Grants. It also examines the two cross-cutting issues of HIV/AIDS and Gender Equity, within the context of the three major programme components.

We conclude that the CHANGES programme has fulfilled its major goals of putting in place excellent models for School Heath and Nutrition (SHN) and the Community Sensitisation Mobilisation Campaign (CSMC), in addition to a well-functioning small grants model. We recommend that the GRZ, with international assistance, scale up the various aspects of the programme to reach beyond the two CHANGES provinces. The Memoranda of Understanding have broken new ground in inter-ministerial cooperation in Zambia, by bringing together personnel and resources from the Ministries of Education, Health, and more recently with an international agency, SCI. The Ministry of Community Development and Social Services also has had an informal agreement to participate in the programme. This cooperation has created, particularly at the zonal level, a significant partnership to confront the educational, health and social needs of Zambian school children and communities.

CHANGES concentrates on school health and nutrition needs in the Eastern Province and 3 districts in the Southern Province. There is solid evidence that the SHN has not only had positive effects on the cognitive development of students, but that teachers can be trained to be full participants in the administration of drugs and in the improvement of the health and nutrition in their schools. "Production units," involving school fields and gardens, however, do not yet appear to be significant components of improving nutrition. Community Sensitization and Mobilization (CSMC), which focuses on issues of gender and HIV/AIDS, is now in all 11 districts of the Southern Province. Its effectiveness in changing deeply rooted cultural beliefs and behaviours could serve as an international model on confronting behaviours leading to HIV/AIDS and addressing the importance of girls' education. The third major component of the CHANGES Programme is the Small Grants Mechanism. Its goals have remained unchanged: increase the participation of girls and other vulnerable children in basic education; integrate messages about HIV/AIDS, life skills and appropriate behaviours into ongoing school-community and district-level education activities; and improve learning, health, and nutrition of primary school students through innovative SHN activities. Programmes in over 130 schools and communities have led to infrastructure improvements, capacity-building, and community sensitisation and mobilisation.

CHANGES

1. **Finding:** The MOU between the MOE and MOH, and more recently the MOU between MOE, MOH and SCI are an important mechanism to promote cooperation on issues affecting children and communities. The informal understanding, between the MOE, MOH and the MCDSS at the provincial level has also served to bring that Ministry into increasing cooperation with the programme.

Recommendation: Any cross-cutting issues in the future should seek similar MOUs between relevant ministries, with an inter-ministerial Implementation Committee and Chief of Programme housed in the MOE, and coordinators in MOH and MCDSS, to assure that it is seen as an inter-ministerial activity. Given the importance of production units and school nutrition, the Ministry of Agriculture could be formally or informally added.

2. **Finding:** A programme with two different focuses (SHN and CSMC) and two cross-cutting issues (HIV/AIDS and Small Grant) can and does function well, despite very different goals, objectives and outcomes.

   Recommendation: It is critical to have a strong central office and provincial coordinators and staff, particularly if any new programme seeks to scale up nationwide.

3. **Finding:** While the Programme dealt with two important and even critical issues, school health and community mobilization, it was not focused on the central roles of teaching and learning in schools.

   Recommendation: Any new programme should attempt to include one or more educationally central components, to assure a "seat at the table:" e.g. multi-grade materials and training; pre- and in-service teacher training; special needs; community schools; clinical supervision; "Read-On" for grades 3-7; PTA and Community Accountability; Out-of-School youth; or OVCs.

4. **Finding:** The restructuring of the MOE during the programme and of the MOH, prior to its inception, made some aspects of managing the programme more difficult.

   Recommendation: It is critical for the functioning of this or future programmes, that training and retraining occur, particularly in such critical areas as administration of drugs and issues of HIV/AIDS. Many personnel have been moved or replaced by their respective ministries.

5. **Finding:** School enrolment, particularly for girls, and attendance increased and, to a lesser extent, re-entry and retention of girls increased, as the result of children's improved health from the drug and micro-nutrient treatment.

   Recommendation: Parents, Community Members, Teachers and Head Teachers all gave credit to CHANGES for the return of girls, who had left school due to pregnancy, and the greater desire to enrol girls and have them remain in school for 7-9 years. Any new programme should maintain this focus.

   Finding: CHANGES has developed a highly capable staff, with great capacity in all aspects of the SHN and sensitization and mobilization model; research, training, implementation, and action plans.

   Recommendation: It is important that the skills of these highly qualified individuals be utilized in any scale up of the current programme and in the development of new directions.

6. **Finding**: Most Standards Officers still appear to utilize an inspectorial, generally negative, approach to their monitoring and evaluation duties.

   Recommendation: An important contribution of any new programme could be the retraining of current Standards Officers or the formation of a new cadre of Head Teachers and Officers trained in new supervisory roles that assist teachers, rather than in the traditional punitive, inspectorial role found in many countries.

7. **Finding**: While CHANGES staff offer some workshops on HIV/AIDS and Gender Equity for staff and students in the TTCs, it remains quite limited.

   Recommendation: To have a broader impact on the overall educational system, any future programme should seek to have a greater impact on the TTCs and the Teacher Resource Centres, not just in HIV/AIDS and Gender Roles, but through a range of workshops and/or courses that would assist future teachers in becoming genuine "community" educators and developers. In addition, National Trainers could serve an important in-service function in these and other topical areas.

School Health and Nutrition

1. **Finding**: Before beginning the SNH process, a detailed Situation Analysis was conducted in the Eastern Province.

   Recommendation: It will be critical in any scale-up or expansion of the model beyond the Eastern Province and the three districts in the Southern Province, that a Situation Analysis be conducted, so as to assure the appropriate health interventions.

2. **Finding:** The SHN programme has developed an excellent model to detail Inputs, Outputs, Short-term outcomes and Long-term outcomes, in addition to listing Antecedent and Mediating Variables. It has proven to be an exceptional model to systematize school health in the whole Eastern Province and in three districts of the Southern Province.

   Recommendation: In any scale-up of SHN, the many components of the model should be carefully studied and used wherever appropriate.

3. **Finding:** The improvement of children's health, particularly as it involves de-worming, schistosomiasis, and micro-nutrients, affects not only attendance and enrolment, but has been shown through research to have positive effects on cognitive development. The national SHN policy is being implemented in most schools. With evidence of anaemia, a case for iron supplements can be made.

   Recommendations: The SHN programme should be scaled up to eventually reach all provinces, and carefully coordinated with all other MOE and MOH programmes dealing with children's health. It also would be helpful to have EMIS disaggregate grade 7 exam results to ascertain achievement effects on treated and non-treated students.

4. **Finding:** Teachers are capable of being critically important persons in the health of children, including the administration of drugs.

   Recommendation: Teachers can be trained to assist the health sector in recognizing symptoms, and sending children to clinics or hospitals for professional medical care. School health should be a part of the pre-service teacher education programme.

5. **Finding**: While many schools had "production units," they did not function as important sources of food or nutrition for students. They were more likely to serve as a location for agricultural or vocational learning. They should not be seen as sources of child labour.

   Recommendation: School feeding programmes or even snacks were seen as critically important for schools in particularly poor areas, for the many OVCs and to promote girl's enrolment and retention. The name "production unit" should be changed to "school feeding units" or "school food gardens" to assure their even limited use to provide nutrients to children.

6. **Finding:** The SHN programme of CHANGES has not only gone well beyond its original goals in de-worming and other interventions, but has provided exceptionally good manuals, assessment tools, health cards, measuring poles, and charts that are now in use throughout the country.

   Recommendation: It is critical to utilise the lessons learned by CHANGES on treating whole schools and communities, and assuring that all schools have SHN manuals.

7. **Finding**: The School Health and Nutrition Competition Assessment Tool and Evaluation Questionnaire provides excellent means for evaluating and measuring a wide range of School Health and Nutrition elements.

   Recommendation: Similar instruments should be developed for use in measuring a range of academic school issues.

Community Sensitization and Mobilization Campaign

1. **Finding:** The CSMC model has worked very well in effectively reaching deep into rural communities, to a depth seldom attained by regular Ministry activities.

   Recommendation: The CSMC model could be used for many additional components of schooling and health, not just those found under SHN, HIV/AIDS and Gender Equity.

2. **Finding**: There is excellent cooperation and collaboration between the community development workers, health professionals and education officers at the zonal level, with apparently less effectiveness at higher levels.

   Recommendation: Under any new programme, it will be important to continue developing these linkages between the MCDSS, with their intimate community knowledge, MOH with their health professionals who provide daily medical assistance, and the MOE education officers, who work closely with the schools.

3. **Finding**: CSMC has strong credibility in rural communities confronting a range of issues concerning HIV/AIDS and Gender Roles. Traditional drama, poetry, and community meetings appear particularly effective, while English language posters and instructional materials appear to have less effect among the many non-English reading children and community members.

   Recommendation: The model could be used to confront a broad array of issues facing rural Zambia, but must always be specially tailored to meet the cultural and linguistic needs of the community. Since a full national expansion of the programme is unlikely to be financially feasible, any new programme should carefully target districts which appear to be suffering from low girl's enrolment, cultural practices affecting early marriage and pregnancy, high HIV/AIDS rates, extreme poverty and large numbers of OVCs.

4. **Finding**: In a sense, the gender equity activity and the SHN activity are partially victims of their own success, with so many returning girls and even more retained, many schools no longer have sufficient space to meet demand.

   Recommendation: The MOE must place priority on the creation of more school spaces.

5. **Finding:** Textbooks, library books, and other instructional materials are extremely rare in most classrooms, and it is even rarer to find students reading or writing original text.

   Recommendation: It is critical that a wide variety of printed materials in both Mother Tongue and English be available in every classroom. Children do not learn to read and write unless they read and write. This is particularly important in the CHANGES focus areas of School Health, HIV/AIDS, and Gender Roles.

6. **Finding**: Teachers, Head Teachers, or even Community Members who have been trained as counsellors are very important in confronting issues of HIV/AIDS and Gender Roles.

   Recommendation: One of the most valuable contributions of any future programme would be to have trained adult and peer counsellors available to assist young people with critical issues of sexuality, HIV/AIDS, and gender roles. The two chapters of this report on HIV/AIDS and Youth and on Gender Equity provide numerous recommendations.

7. **Finding:** While the many curricular and community activities appear to be well accepted, there is not yet any data showing changes in sexual behaviour. International research has found that service-learning, school and community involvement, and mentoring have the greatest effect on adolescent sexual behaviour.

   Recommendation: Any future programme should seriously consider adding these components to any model being used to confront HIV/AIDS in schools and communities. FAWEZA is already doing these things well, but with a limited number of schools.

Small Grants and NGOs

1. **Finding:** For a comparatively small amount of funding, communities were mobilized and capacity built to construct dormitories, latrines and bathing houses for girls, and to conduct training sessions on HIV/AIDS and gender equality and other programmes beneficial to schools and communities and to accomplishment of major CHANGES goals.

   Recommendation: Any follow-up programme of SHN and CSMC should also incorporate a small grant component tied to programme goals.

2. **Finding:** The mid-level grants to Zambian NGOs like FAWEZA for girls' bursaries and the Family Health Trust to train HIV/AIDS peer educators, contributed significantly to the implementation of the CHANGES Programme goals.

   Recommendation: Working through local NGOs and CBOs is particularly important, as it builds capacity and is a comparatively inexpensive manner in which to carry out programme goals.

3. **Finding:** The CARE small grant model effectively solicited, selected, monitored and accounted for 130 small grants in two provinces and built capacity in securing and managing small grant projects among community members.

   Recommendation: Any follow-up programme that includes a small grants component should adopt the CARE model of managing a small grant programme, while simultaneously building capacity in local NGOs and CBOs.

Ambassadors Girl's Scholarship Programme (AGSP)

Finding: FAWEZA appears to have met and surpassed all its AGSP goals. It is a particularly effective programme, because it not only administers scholarships, but also carries on a wide array of activities involving young women and men in academics, HIV/AIDS prevention, and changing gender roles. The very real problems listed in the AGSP section remain (housing, safety and security, pregnancies and re-entry to school and transportation for monitoring), but are not insurmountable, and do not directly relate to the excellent job being done by FAWEZA in administering the programme.

Recommendations:

- FAWEZA, from all indications, is exceptionally well qualified to continue its important work under any follow-up programme or even as a direct grantee from USAID. It is already working in many provinces, so in a sense has been "scaled up," another important reason for keeping it on as the administrator of the AGSP.
- FAWEZA's exceptional model of SAFE Clubs, HIV/AIDS work, service-learning, community service, mentoring, counselling and other activities could serve as a model for any organization seeking to deal with the serious problems facing Zambian youth.

Scaling Up the SHN and CSMC

Finding: Scaling up the SHN will likely be considerably less costly, due to the more limited sensitisation and training periods, than is true of the current CSMC. In addition, with SCI paying for the cost of many of the drugs being administered, the cost of which is covered for at least the next three years. However, if the current model is followed, CSMC is more expensive, with our estimates for the past two years of approximately $1956 per school. Of course, this amount was spent on all levels of research, verification, community sensitisation, monitoring and evaluation at all levels, not just the school, so this could no doubt be cut to a reasonable level.

Recommendations:

- Activate or re-activate the national secretariat and committees, before expanding activities to other provinces, districts and zones.
- Utilizing the experience of the SHN and CSMC, decide which components of each model are essential for a scale up, including research, sensitization and mobilization, training, and monitoring.

II. HISTORICAL, CULTURAL, POLITICAL ISSUES: EDUCATION

Since gaining its independence in 1964, the Zambian education system has been going through several phases designed to improve quality. These changes have mainly been influenced by political, economic and cultural factors, including changes in educational policies in order to meet the *Education for All* goals, and to improve the quality of the teaching and learning process.

In 1977, a policy document, *Education Reforms,* emphasised that there should be a continuous provision of education from Grades 1 to 9 with the curriculum organised on the basis of six years of primary and three years of secondary education. According to the National Policy of Education's, *Educating Our Future* (1996, p. 9), these first nine years were referred to as 'Basic Education' and were to provide full-time education for all in basic subjects, skills training and productive work. The 1992 *Focus on Learning* stressed mobilisation of resources for the development of school education. The third national policy on education, *Educating Our Future*, reflects the government's emphasis on the basic right of every Zambian to a good quality education, including access, equity and quality maintenance at all delivery points in the system.

The Government of Zambia is implementing the present education plan through decentralisation of responsibility and liberalisation of goals. While aiming to provide education for all children, it places great emphasis on reforming the education system, making it more relevant for social as well as for individual educational needs. Involvement of teachers, parents, communities, educators, private and public sector and cooperating partners can lead to the attainment of the goals. These goals are in line with those set by the Dakar Forum (2000) *Education for All*, which stipulates that by 2015, all children, particularly girls in difficult circumstances and those belonging to ethnic minorities, have access to and complete a free and compulsory primary education of good quality. Thus, on 22nd February 2002, Zambia declared the *Free Education Policy* for grades 1-7.

However, cultural aspects, such as early marriages among girls, hamper some of the efforts made in education. Some communities prefer educating boys rather than girls. Girls are seen as a potential source of family income through dowry, so instead of sending them to school to educate them, they are married off between the ages of 13 and 18 years. In order to address this problem, the Ministry of Education has embarked on a community sensitisation campaign in order to advocate for girls' enrolment and retention in schools.

In 2001 there were 1,783,213 children in grades 1-7; 861,200 were girls and 922,013 were boys. A total of 121,055 were enrolled in grades 10-12. Out of these, 69,804 were boys and 51,251 were girls. Zambia has been designated as a Highly Indebted Poor Country (HIPC). Therefore, in order to achieve its goals, it needs regional and international cooperation and financial assistance. However, communities and other in-country organisations have served as the key partners for directing this assistance to targeted areas of improvement thus far.

In line with the education policy, *Educating Our Future*, the Ministry of Education has developed a five-year *Education Sector Strategic Plan (2003-2007)* as a follow-up to the implementation of the *Basic Education Sub-Sector Investment Program (BESSIP)*. The Strategic Plan covers Basic Education, Secondary Education and Tertiary Education. Cross- cutting issues have been included in the plan, including School Health and Nutrition, Equity and Gender, HIV/AIDS, Special Education Needs and Adult Literacy. Since May 2001, School Health and Nutrition (SHN) and Equity and Gender have received a lot of support from the CHANGES programme. Now these programmes will hopefully be institutionalised in the Ministry through the Sector Plan, as a way of sustaining them.

III. HISTORICAL, CULTURAL AND POLITICAL ISSUES: HEALTH

During the colonial period, the first hospitals in the country were established by copper mine owners to treat injuries and afflictions of mine workers. In the late 1940s and 1950s, missions and government programs expanded the number of hospitals, including health centres around the countries' urban centres. These facilities, operating along railway lines, were entirely staffed by expatriate personnel, who emphasized curative care, while the need for training Africans was neglected. By the eve of independence in 1964, the medical system in the country was uneven and inequitably distributed in favour of the settler and urban populations. The rural areas, where the majority of Zambians lived, were almost completely ignored. After independence was achieved, the new government embarked on a radical programme to redress these imbalances by providing free medical care to the entire population through a rapid expansion of rural health centres and district hospitals. However, between the 1970s and the late 1980s, rapid population growth of 3.2 percent, rural-urban migration and a collapsing economy led by the decline in copper prices on world markets, compromised the government's ability to maintain health care at a reasonable level.

By the early 1990s the health care system was near collapse; the government could neither maintain nor replace the deteriorating infrastructure. Most health programmes such as Primary Health Care were performing poorly. Health centres and hospitals were left with chronic shortages of drugs and a significant number of qualified medical personnel trained by the government migrated overseas or to neighbouring countries. At the same time, the epidemiological situation of the country was rapidly changing. The onset of HIV/AIDS compounded an already desperate situation (WHO, UNICEF, WB 2000).

IV. THE CHANGES PROGRAMME

USAID began its support of the MOE/Gender and Equity Component Activities through a 1999 grant to UNICEF to assist the PAGE programme. Through this intervention and through experiences in the Interactive Radio Instruction programme, a number of lessons were learned. While communities were often sensitised to girls' education issues and might be mobilised to help raise school fees or build structures, they were rarely asked to assess their own situation as a community. It was also found that the MOE needed strengthening in the monitoring and evaluation of programmes, as well as facing the challenges inherent in mobilising communities to support basic education, especially with the growing number of orphans. There was also evidence that school age children were burdened with chronic micro-nutrient deficiencies, protein-energy malnutrition, helminthes infection, and malaria, all of which are associated with low academic achievement.

With this background, the CHANGES programme was designed as a 3-year effort, with the possibility of extensions and scaling up to include two basic tasks, including a School Health and Nutrition (SHN) Programme concerned with the development of and implementation of school-based health and nutrition interventions. The second basic task

was that of community participation, which resulted in the Community Sensitisation and Mobilisation Campaign (CSMC). In addition, two cross-cutting themes, HIV/AIDS and gender equity were to be enhanced, along with the development of a small grants mechanism. The SHN indicators from the Inception Report, listed in the table below, gives an indication of the activities in this portion of the programme.

Table 1:
CHANGES Indicators from Inception Report
August 2001

Category/Level	SHN Indicator
1. Education	Increase in cognitive assessment scores
2. Health	Reduction in worm infection prevalence
3. Nutrition	Increase in haemoglobin levels
4. Water	% of schools with access to safe water on premises
5. Sanitation	% increase of schools with latrines available by gender
6. Community Action Plans	% increase of PTAs and communities supporting SHN interventions with specific action plans
7. Community-PTA Meetings	% of PTA groups meeting regularly/at least X times a year
8. Teacher Training in SHN	# of teachers trained in school-based health and nutrition interventions
9. Teacher Training in HIV/AIDS life skills	# of teachers trained in HIV/AIDS life skills
10. Children receiving health education lessons	# of children who have received the set number of health education lessons
11. Children receiving HIV/AIDS life skills lessons	# of children who have received the set number of HIV/AIDS life skills lessons

The second task was that of Community Participation, involving the development and implementation of a programme to sensitise and mobilise the community to improve the participation of girls and other vulnerable children in quality basic education. The priorities, categories, and performance indicators from the Inception Report shown in the table below give an indication of the goals and types of activities involved in this task.

Table 2:
CSMC Performance Indicators

Priorities/categories	Performance Indicator
1. Participation of girls and other vulnerable children in basic education	Increase enrolment and retention rate of girls and other vulnerable children in basic education.
2. Sensitization and mobilization	Number of schools, communities, local leaders, PTAs and pupils sensitized and mobilized concerning HIV/AIDS and girls/vulnerable children's education
3. Gender and equity	Number of provincial/district officials sensitized and trained in gender and equity issues in education
4. Action Research	Number of communities participating in action research
5. Participatory Training at all levels	Number of national, provincial and district level officials (field workers) training in participatory methodologies

6. Research and Verification	a. Number of community members present to verify research b. Number of TED performances for verification of research
7. Participatory Monitoring	a. Number of communities' activities monitored (as mentioned in action plan) b. Number of communities monitoring their own progress
8. Life Skills	Number of teachers (schools) using life skills modules in primary grades

At the completion of the initial three year contract in March, 2004, the Contractor, Creative Associates, International, Inc. (CAII) was given a sixteen month extension to continue the tasks in School Health and Nutrition, Community Sensitisation and Mobilisation, Sub-Grants, and the Ambassadors Girls' Scholarship Programme (Bursaries). In addition, follow-up on an HIV/AIDS Impact Study and Fostering Crosscutting, Collaborative and Multi-Sectoral Approaches and Alliances for Selected Activities were included.

Table 3:
Deliverables by CHANGES in Extension Period
March 1, 2004-July, 2005
Task 1: School Health and Nutrition

Task	Indicator
1. Improved Health of Children	More children benefiting from the SHN Programme
2. National, District MOE and SHN staff trained	District and school level staff in all of Eastern Province and in 3 districts of Southern Province and national SHN coordinators able to manage the implementation of the SHN programme at their levels
3. Provincial / district MOE staff and SHN stakeholders oriented	Key personnel in at least five provinces able to describe the SHN programme and how it is to be managed
4. Two training manuals	SHN Management and Technical aspects of SHN
5. SHN Module for teachers	One SHN module to train teachers on SHN through the MOE's SPRINT programme
6. Community and school-based organizations trained	Community and school leaders develop capacity to apply for and manage small grants for community actions to support SNN and Education
7. Community-Based Action Plans produced	Communities plan and implement actions to support SHN and Education
8. Cost/benefits Study and Report produced	A study to assess costs/benefits of this activity, with finds and recommendations on resources, personnel, and policy requirements

Task 2: Community Sensitization and Mobilization Campaign

Task	Indicator
1. District CSMC Training Teams in all Southern Province Districts	Teams formed and functioning
2. Zonal Community Facilitators trained in all Southern Province Districts	Facilitators trained and functioning

3. ZCF system for mobilizing and monitoring community action, especially for girls	System is use, including HIV/AIDS mitigation
4. Community and school-based organizations trained	Community and school leaders with demonstrated capacity to apply for and manage small grants
5. Community-based action plans produced	Action plans implemented to support SHN and Education
6. Documentation with Recommendations and Findings of National Consultative Stakeholders	Document(s) produced and recommendations acted upon
7. Cost/benefits study and report produced	Findings and recommendations on resources, personnel and policy needed at close of CHANGES

Task 3: Sub-Grants Mechanisms

Task	Indicator
1. MOE District Education teams trained	Six MOE District (3 Eastern, 3 Southern) trained to teach community members proposal development and financial mgt. of small grants
2. Small grant system that MOE and/or its partners could use to provide small grants to community-based organizations	Manual of procedures or guidelines
3. Documentation that CHANGES-funded activities comply with US Government Environmental impact rules and regulations	Monitoring and evaluation reports on latrines, boreholes, construction, agricultural inputs
4. Guidelines for making grants for CHANGES related activities	Document listing approved activities and regulations that apply. Checklists for monitoring and actions for failure to adhere to regulations.
5. Cost/benefits study	Report produced with findings and recommendations on resources, personnel and policies needed after close of CHANGES

While the task of the team was to evaluate the three main CHANGES components of SHN, CSMC and Small Grants, we would compliment the programme on meeting a wide range of goals set out in the original Task Order, its Inception Report, and in the Extension Report. Working in two widely separated Provinces, concentrating on two very different programmes, is a managerial challenge, but from all indications, and despite the usual start-up difficulties, the programme has been well organized, structured and managed. This is not to say that all school children are now healthy in the Eastern and three districts of the Southern Province, or that all schools and communities have successfully confronted the issues of Gender Equity and HIV/AIDS, but it is fair to say that CHANGES has made a significant difference in the lives of hundreds of teachers, administrators, schools, and literally tens of thousands of children and community members in the two provinces. The program has developed very powerful models for school health, community sensitisation and mobilisation, and the administration of small grants, and is thus worthy of careful expansion and scaling-up under future USAID supported programmes.

V. RESTRUCTURING THE MINISTRY OF HEALTH AND ITS EFFECT ON THE CHANGES PROGRAMME

Since 1991, the Zambian government has been engaged in a process of health reform, with the aim of providing equal access to quality health services, as close to the family as possible. By the time the reform effort began in earnest in 1991, the health care system was in shambles. In rural areas in particular, the facilities were severely understaffed and/or in disrepair, the staff was demoralized and drug shortages were endemic.

The vision, objectives and targets of the reform were defined in the National Health Policies and Strategies (1992). The strategy for achieving better health for all Zambians was to introduce health sector reforms. A major objective of the reforms has been the development of district health systems to provide basic health services in all parts of the country. This requires decentralization of financial and administrative powers to district and provincial level hospitals and district health boards, and actively involving communities in the decision making process.

The reform process involved a redefinition of the Ministry of Health as the health policy making body of Zambia; and the creation of a Central Board of Health as a technical unit responsible for the delivery of services and for the implementation of the health reforms. The CBoH was established in October, 1996.

The cooperating partners have played a major and continuously important role in the Zambian Health Reforms. Their contribution has often been supportive of the need for change, and expressed itself in the form of financial, human and physical resource grants and credit support. The Ministry's and cooperating partners' long term plan has been to support broad-based programmes by financing aspects of the national health Strategic Plan in general and activities in the respective Action Plans of the Ministry of Health and the Central Board of Health in particular. In this regard, one of the major achievements of the 1990s reform movement has been the pooling of government and donor funds to support the running costs of the districts and their hospital management boards (the district basket).

A lot of effort went into putting into place systems, and insufficient attention was paid to service delivery. Subsequently, the need to focus on service delivery was recognized in the *National Health Strategic Plans* (1998-2000, 2001-2005), which have proven difficult to implement in a resource constrained environment, and with the impact of a demographic transition, most affected by the HIV/AIDS epidemic. Affordability, as a guiding principle of the reforms, has now become a central addition to the three guiding principles namely leadership, accountability and partnership.

In connection with the structural adjustment programs, the Zambian government first introduced user fees in 1987, only to be forced to discontinue them due to public protest. A watered down version of user fees was reinstated in 1988. Around 1992-3, the user fee/prepayment scheme was introduced. Under this plan, certain categories of persons and certain afflictions/diseases are exempted, and districts are generally tasked with negotiating a rate that is acceptable to their communities.

A. An Historical Perspective on School Health and Nutrition

In Zambia, at the time of Independence in 1964, the Ministry of Health (MOH) provided comprehensive school health that included physical examinations, referrals and treatment of ailments, provision of immunizations, environmental health and food supplements. Moreover, the MOH had established the office of the School Health Specialist under Maternal Child Health (MCH). Every hospital and health centre was providing school health services in their respective catchment areas.

In 1985, the Ministry of Education (MOE) adopted the Child-to-Child program, as a tool to provide health information to school and through them to the community. In addition, activities such as regular sanitation checks by teachers and children's personal hygiene were implemented.

In the last decades, however, School Health and Nutrition (SHN) services have declined in terms of accessibility, availability and quality. School children are rarely examined, treated or referred. Food supplementation ceased in the early 1970s, due in part to an insufficient understanding and appreciation of the role that health and nutrition contributes to learning achievement. This decline has been worsened by a misconception that SHN is the prerogative of the MOH alone, rather than being regarded as a multi-sectoral development issue. In general, the health and nutritional status of school children has continued to deteriorate.

A child's ability to learn and obtain maximum benefit from a learning environment is compromised by parasitic infections including intestinal worms, bilharzias and nutritional deficiencies. Only rarely does infection have acute consequences for children. Instead, the infection is long-term and chronic, negatively affecting all aspects of a child's development: health, nutrition, cognitive development, learning and educational access, and achievement (WHO 2003). Parasites consume nutrients from the children they infect and bring about malnutrition and retard children's physical development. (CHANGES, 2004, 7).

Vitamin A and nutritional anaemia are common in Zambian children. A survey conducted (Luo et. al., 1998) found that 66 percent of the 1,427 children surveyed were vitamin A deficient, 22 percent were anaemic (14.5 percent had severe anaemia) and 22.2 percent had malaria parasitaemia. Intestinal worm infestation and bilharzia were found to be serious problems in a baseline survey conducted in October, 2001 by the Partnership for Child Development (PCD) for the CHANGES programme in the Eastern province of Zambia. In a sample of 1,392 pupils in grades 1 to 7, bilharzia infestation was found to be over 45 percent in 11 out of 20 schools surveyed. Intestinal worm (mainly hookworm) prevalence was 55 percent, bilharzias 48 percent and anaemia 33 percent (CHANGES, 2004).

In September, 2000, the Ministry of Education, in collaboration with the Ministry of Health and the Ministry of Community Development and Social Services authored a concept paper for a programme to improve learning through school-based health and nutritional interventions. The paper was written in the context of the Basic Education Sub-Sector Investment Programme (BESSIP), which had eight key areas including school health and nutrition. A BESSIP-SHN Focal Point Person was identified who was to direct and manage all MOE activities related to SHN. As part of the SHN strategic plan, a SHN Cross-sectoral Steering Committee was organized to represent, facilitate and mobilise expertise, resources and synergy across key stakeholders, including government ministries, NGOs and international donor organizations. An SHN Implementation Committee, representing key government implementing agencies, was organized to

coordinate and facilitate the planning and execution of SHN activities through appropriate governmental programmes.

VI. RESTRUCTURING OF MINISTRY OF EDUCATION AND ITS EFFECTS ON THE CHANGES PROGRAMME

"Restructuring brought about position changes and transfers among Ministry of Education officials and teachers. Most of the people who were trained as focal point persons for various activities under the CHANGES programme acquired different roles and new people became Focal Point Persons. Therefore, there is now a need to re-train people."
- Provincial Ministry of Education Official

The Ministry of Education has been restructured in line with the Government policy on the Public Service Reform Programme. The process of restructuring the Ministry of Education was expected to be implemented from 2000 to 2002. The aim of restructuring was to review the roles of units, sections and departments in the Ministry, in order to clarify, streamline and strengthen their functions. By restructuring, powers have been decentralised to local levels and personnel have been redeployed at headquarters, provincial and district levels. Therefore, most of the routine management tasks are now expected to be dealt with at local levels. The restructuring system created five directorates: Planning and Information, Standards and Curriculum Development, Distance Education, Teacher Education and Specialised Services, and Human Resources and Administration.

In view of the above, the Ministry headquarters is supposed to concentrate on policy formulation, strategic planning, budgetary and financial management and quality assurance. The Ministry has also to ensure that there is an efficient communication system with the provinces and districts. In order to have reliable and up-to-date data on schools, pupils and teachers, the EMIS department has been established in the Directorate of planning.

Although the restructuring has brought about many positive changes that can improve the Ministry's systems, it has also had negative effects on the success of the CHANGES programme. The collaboration between CHANGES programme officials and Ministry of Education officials has been weak, at times, because there has been less chance to plan together than was the case during BESSIP, 1998-2003. During BESSIP, there were component managers for HIV/AIDS, SHN, Equity and Gender; managing these components was essentially their job. Since 2004, when BESSIP was phased out and the Ministry was re-structured, the programme fell under the Directorate of Planning and Information. The SHN-appointed focal point persons have their prescribed job descriptions and thus may consider SHN secondary to other duties that they do. This has had a negative impact on the programme at the national level. However, it is good to note that at provincial, district and zonal levels, there is very strong collaboration between the three line ministries involved in the programme and CHANGES officials.

Another effect of restructuring on the CHANGES programme is that new people were appointed to new positions. Some of these new officers have had no idea about the programme. The restructuring came after capacity-building had been done at all levels of

the ministry, and orienting the new officials to the program would require putting in additional resources.

Thirdly, restructuring came with the decentralisation of resources. This means that District Education Boards have to budget according to what they see as priority activities in their districts. If the CHANGES programme is to be sustained, it has to be institutionalised and therefore, be part of the activities budgeted for in the districts. However, if officials are not sensitised, then they may not see the activities in the CHANGES programme as a priority for inclusion in their annual work plans and budget. This was not a problem in the past, because work plans and budgets were centrally made.

It is important to note that only certain aspects of managing the system, such as planning for activities and procuring resources, have been decentralised. Other aspects such as deciding the number of teachers to be employed and disciplining of teachers are still made centrally. These are among the critical issues that need to be addressed if the CHANGES programme is to be strengthened at a national level and institutionalised at all levels of the Ministry.

VII. SCHOOL HEALTH AND NUTRITION

USAID provided the technical and financial support to MOE in order to develop the SHN component of BESSIP. Included in this support was the pilot activity in Eastern Province. CHANGES designed a multi-sectoral pilot School Health Program, which involved among other things, the development of systems and capacity-building at all levels. The SHN program was first piloted in the Eastern Province and then expanded to the Southern Province. The goal was to achieve improved learning through School Health and Nutrition interventions as measured by education indicators, retention rates, increased enrolments and decreased absenteeism. Initial implementation of the program was in the Chadiza, Chama and Chipata districts with subsequent expansion into Mambwe, Lundazi and other districts in the province.

Prior to the pilot activities in the Eastern Province, the CHANGES SHN advisor worked in the MOE to assist the ministry with the development of the Memoranda of Understanding between MOE and MOH and MCDSS, drafting the national SHN policy, writing the SHN strategy guidelines, contacting all relevant NGOs and stakeholders to determine their level of interest and current activities within SHN, and other activities related to the SHN programme start up. All these activities were necessary background work to ensure smooth and rapid implementation of the pilot.

Since programme implementation, CHANGES has continued to work on the SHN policy, revise the MOUs and SHN strategy with the placement of a SHN regional advisor in Lusaka, and to develop the school health card, present the research proposal to the human ethics board (UNZA) for approval of the pilot research, test the tablet pole, and design the bilharzia prevalence questionnaire.

The main activities of SHN included:

- Conducting baseline-biomedical, anthropometric and cognitive surveys;
- providing micro-nutrients to primary school pupils (Vitamin A and iron

supplements) and de-worming pills (Praziquantel and Albendazole) administered by trained teachers;
- training teachers in school health and nutrition, and life skills;
- community sensitization and mobilization through popular theatre, district field teams, and public gatherings;
- strengthening linkages between health centres and schools; and
- providing small grants to schools and communities to support SHN and HIV/AIDS interventions (CHANGES leaflet, 2003).

In order to provide convincing evidence of SHN's effectiveness as an intervention, a biomedical research component was carefully designed using a selected sample of 80 schools and a phased intervention/control approach over a three year period. In this way, the pilot was able to show the impact of de-worming treatment as compared to those who had not received treatment. This has been done only in a few countries (CHANGES, 2005). The biomedical research included urine testing for schistosomiasis, blood testing to estimate serum levels of: retinol, transferritin/ferritin and haemoglobin and stool microscopy for intestinal nematodes. The results revealed low levels of vitamin A in children 9 years and below (below the 20mg/dl). In the Eastern Province, 33 percent of the pupils were anaemic, with haemoglobin below 120g/l, with 0.5 percent being severely anaemic (haemoglobin below 85g/l). 19 percent of the boys and 16.1 percent of the girls were severely iron deficient. Also in the Eastern Province, the prevalence of hookworm and urinary bilharzia infestation were 55 percent and 48 percent respectively. In the first year the biomedical survey involved the testing of 1,140 pupils.

In addition to biomedical research, anthropometric data was also obtained: height for age (stunting levels were 36 percent), weight for age (22 percent were underweight), body mass index (21 percent of the children were thin) (CHANGES, 2002).

In addition, cognitive testing was done, using a test developed by Yale University in collaboration with the University of Zambia and the Zambia Examination council. The test involved eight sub-tests, including pattern recognition, connect the dots, manipulation of blocks, and maze activities, all of which were designed to gauge the pupil's understanding, pattern recognition and ability to follow directions. These tests were used to measure the change in a pupil's intelligence performance after de-worming.

CASE STUDY ON DZOOLE BASIC SCHOOL

Dzoole Middle Basic School has been exceptionally good at sensitisation for school health. The school has been able to administer drugs to the pupils for bilharzia and de-worming. It is also attempting to implement a feeding program and has created a lot of awareness in the communities on the importance of girls' education and nutrition. The parents have contributed to the "production unit" and construction of girls' bathrooms and a resource room for HIV/AIDS. The parents stated that the school's standards have improved because of the school-feeding program, and that it has attracted many children into the school. The children's health has improved because of the drugs and because parents are now feeding their children before they come to school. During the visit, it was noticed from the registers that absenteeism has been reduced.

The school has a well-represented PTA committee with both males and females playing roles in the education of the children. Their action plan was well displayed with activities that had been achieved, clearly marked with evidence of the work that had been done, such as planting orange trees.

Finding: Before going into specific findings and recommendations, it is helpful to view the SHN Process Model, which carefully lists the Inputs, Outputs, Short and Long-term Outcomes, in addition to the Antecedent and Mediating Variables. It is a very carefully thought out and successful model for School Health Interventions. While not all the outcomes can yet be demonstrated, the SHN team is to be commended for completion of all the outputs. The evaluation team found strong support among teachers, students, and community members for the interventions, and much "word of mouth" evidence that, at least in the short-term, the SHN interventions had positively affected not only the health, but the classroom participation, performance and cognitive abilities of treated students. It is too soon to document long-term outcomes, particularly in light of the fact that the GRZ/MOE has not yet fully taken over the programme without specific international technical assistance.

VIII. THE SCHOOL HEALTH AND NUTRITION PROGRAMME

Table 4:
SHN Process Model

Inputs	Outputs	Short-term Outcomes	Long-term Outcomes
•Training Module for SHN student health intervention by teachers and health officers. •CHANGES interventions to facilitate ongoing collaboration between Zambia MOE and MOH. •Training of popular theatre troupes and scripts for nutrition and health dramas. •CHANGES staff work to facilitate collaborative relationships between MOE and MOH district staff. •Development of protocols for measurement of Shisto and worm presence, cognitive ability, and stunting levels. •Baseline testing of a sample of students for Shisto/worms prevalence, stunting, and cognitive ability. •Training and development of health focal leaders. •Small grants program conceptualized and announced. •USAID, MOE, MOH budgets committed to SHN activity in EP. •Contributions of other donors.	•Numbers of teachers, health workers, principals trained in administration of de-worming medicine and micro-nutrients. •Number of health focal point teachers trained. •Numbers of affected students given de-worming medicine and supplements. •Development of health charts for recording data. •Number of students tested on post-treatment cognitive ability. •Number of popular theatre performances held to raise consciousness about HIV/AIDS. •Number of HIV/AIDS info stations set up. •Number of radio programs on AIDS created and broadcast. •Number of parents or community groups sensitized. •Number of small grants made.	•Immediate changes, if any, in incidence of Shisto/worms infection. •Imd. changes, if any, on attendance rates of medically treated students. •Imd. changes, if any, in cognitive ability of students medically treated with de-worming, nutritional interventions. •Imd. changes, if any, in the school performance of treated students, including scores on classroom tests, verbal responses, and standard achievement tests AND opinions of teachers, admin. and parents. •Imd. Changes, if any, in numbers and percentages of girls enrolled and retained. •Imd. changes, if any, on the level of knowledge about, and attitudes toward, HIV/AIDS and infection routes. •Imd. changes in the attitudes of parents and community groups on effects of interventions, including grants.	•Extent to which higher attendance, better school performance, and cognitive ability continue after initial gains and funding withdrawal. •Extent to which imd. lower levels of Shisto worm incidence continue after programme interventions end. •Extent to which girls are enrolled and/or retained at same or higher rates after programme ends. •Extent to which HIV infection rates change, if at all, in treated communities. •Extent of the teacher/health worker collaboration. •Extent to which model and social mobilization can be effectively replicated elsewhere in Zambia. •Extent to which the MOE continues funding and operation of programme interventions in project communities.

Antecedent Variables	Mediating Variables
Income level of target communities. Literacy and education levels of project communities. Respective infection rates of Shisto, worms and HIV/AIDS in project communities. Respective knowledge levels of HIV/AIDS and its prevention among community members in project areas. Cultural traditional beliefs that either impede or support health interventions.	Policies of MOE, MOH or USAID that have unintended consequences on effectiveness of health and social awareness interventions.

A. Goals and Rationale

As part of the MOEs strategic plan for a national school health and nutrition program, the CHANGES programme has been focusing on the basic nutrition and health status of primary school-aged children, to improve their school performance. It emphasises multi-sectoral, school-based, cost-effective, health interventions that address three of the main health issues in Zambia: parasitic infections, malnutrition and HIV/AIDS.

The overall objective of the SHN component is to improve learning and equity among children attending basic education through integrated health and nutrition interventions in collaboration with community and inter-sectoral partners. The specific objectives of the intervention are:

a. promote a healthy environment conducive to learning, supported by a SHN policy;
b. provide health and nutrition services for school children to improve their holistic development;
c. provide health and nutrition education, including psycho-social life skills, guidance and counselling to affect behaviour change and modification;
d. improve water, sanitation and hygiene practices of school children;
e. strengthen community-based health and nutrition activities by linking schools to other government ministries and organisations like PTAs, health neighbourhood committees and others;
f. integrate HIV/AIDS strategies into SHN interventions;
g. develop a SHN school-based information system to be integrated in the main education information system; and
h. develop an information, education and communication strategy to create social awareness for SHN issues (CHANGES leaflet, 2004).

B. Design of SHN

The design of the Joint SHN intervention is based on four research-supported theories:

- Teachers, school administrators and health workers trained together to treat students is an effective and economical way to improve the health of the student population;

- Teachers, school administrators and health workers trained to treat students should lead to measurable improvements in student's health;
- Teachers, school administrators and health workers trained to treat students should lead to measurable improvements in pupil attendance and performance; and
- Providing health interventions through schools will promote and encourage healthy behaviours. The teaching of life skills within the curriculum is particularly relevant in combating the transmission of HIV/AIDS.

Initially, 80 schools in two EP districts were selected to participate in the SHN component. Eastern Province was the pilot province because both health and education indicators were poor. Participating schools performed biomedical and cognitive testing and additional interventions over a period of four years.

As the component progressed, additional schools were added. As part of the SHN component design, schools that initially acted as control schools became intervention schools the following year. This design facilitated the partial achievement of government's long-term goal of eventually having all schools in a school health and nutrition programme.

The signing of Memoranda of Understanding between the Ministry of Education and the Ministry of Health and the "understanding" with the Ministry of Community Development and Social Services respectively made it possible for the three line ministries to work together in this intervention. This has been a rare undertaking. The SHN intervention also put in place systems which ensured the efficient implementation of various activities. A drug delivery system involved the ordering of de-worming medicine by the MOE and their shipment to Zambia. Thereafter, the MOE had the drugs cleared, custom duties paid, quality checked by Medical Stores and transferred to district health board pharmacies, which in turn ensured delivery to rural and urban health centres located within the school catchment area.

At the district level, inter-sectoral monitoring teams make use of monitoring forms designed by the program intervention to look into the process of implementation at the zonal level.

1. Impact Regarding the Resources, Personnel and Policy Requirements for the Ministry of Education to Continue the SHN Interventions

SHN has made available to the pilot schools medication for worms and micro-nutrient supplementation over and above what would routinely be stocked by the MOH district health pharmacies. This is evidenced by the fact that, in non SHN schools, not all children found to be infested with bilharzia or worms were able to receive treatment due to inadequate stocks of anti-worm drugs at the health centre. This strongly suggests that the CHANGES/SHN intervention far exceeds the performance of health centres in the programme areas with respect to ensuring adequate de-worming drugs and micro-nutrients. Similarly, the health care system provides adequately for under-5 children as far as vitamin A supplementation is concerned, but, again, extra stocks for school-going children would have to be sourced if the health sector were to perform this function. Clearly the SHN pilot program has been able to provide the appropriate drugs for de-worming and micro-nutrient supplementation.

The manuals that were designed by CHANGES and the MOE were made available to all who had passed through the SHN training. Teachers and health workers were trained together and district and provincial staff in the three line ministries received instruction on the program. The manuals were said by several teachers to be a valuable tool as a reference text and also for the purpose of orienting colleagues who had not been part of the training. The manuals have been officially adopted by the MOE and will be used by the zonal training centres established by the MOE to train an average of 4-5 schools in their catchment areas. SCI has an abbreviated version of the SHN training manual which incorporates much of the CHANGES manual and this too will be used by Zonal Training Centres.

The SHN data derives from forms already used in schools as well as forms initiated by the SHN programme. The SHN forms adopted by the MOE include the school health card and drug request form. A treatment record and bilharzia prevalence questionnaires are being used in SHN schools and will be adopted by the MOE for use in all SHN schools in the expansion phase (CHANGES, 2005). Monitoring tools such as the SHN monitoring form, TCA Performance Evaluation form and the SHN Continuous Evaluation questionnaire are other materials that have been developed by CHANGES to be used by any scale-up intervention. Flip charts have been used by teachers as a good trigger for health talks in the classroom.

In partnership with a nationally renowned musician, the CHANGES programme produced an audio tape with ten songs that promote SHN activities. Of these, four focus on HIV/AIDS prevention messages. A total of 300 copies of the tapes have been produced for distribution to SHN schools, in both Eastern and Southern Provinces. Thus far, 208 copies of the tapes have been distributed. The songs are both in English and a widely spoken colloquial language, *Chinyanja.*

Recommendations

- The provision of de-worming medications and micro-nutrient supplementation should be scaled up to other schools.
- The manuals used for training should be part of every teacher's collection of aids.

2. Personnel

The teachers in the SHN districts received training on the skills required to use the instruments and tools. The training included review of diseases, overview of SHN issues, drugs, use of the bilharzia questionnaire, the dosage tablet pole, record keeping, monitoring forms, malaria, HIV/AIDS, health promoting schools, and co-ordination and action plan development.

The Head Teachers, teachers and personnel from the MoH and MCDSS, who were trained in SHN intervention activities, generally felt that the training was informative and useful. Teachers were glad to be able to have insight into their pupils' health problems and to be able to do something about them. Also, Head Teachers and teachers who had received the four and ½ day training in SHN activities conducted orientation sessions for the rest of the staff in their respective schools and made the SHN manuals available to them. The methodology used in the pilots for training Head Teachers and one other teacher, with a view that the rest of the staff would be oriented, is thus a good one. The

"non-trained" teachers at the schools which were visited exhibited full participation in SHN activities and were able to accurately describe these activities.

During training, the teachers and health workers were encouraged to conduct activities such as sponsoring drama groups, SHN and anti-AIDS clubs. They were also encouraged to host community meetings about SHN; an open day for parents to visit the school to see for themselves the various SHN activities; to ask parents to give their children breakfast before sending them off to school; to ask parents to provide a mid-day snack; to establish SHN committees whose members comprise persons from the community, school and health centre; and to work with PTAs and initiate other activities that will engage parents in the SHN component.

The MOE has service structures on the ground at three levels: Zonal Education Support Teams (ZESTs) are responsible for in-service education at the zonal level, District Resource Centre Co-ordinators (DRCCs) at the district level and Provincial Resource Centre Coordinators (PRCCs) at the provincial level. The CHANGES SHN programme undertook the training of all provincial and district resource centre coordinators who were also trained as SHN trainers of trainers. At the time of the evaluation, the training of zonal coordinators was underway.

CHANGES has supported the provincial HIV/AIDS strategy, including the sensitisation of teachers and patrons of anti-AIDS clubs and the development of locally designed materials (readers and teachers guides) for pupils and teachers. Also the programme encourages the SHN focal point teacher to establish anti-AIDS clubs and student drama groups to perform in the school and surrounding communities to increase awareness about HIV/AIDS and prevention strategies.

At the time of this evaluation, the pilot intervention in the Eastern Province had trained 1,082 people in SHN activities: 640 males and 442 females. The programme had targeted the training of 950 teachers by 2005: 510 and 440 males and females respectively. Also, 113 community members have received instruction in SHN and information dissemination techniques (61 male and 52 female). Among the pupils, 236 have been trained in HIV peer education: of these, 119 were male and 117 female.

At the community level, health workers (a community-based worker trained by the MOH and its partners to promote healthy behaviours and deliver preventive and curative care) and community development assistants (community-based officials of the MCDSS who have received formal training in community mobilisation and sensitisation) were also trained.

Recommendations

- Any scale-up program should employ the same methodology of training Head Teachers together with one other teacher, so as to disseminate SHN knowledge and skills to all members of the school staff. Trained staff would be given a time frame in which to do this with close monitoring by the district SHN inter-sectoral team.
- The training of provincial and district resource coordinators should be part of any scale- up, with the provincial training teams playing critical supervisory and supportive roles alongside their national counterparts.

3. Policy Requirements for MOE to Continue Implementing SHN

The pilot SHN programme has allowed the MOE to learn lessons and derive thoughts on a nationwide scale-up of the program. As the program has been implemented, non-SHN schools and communities, District Education Offices, Provincial Education Offices, and their counterparts in other line ministries have learned lessons concerning the initiation, implementation and monitoring of SHN activities. The district team which comprises the three line ministries, for instance, has seen the value of close monitoring of SHN activities; the Community Development Assistants (from the Ministry of Community Development and Social Services) have strengthened their role as community mobilisers within the context of the SHN intervention; and health centre workers have observed the need to liaise with schools to confirm drug administration dates, and to then remind the district health office to promptly deliver the drugs.

Teachers found the iron regimen difficult to adhere to because the iron tablet was to be given once a week for 10 weeks; teachers ran into difficulty when pupils were absent during the 10 week period or if the drug administration began near the end of the school term. They did, however, manage to give all the children the iron tablets and to document all 10 doses. With the bulk of the worms in children surveyed in the baseline study being attributed to hookworm, and nutritional anaemia being the common cause of anaemia in Zambia (Luo et. al., 1998) and in pubertal girls, body iron loss during menstruation being a reality, there is a case for continuing the supplementation of iron in school children. Moreover, in Zanzibari school children, Ascaris lumbricoides and hookworm infestations were associated with worse iron status; the association with hookworms was the strongest by far. Multivariate analyses indicated that hookworms were responsible for 75 percent of the children's severe anaemia (Stoltzfus, R.J. et al, 1997).

Future SHN policies can thus be derived from the experience of the pilot programme. Examples of such **policy requirements** might entail:

- Redefining the roles of health workers at health centres in view of severe staff shortages in some areas by excluding such activities as their presence at the school during drug administration, unless the drug administration day coincides with the health centre school health outreach activities (an activity which is in the annual health centre plan and which therefore has a lunch allowance attached to it for out-of-station work);
- Iron supplementation; and
- Ensuring inter-ministerial monitoring.

Recommendation

- The supplementation of iron would be done under the supervision of parents/guardians after appropriate levels of consensus have been reached, as in the pilot programme. The decision for this intervention would be reached after further dialogue/consultation on the matter.

4. Opportunities for Future Support

The pilot programme has presented opportunities for future support at every level. At MOE headquarters, the restructuring process has brought about a shifting of personnel

and the SHN National Focal Point Person now has others duties. The persons to whom SHN has been assigned must also perform SHN activities in addition to their core business. The Ministry has submitted to the Cabinet office the need to establish an officer whose core functions would be SHN duties. This process may be protracted.

The finalisation of the SHN policy, which is still in draft form, is another opportunity for support at national level. Generally, the government procedure for adapting policies is lengthy and the longer the SHN policy is in draft form, the longer the adaptation process will be delayed.

At provincial and district levels, support for training and monitoring of intervention implementation is necessary. Also, further strengthening of systems will be imperative, especially since the drug provision will be administered primarily through another programme – the Schistosomiasis Control Initiative (SCI). A shorter training has been proposed (1-2 days) as opposed to the 3-day CHANGES training. CHANGES, together with the SCI, will be testing a method of training trainers for Zonal Resource Centre Coordinators, who in turn will train the teachers in their respective catchment areas.

Recommendations

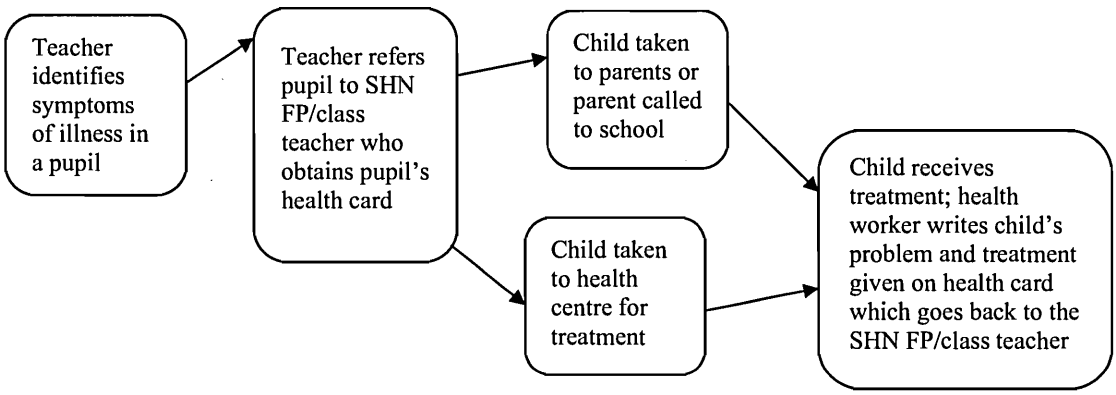
- In the interim, as the re-structuring process is evolving and the cabinet office still has to sanction a senior person for the supervision of the SHN program (Principle Education Officer), a partner will be needed to give support to the MOE in this officer's function.
- At provincial and district levels, monitoring support will be vital. The frequency of the monitoring visits need not be as often as in the pilot programme, but there certainly has to be logistical and financial support for the inter-ministerial monitoring team, especially since the MCDSS is severely constrained by a lack of logistical and financial resources.
- At the school level, ensuring the following in the scale-up will be critical for success:
  - Community sensitisation and mobilisation;
  - Training of staff at non-SHN schools and refresher training of staff at SHN Schools;
  - Ensuring drug availability; and
  - Strengthening the nutrition, water and sanitation components of SHN.

5. SHN's Cross-cutting Collaborative and Multi-sectoral Approach

The CHANGES program provides an opportunity for multi-sectoral collaboration between the Ministry of Education, Ministry of Health and Ministry of Community Development and Social Services. This collaboration is at its strongest at community and district levels. Although the Ministry of Education has made great strides in establishing and maintaining this collaboration at the national level, further strengthening of ties is needed. There is also a need for MOE advocacy at national level for further involvement of the MOH in the SHN program. Already, CHANGES has supported the MOE in re-establishing the SHN Intersectoral National Steering Committee. This committee would work together with relevant ministries, NGOs, and appropriate officials in the MOE for HIV/gender issues, to discuss SHN activities including school feeding. This would ensure that SHN does not fragment, especially as new components such as malaria are added to the programme.

Lower level officials in the health care delivery system feel reluctant to make certain decisions in the area of school health, because of a lack of definite national policy guidance. A good example of this is the issue of pre-payment schemes for school children: Head Teachers at basic schools have been willing to pay a lump sum to health centres in their catchment area, in order to facilitate pupils' referral to these facilities. They have entered into negotiations with the health centre regarding these charges, and have reached a consensus about the amount of money to be paid out from their sector funding allocation. Even though health centre staff have recognized the need for such a prepayment arrangement, they have not been altogether comfortable with it because neither the MOH policies, nor the Memorandum of Understanding with MOE, give them the authority to do so.

The tripartite relationship between schools, communities and health centres can be illustrated by what occurs when a teacher recognises symptoms of illness in a child. The following diagram exemplifies this relationship.



In some districts, there has been an incessantly low turnout at quarterly district, inter-sectoral SHN meetings by representatives of line ministries. It was observed that meetings, which are called by the District Commissioner (the overall government supervisor of the district), are usually well attended. This is possibly because these meetings have a sitting allowance attached to them. Potentially, therefore, there is no reason for poor attendance of SHN meetings since the inter-sectoral District Development Coordinating Committee which is chaired by the District Commissioner is usually well attended.

The CHANGES SHN programme is a member of the NGO forum and networks with several NGOs, programmes and governmental systems. Among these are the PHASE project-hygiene education, Tooth Savers International (for basic oral hygiene), Family Health Trust Anti-AIDS clubs, Care International sub-grants, World Food Programme and Medical Stores Limited. A sub-forum of the NGO forum addresses HIV/AIDS prevention/control.

Recommendations

- The fact that the MOH is in another phase of the Zambian Health Reforms means that the MOE will have to use forums in which child health issues are tackled to garner further participation by MOH at the national level. Such forums are:

- The Child Health Coordinating Committee chaired by the Minister of Health;
- The cooperating partners in the child health subcommittee; and
- The child health meeting chaired by the Child Health Specialist of CBOH/MOH.

- There is need to collaborate with the Ministry of Health at a national level concerning which drug will be used for de-worming school children, because of the implications this has in the long term for integration of the de-worming program into the public health sector, as far as drug provision is concerned. SCI will purchase drugs for the MOE and will cover four provinces by the end of 2007. There are initial plans for a three-year phased implementation of a de-worming programme, which will entail the treatment of 2,500,000 persons, using an implementation model similar to the CHANGES SHN programme. The total cost will be US$2 million. The SHN programme for MOE will continue concurrently and will reach the additional provinces during planned expansion.
- The District Commissioner (DC) may be requested to call meetings for district committees. Giving the DC minutes of meetings might spur members to attend. This has its own difficulties as the DCs office is often very busy.

6. Cost Data of Classroom-based Components

The following table is an excerpt of the estimates of drug quantities for national school health and nutrition drug requirements for 2005 as tabulated by CHANGES:

Table 5:
Drug and Nutritional Requirements in Schools

	Basic schools	Community schools
Enrolment in the schools	2,013,336	169,038
Praziquantel (av 2 tablets per treatment)	4,872,351*	409,063*
Albendazole (400mg) requirement	2,436,176*	204,536*
Vitamin A (200,000) requirement	2,436,176*	204,536*
* 10% added for wastage		

Table 6:
SHN District Package Estimated Costs

Activity/Component	Cost
De-worming*/Micro-nutrients*(Vit A/Iron)	$.65/pupil; For communities: $.40 Total drug cost = $200,000
Training teachers/health workers	500x1.2MK=600m
Admin/managerial training	100x1MK=100m
Community sensitization/CHW/PTA (Using various approaches)	4MK
IEC/media/materials/HE/health cards, etc.	6MK
Water/sanitation/hygiene activities	6MK
Production units/school feeding	4MK

Monitoring/shared costs/MOE/MOH/MCDSS	2MK
Total	**$225,000**
Total all districts	**$16,200,000**
* This assumes only once per year treatment as a minimum	
** This includes all pupils and out of school/communities-- communities only receive bilharzia treatment depending on the prevalence in school. If the prevalence is 40% or above, surrounding communities in the school catchment are treated.	
Total of 72 Zambian districts; average population per district= 200,000	

7. Integration at All Levels Including MOE Directorates

At the MOE level, the SHN intervention falls under the Directorate of Standards and Curriculum. The directorate is responsible for the formulation of the SHN policy and for the direction of SHN activities as well as collaboration with other directorates within the ministry, line ministries and cooperating partners. The Directorate also monitors and evaluates SHN activities at provincial and district levels. Under "Special Issues," SHN has been included in the MOE national strategy, action plan and has a budget line. Last year, at a planning workshop to mainstream Special Issues, SHN was designated as a national priority. The national level has also accepted the use of the materials developed by CHANGES to train persons who will be involved in the scale-up component of SHN.

At the provincial level, in the area of teacher training, it was not clearly apparent that SHN had been included in the pre-service training. The college principal had received instruction in SHN intervention and teacher trainers were all trained on SHN, an activity which was envisaged by the concept paper of 2000, as a way of building sustainability into the program. What remains is for the speeding up of the process to include SHN in the teacher training curriculum at the national level. Further, at provincial level, even though the provinces were tasked by the MOU to translate policy into implementation, the concept of the School-based Health Policy (one of the four cornerstones of the FRESH Start approach – Focusing Resources on Effective School Health) was not well known. The same applies to some districts as well. This may be due to recent transfers and promotions of staff, in line with the restructuring process, which subsequently has led to the placement of persons not previously trained in the SHN intervention.

At the district level, integration of SHN activities is more apparent than at higher levels, with the monthly monitoring visits to SHN schools providing a powerful catalyst for this process. At the community level, integration is even stronger with community groups being involved with all three components of the program. SHN has provided for the creation of closer links between the health centre and the teachers in the following ways:

- Through the Memorandum of Understanding, which spells out roles and responsibilities of teachers and health workers;
- Collective training;
- The school health card which serves as a referral/feedback tool;
- Encouraging teachers to sit on Neighbourhood Health Committees (committees whose membership derives from the community and who have representation on the Health Centre Committee – a component which plans and monitors the activities of the health centre).

In addition, community sensitisation initially took place through four popular theatre groups which were contracted by CHANGES to work for 10-day periods in each of the

20 pilot intervention school catchment areas, collecting information and holding theatre performances on SHN, based on the data they had collected. The major theme of the drama was the importance of SHN, the teachers' new role in providing de-worming drugs and the relationship between health and learning. Later, community members, teachers and school children performed the drama as part of the Theatre for Community Action approach, and carried on the sensitisation, an aspect which allowed the programme to save resources and avoid the logistical problems that had been part of the first arrangement.

Community involvement was evidenced by participation in SHN committees; members were able to elaborate the various SHN related activities that were taking place. Parents were found at the school either holding meetings, or cooking food to serve to the children. Several children had *chiwaya* (roasted maize) to eat as mid-morning snack, indicating parent compliance to teachers' requests for them to supply a snack. Drama performances by community members and school children on the importance of SHN were informative and entertaining.

Recommendations

- It will be important to ensure that pre-service training for teachers will include SHN activities.
- Orientation of new provincial and district staff on SHN will be imperative in order to maintain gains in SHN.

8. Capacity-building to Support Sustainable Positive Change

Workshops were conducted for provincial, district administrative and managerial level staff. Whereas the training covered several broad subjects (including roles of various levels, letters of understanding between MOE and line ministries, what should happen at the school level among other topics) the subject area most talked about by provincial and district administrators was that of monitoring the SHN intervention. At community levels, teachers have been given the capacity to administer de-worming drugs and micro-nutrients, and also to recognize common childhood ailments. Health centre workers have learned how to ensure smooth delivery of drugs and to strengthen relationships between the health facility and the school. Additionally, they have recognized the importance of being present at the school during drug administration days. Local partner organizations, linked with the SHN program, were conversant with the particular SHN component in which the program was collaborating. Community leaders were knowledgeable on the SHN activities that should take place at the school level.

Recommendations

- In order to support sustainable positive change at national and provincial levels, the MOE could utilize forums in the other line ministries for an orientation on the MOU and the pertinent aspects of the program. At provincial and district levels, orientation of new or transferred staff will be important to provide much needed continuity.
- At provincial and district levels, orientation of new/transferred staff will be important to provide the much needed continuity.
- Community sensitization and mobilization must be sustained through the Community Development Assistants.

- In any scale up, training of teachers and health workers must be conducted close to the time of SHN activities' implementation in schools in order to avoid situations where trained persons must wait before drug administration is actually implemented.

> *"Delays in the procurement of drugs have caused a time-lag in terms of when teachers are trained and when they can actually apply their training in implementing the SHN programme, which potentially weakens the programme."*
>
> - CHANGES Quarterly Report, July – September, 2004

9. Strategies to Maintain Capacity After the Close of CHANGES

Local SHN staff have built capacities to initiate, implement and closely monitor school interventions. These activities have required coordination with national, provincial and district management/administrative personnel in the line ministries and a good rapport with schools and the communities in their catchments. Local staff have been able to generate significant numbers of activity reports on at various levels, including community sensitisation, training, selection of pilot sites, process monitoring and documentation of achievements, best practices and lessons learned.

Recommendations

- At the national level, an SHN Technical Assistant would be valuable in aiding MOE officials to whom SHN is assigned as an additional function.

- At provincial and district levels, local SHN staff would be valuable in assisting the MOE with the training component of the intervention and also with the critical monitoring aspect of the programme. This assistance would come in the form of a three to four person team, which would also strengthen the coordination aspect of the intervention and ensure that important paperwork is generated.

> *"I fear that if CHANGES pulls out and we remain on our own without some loose attachment to the people who were running it (the SHN programme), we would find serious problems on the way. It is like abandoning a child in the crawling stage. Sustainability would be difficult to attain on our own."*
>
> - Provincial Education Officer

10. Assessing Effects of SHN on Educational Access and Achievement

The SHN intervention's effects on children's learning ability are manifested in both individual cognitive capacity and in aggregate changes on common measures of the education system. Both are needed to give a complete picture of the SHN intervention's value as an educational innovation.

In terms of cognitive effects, the pilot-phase experimental testing of the main CHANGES SHN programme (i.e. administration of anti-bilharzia and de-worming drugs plus micro-

nutrients) by an independent research organization demonstrated significantly improved cognitive ability among student recipients, in comparison to non-recipient control-group students (CHANGES report, 2004, p. *xi* and 23). This was measured through a pilot pre-test of cognitive ability, followed by an experimental comparison of schools receiving treatment at different stages with schools that were untreated (during the pilot phase). The primary measurement tool consisted of a specially designed cognitive instrument known as Z-CAI, along with assessments of vocabulary, and school-related math, English and a Zambian language for older students (Successful Intelligence, no date, p. 5).

In terms of effects on the larger education process, this evaluation found that the CHANGES SHN intervention has been accompanied by higher – often substantially higher – enrolments and attendance of students in the treated schools. This outcome, and its attribution to the drug/micro-nutrient intervention, was supported by a large majority of educators from schools, district education offices, the Eastern Province principal education office staff and the MOE headquarters. Because SHN is a package of interventions undertaken in close succession, the effect of the drug and micro-nutrient administration itself was difficult to disentangle from that of the other intervention activities, including community sensitization on general health and nutrition themes, school gardens or feeding programs, and school facilities improvements (e.g. toilets and dorms for girl students). However, educators and health officers at district and school/community levels unanimously agreed that the removal of disease symptoms from treated children was immediate and visible and that the parental attraction to the free medical treatment of their children's worms and Bilharzia infestation was strong. This suggests that the drug intervention, along with its targeted sensitization, was at least partially, and probably significantly, responsible for these enrolment and attendance increases.

To a far less documented extent, drug and micro-nutrient treatment was also accompanied by slightly better retention rate in treated primary schools. Effects relating to retention must, for the time being, remain tentative, due to the complex interplay of economic, cultural, personal, as well as health factors on school retention decisions. Beyond these, retention can depend on whether there is available space or teachers for expanded numbers of upper-primary students. But, a majority of educators from SHN-treated schools did partly credit improved student health for enhanced retention among their students.

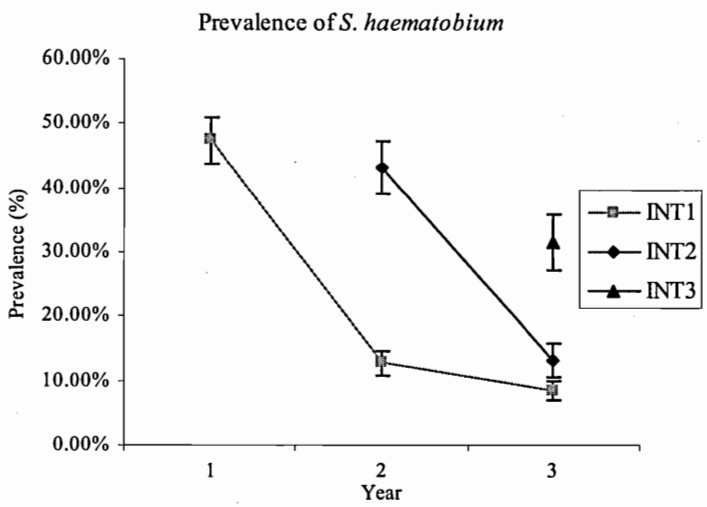
Drug/micro-nutrient administration and sensitization of students' parents on health issues, in both the immediate school community and the surrounding catchment area, have been accompanied by a modest re-entry of school drop-outs. Included among the drop-outs are female children who had earlier been required to drop out due to pregnancy, but later wanted to continue their schooling. Attribution of these phenomena to the SHN drug intervention and sensitization is confounded by several competing influences. One possible contributor is the school infrastructure improvements that have been made possible by CARE-funded small grant projects in some SHN schools. New or renovated facilities, such as dorms, latrines, and bathing houses reserved for girls, were reported by staff of several schools to have motivated many out-of-school girls to enrol in or re-enter primary school (see later section on small grant component). Periodic—but, usually, very occasional--school feeding, also account for some of these re-entries. But, in the opinions of a majority of educators at the school, zonal, district and provincial levels, the SHN drug intervention has been at least partially responsible for attracting these out-of-school children—often girls—back to school.

The educational effects of the SHN drug/micro-nutrient treatment were less identifiable and less measurable within the classroom. A majority of administrators and teachers in the visited SHN schools did report more alertness and energy among their students. As is pointed out elsewhere in this report, Zambian government schools have been adversely affected by the central government's freeze on new hiring of government civil servants, which, with the added effect of retirements and AIDS-related deaths, has left most schools severely under-staffed. Therefore, any significantly higher exam scores in a particular school might well reflect nothing more than the fortunate presence of an experienced grade 7 teacher, rather than an untrained, or no, teacher, as is often the case.

The CHANGES/SHN activity has been accompanied by an apparent increase in demand for higher levels of basic education. Several of the visited schools have added grades 8 and 9 instruction to accommodate students who passed the grade 7 exam and wanted to continue their schooling. This was done even with space at a premium and, often, an insufficient numbers of teachers. The study could not determine precisely which factors have created this demand, other than to say that it could reflect slightly higher pass rates into grade 8, a higher overall value attached to education by students and their parents, and/or improved health (with regard to worms and Bilharzia) and the attraction of (occasional) food provided by the school.

The impact of interventions on children's infestations with parasitic worms was marked: amongst children who had received de-worming for one year (2002) or two years (2001 and 2002), the prevalence of infection (number of children infected) with parasitic worms was approximately one quarter of the baseline rate and was much lower than that of children in the control group ($p<0.001$). Treatment also resulted in large reductions in intensity of infection (numbers of worms in a child – $p<0.001$). Treatment was most effective when delivery was sustained; children who received two rounds of treatment (2001 and 2002) were less heavily and less commonly infected than those who had received treatment only once (2002). Thus, the impact assessment demonstrated that teacher delivery of interventions was highly effective; an example of this impact is shown in Figure One below (PCD Report, as quoted by Freund, 2005).

Figure 1: The impact of SHN intervention on prevalence of Schistosoma haematobium during the study 2001-2004



Recommendations

1. USAID/Zambia should provide resources for the training and ongoing support of trainers who will train and monitor school and community focal point persons in health education and drug administration at the zonal level.
2. Despite wider awareness of the SHN drug/micro-nutrient benefits, the MOE and the Schistosomiasis Control Initiative (SCI), which are planning to undertake a wide scale administration of anti-Bilharzia and de-worming drugs, should continue a modest pre-treatment sensitization of targeted parent and community populations to optimize inclusion of out-of-school children, who might otherwise not enrol in or re-enter school and thus receive treatment. This may be particularly necessary as the treatment penetrates into more remote and scattered communities and to those with community schools rather than government basic schools.
3. The MOE's EMIS unit should disaggregate grade 7 exam results according to exposure to SHN drug/micro-nutrient intervention in order to allow wider comparison of treated and non-treated students and schools over several years.

11. Water and Sanitation

Water and sanitation improvement, together with the improvement of the hygiene practices of school children, was another objective of the CHANGES/SHN pilot intervention. In every SHN school, there was evidence of pit latrines, hand washing facilities and safe drinking water.

There is a general need to increase the number of Ventilated Improved Pit latrines (VIP) on school premises in most basic schools, particularly since enrolments have increased in such an unprecedented manner. The MOE's recommended pit latrine ratios of 1 latrine to every 20 girls and 1 latrine to every 25 boys may need to be reviewed, since some premises are not large enough to accommodate the necessary number of buildings to fulfil this requirement. Moreover, recommended distances of latrines from water points must be adhered to.

The VIPs that were inspected, for the most part, did not meet the national standard, in that odours and flies were present. There was no gauze on top of the ventilation pipes, and most latrine holes were uncovered. Schools had protected wells or bore holes for their water requirements, and in some schools, drinking water was placed in a bucket and chlorinated using locally available chlorine solution. In some schools, hand washing facilities were complete with soap and an adequate supply of water, whilst in others, soap was missing and water ran out quickly with no one paying heed to its replenishment.

Recommendations

1. Schools should adhere strictly to instructions for the construction of VIPs. The Environmental Health Technicians and Technologists at the health centre can be consulted in this regard.
2. Drinking water must be chlorinated or boiled in order to make it safe to drink.
3. There is a need to emphasize the necessity of a continuous supply of water for hand-washing.

12. Nutrition

Most, if not all, CHANGES schools have begun, expanded or improved school gardens (i.e., "school production units"), thereby supplying cash from sales of crop yields to fund school needs, and/or contributing to the food availability of students through school feedings. Crops that are grown include maize, sweet potatoes, groundnuts, vegetables, cassava and fruits such as bananas, paw paws and oranges (cassava cuttings and fruit trees were provided by the MOE and officers from the Ministry of Agriculture provided technical assistance on how to handle certain crops). This study could not determine the reason that some schools had extensive "school production units" and school gardens, while others had made little progress. Both the CHANGES/SHN programme and the GRZ/SHN Initiative contained messages encouraging supplementation of student diets through school production units, but we were unable to ascertain the effects of either programme on successful or unsuccessful implementation of production units or gardens. In some schools, women's groups are actually coming into the school to provide a hot meal for selected grades.

Students perform the bulk of the labour in many school production units, with community members participating in others. Reliance on student labour may develop potentially valuable agricultural knowledge and skills for rural children, as well as giving the students a stake in producing the food they will later consume. Conversely, students' labour may also assume negative connotations, should the output of the production units be used primarily or exclusively to raise cash for the school, in which case students may not perceive the benefits of their labour.

Given the very infrequent school-sponsored feedings given to students in almost all schools, there is sufficient reason to doubt that student labour on the school production units are either supplementing their diets or instilling in them a healthy respect for agriculture and the work required for its yields. It is no doubt true that many schools use the proceeds of the school gardens and farms to purchase supplies, such as chalk, pencils, and notepads that benefit students. However, these are supplies that should be provided by the MOE. Given the appearance that students might be working on the school farm for the benefit of the teachers or a school manager, it would probably be in the interest of schools to move away from the concept of using production units solely as a fund-raising venture. With prevailing high levels of poverty and pupils attending schools hungry and malnourished, maize raised on the school production unit could be ground into meal and used for porridge to feed them. In schools where groundnuts, soy beans, pigeon peas and sunflowers are grown, the addition of these foods would supply the required protein and caloric requirements to the porridge for improved nutrition.

> *"The objective is to move towards SHN gardens, so that schools can run towards sustainable feeding programmes. Some crops are not recommended in production units, (schools) should grow sweet potatoes, groundnuts, and even soya beans – those (crops) that have a direct benefit to children."*
>
> - District Education Officer

Recommendation

- The MOE should consider discouraging the impression that production units produce crops for commercial exploitation or school cash resources only.

- The MOE should strengthen links with the nutrition staff at a national level in the MOH/CBOH, seeing the National Nutrition Strategy (2004-5) has school feeding as one of its concerns. Moreover, the strategy advocates for the involvement of communities in developing and refining "region specific" options for nutrition improvement to be promoted (National Nutrition strategy, 2004-5, p. 6,14)

IX: COMMUNITY SENSITISATION AND MOBILISATION CAMPAIGN

A. Rationale and Goals

The Community Sensitisation and Mobilisation Campaign (CSMC) is the second major component of the CHANGES programme. It was piloted in the Southern province and can now be found in all its Districts. It focused on five major campaign goals, which were to ensure that:

- Parents, community members, teachers and children understand the importance of education for girls and other vulnerable children, as well as for boys;
- Communities and schools actively advocate and implement activities to support the enrolment and retention of girls in primary school;
- More girls and other vulnerable children attend school and complete a primary cycle
- Community members, teachers and school children aware of the causes and transmission of HIV/AIDS; and
- Community members, teachers and children engaged in activities to halt the proliferation of HIV/AIDS.

The CHANGES programme planned to invest in a vigorous publicity campaign that targeted communities and schools in the Southern province in order to create a conducive atmosphere for the education of girls and vulnerable children and for the prevention of the spread of HIV/AIDS and care of patients. This was aimed at empowering the underprivileged communities: women, elderly, youth, religious and cultural minorities, to identify their needs and make decisions. Therefore, a suitable strategy was to be used that would help communities reflect on cultural practices that hinder girls from attending school, health issues and the need for interventions to prevent HIV/AIDS and care for affected people,. This strategy was called the Community Sensitisation and Mobilisation Campaign model. The model was also to be used to stimulate demand for access to programme funds that would assist in achieving the campaign goals of the CSMC. According to the *World Declaration on Education for All* and *Framework for Action to Meet Basic Learning Needs* (p. 9 1990), partnerships at community, intermediate and national levels should be encouraged; they can help to harmonise activities, utilise resources more effectively, and mobilise additional financial and human resources where necessary. The CHANGES programme identified an active participatory process, involving groups, schools and the community to address basic learning needs. A wide range of partners were involved in implementing the programme. Families, teachers, communities and NGOs were all involved in activities aimed at improving access to education for girls, removing obstacles that hamper their active participation, and fighting HIV by removing the factors that promote its proliferation.

B. Design of the Model

> *"We from the Ministry of Education can only go as far as schools, but CHANGES programme went deep into the communities. Therefore, it created an enabling environment so that those children who had dropped out of school have come back, especially the girls. Through community sensitisation and mobilisations, campaign communities have now realised the importance of education."*
>
> - MOE Official, Southern Province

A four-step model was designed for the Southern Province pilot phase. We have included it in the Annex to provide the reader with a visual concept of the process. The first step was to conduct research and to verify the findings. Five schools were to be sampled in each of the eleven districts. Research was also to be conducted in six communities in the catchment area of each of the fifty-five schools. This meant a total of fifty-five schools and 330 villages were targeted. Participatory Research Teams then went into communities and stayed there for 10 days. During this period, they studied the behaviour of the local people and picked up on key themes. Then, through drama and dance they made people to react and confirm, reject or modify the behavioural patterns shown, that related to the spread of HIV/AIDS, constraints on girls' education and health issues.

The second step was the training of Zonal-level Community Facilitators. The ZCF teams are three-person teams, comprised of one person each from the MOE (a teacher), MOH (an Environmental Health Technician), and MCDSS (a Community Development Assistant). Government employees from the three line ministries (MOE, MOH, MCDSS) were trained in mobilisation and sensitisation of schools and communities. The participants were from the zonal level of the three line ministries; provincial and district officers also joined in this training.

In the third step of implementation, the Zonal-level Community Facilitators conducted Community and School-based Sensitisation and Mobilisation. The head teacher, two classroom teachers and four community members were trained to be Focal Point Persons to guide their schools and communities as they deliberated and developed actions. This was done by holding community wide meetings and school staff meetings. The community meetings were normally held at the zonal centre schools.

The fourth step in the model was the Community and School-based Interventions. Communities and schools were to implement activities based on their action plans. The activities were very diverse and depended on the needs of individual schools and communities. Most of these activities were to be community and small grant supported.

The model was meant to be cyclical, so that once activities were planned, communities and schools would meet again to review successes and challenges and draw fresh action plans. This model was to achieve preset campaign goals of improving the enrolment and retention of girls and addressing the fight against HIV/AIDS.

C. Outputs

The CSMC was intended to pass through developmental stages, beginning with research and verification. There was to be training of zonal level community facilitators, community and school-based sensitisation and mobilisation, community and school based

interventions, and outreach and impact. It was expected that at least 9 of the 11 districts in the Southern province would be actively involved in the CSMC.

Training was a component of CSMC, as a way of creating awareness, capacity and action. Different strategies and methods were to be used in the training in order to acquire knowledge and skills and change in behaviour of the people. The training was planned to be in the form of workshops, mentoring, coaching, meetings and focus groups. Training was to be conducted at all levels and cater to officials in the three line ministries, MOE, MOH and MCDSS. 110 district officials from MOE, MOH and MCDSS (10 per district) were to be trained in community participation methodologies and mobilisation strategies. It was planned that the Creative Associates' staff at the CSMC office would train the provincial, district and the zonal level staff (zonal level community facilitators –ZCFs) in a joint six day workshop, called the zonal level community facilitators workshop. Eleven workshops were held. The ZCFs were to train one head teacher, two teachers, and four community members at the zonal centres (SFPPs and CFPPs). The school focal point persons and the community focal point persons, with the zonal level community facilitators then developed action plans on how to promote girl child education and fight HIV/AIDS.

Community and school-based sensitisation and mobilisation targeted parents, guardians, teachers, local leaders and all members of the community. In the first phase of the CSMC the target was five schools per zone in each of the nine programme districts (2 districts were excluded from CSMC). Since there are 82 zones in the nine districts, 410 schools were targeted in the first phase and there were six communities involved in each school catchment area. Therefore, there were 2460 communities for all school catchment areas. This was to ensure that there was commitment and support from everyone in the community. After the extension, all basic schools, plus 67 community schools were brought on board.

Since there were different experiences that influenced girls' education and contributed to the spread of HIV/AIDS, each community was supposed to conduct its own interventions, based on their experiences. This would be expressed by such actions as sending girls to school instead of selling food, and assisting in construction of pit latrines and girls' dormitory at school. This would also be achieved by strong links between the PTAs and schools. According to the plans, 90 (10 per district) district level plans of actions would be developed as a framework for community sensitisation and mobilisation.

CSMC was meant to have a positive impact on the girls' education and vulnerable children, to learn about HIV/AIDS and take measures to stop it. CSMC was planned to reach out to all children, and in the process, include both schools and communities. Increased girls' enrolment and a reduction in drop out rates, an increase in retention rates, and improvement in performance would measure the result. It was expected that a total of 728 primary school catchment areas would produce plans of action and small programme based plans (proposals).

D. Outcomes

Phase One of the model, research and verification, was successfully conducted as planned and in each district resulted in the production of 5 school profiles and 30 community (village) profiles, which were translated into one comprehensive district profile and were used for advocacy. However, sending researchers to live in communities for 10 days proved to be expensive, in addition to the training that they had received. The ZCFs

trained one head teacher and two teachers from each school and four community members from each catchment area. 728 schools were involved, with 5096 people trained.

The evaluation team found evidence of community wide meetings and community and development of school based action plans. Committees had been formed consisting of 1 head teacher, 2 teachers and 4 community members.

In most of the schools, there was evidence that community and school-based interventions had been conducted. At the school level, teachers sensitised other teachers, while community members sensitised members of their communities. School action plans were visible in the head teachers' offices that included community activities. At the community level, no action plans were evident beyond the development of small grants proposals. There were many grant-supported activities in both EP and SP.

The CHANGES/CSMC component has successfully implemented a complex array of community education and development activities that require in-depth understanding of local cultures and economies, conceptualization of potentially amorphous content into readily accessible and actionable messages, inter-generational and cross-class communication techniques, regular and effective monitoring, and concrete involvement and support from representatives and officials at various levels of the MOE, MOH, and MCDSS in the Southern Province.

E. Activities of the CSMC

The CHANGES programme has successfully mobilised and sensitised schools and communities, zones and officials at district and provincial levels. The sensitisation has focused on Equity and Gender and HIV/AIDS. This has been achieved by conducting the following activities:

- Initial research in five schools and six communities surrounding each of the five schools in each district, in order to establish the lifestyle of the people. This was followed by dramatisation, song and dance that carried themes on the identified needs;
- Holding training workshops for school focal point persons, zonal focal point persons and officials at district and provincial levels. These persons in turn trained others in their institutions and communities;
- Sensitising college lecturers and training ZATEC students in Primary Teacher Training Colleges, Chipata TTC and DALICE;
- Producing and distributing materials and posters in English to all schools, communities, districts and provinces that carry information on gender and HIV/AIDS
- Strengthening leadership and collaboration among three ministries (MOE, MOH, MCDSS), schools and communities;
- PTAs working hand in hand with schools to draw Action Plans for mobilising and sensitising members of the community;
- As a result of CSMC, schools and communities are producing infrastructures such as bathrooms and dormitories for girls, introducing school feeding programmes, administering drugs for children and changing attitudes and behaviour of people on children's education and HIV/AIDS; and
- Conducting advocacy workshops with opinion leaders and influential people (such as traditional leaders, religious leaders, elected community representatives and local

authorities etc.) in all eleven districts to sensitise them about CSMC, and to challenge them to contribute to CSMC objectives in their constituencies of influence. Producing activity resolutions.

The above have led to increased enrolment in schools, especially for girls, improved health of the children, and reduction in cases of HIV/AIDS. Communities have realised that learning becomes effective when a child is fed at least something at home and at school. As a result, both schools and communities have embarked on food production in their gardens and animal farming.

F. General Perspectives on CSMC

The outcomes, as distinguished from the outputs, of the research-verification in the first stage CSMC are notoriously resistant to quantification and categorization, due to the unpredictable and one-off nature of school/community initiatives. For example, a community that is concerned about improving gender equity may seek to stop early marriages of girls by keeping them in school, while another community that is impoverished may be more interested in introducing life skills and/or vocational skill training to give youth another means of earning a living. Despite the lack of easy categories for outcomes, the depth of consciousness gained by communities through an intensive approach may be likelier to produce community actions on more substantive and complicated issues, than are possible with targeted sensitisation campaigns.

The community sensitization and mobilization appears to be particularly well-suited to the challenges of addressing intractable problems such as high-risk sexual behaviour and barriers to fuller realization of gender equity in schools and society, which have their roots in long-held and deeply embedded cultural norms and practices, such as *lobola* (bride payment), polygamous marriage, rites of passage ceremonies, sexual cleansing, and marriage to the spouse of the deceased. CSMC has, for example, contributed to the advancement of gender equity in the form of higher initial enrolment of age-appropriate girls in school, re-entries of girls formerly removed for pregnancy, and improved retention of girls in school, including, in some cases, progression to grade 10. Where there has been strong collaboration between schools and communities and the local leadership had been sensitised, it was reported that cultural practices that had impinged on girls' education and put people at risk of contracting HIV/AIDS had been reduced.

The CSMC has pioneered a means of motivating de-centralized MOE staff to conduct sensitisation, training and monitoring activities in the field, by providing meals or lodging allowances for travel to other locations. Zonal community facilitators and school focal point persons, in particular, have shown a willingness to be involved in these activities. CHANGES has "pooled" the funds for small allowances to provincial and district MOE offices, where they are disbursed through the district MOE's financial systems. Statements by CSMC staff, however, indicate that some teachers have noticed these allowances and began to express a desire to receive them before doing any CHANGES work.

According to many respondents, HIV infection rates are much lower in rural areas than in urban areas. But the traditional attitudes, norms and practices to which youth are acculturated—such as early marriage for girls and submissive female behaviour towards men – in rural areas predispose them to sexual behaviours and HIV risk factors if, and when, they visit or migrate to urban areas. Likewise, urban dwellers infected with HIV also can, and do, spread the virus locally to students and other rural youth.

Despite their differences, the SHN and CSMC sensitization and mobilization "packages" have used many of the same techniques and modalities, such as training of facilitators, involvement of traditional leaders, and diffusion of consciousness-raising content through community meetings, popular theatre, music, dance, and poetry performed by troupes or community groups, in addition to posters and radio broadcasts. These techniques were even more effective in locations where the school and the community formed a joint drama club, thus bridging generations and education levels. While professional troupes were effective for SHN, they are more expensive and generally do not know the communities as well as local residents, which makes a difference in sensitising on more complex issues.

General Recommendations

- USAID should continue to build upon the intensive sensitisation and mobilisation process, or elements of it, with a modest expansion into carefully selected districts, along with continuation of follow-on activities in S P to establish communities' ability to progress further in HIV/AIDS prevention/amelioration and/or gender equity.
- USAID should, in any follow-up programme, attempt to obtain MOE, MOH and MCDSS, buy-in for any further sensitisation and mobilisation initiative.
- The follow-up programme should investigate ways to deal with "expectations creep" among teachers and other line ministry staff to receive allowances as "compensation" for their participation in sensitisation and mobilisation activities, unless their contributions involve a planned activity that requires travel to another site.
- Restructuring has resulted in a lot of movement and position changes. It was noted that many officers in the Ministry of Education were new as focal point persons for the CHANGES programme (SHN, HIV/AIDS, Equity and Gender, CSMC). There is a need to train or retrain officials at the district, provincial and national levels. The training should include all Standards Officers at these levels, which will ensure that teaching and learning processes link up well with all these cross-cutting issues.
- Any follow-up programme should seek ways to continue the collaborative use of sensitisation and mobilisation techniques, especially at local levels. The use of school clubs and improvised drama troupes to sensitise their peers and communities and vice versa, the use of communities to sensitise their fellow members and pupils should be strengthened in the expansion of the programme.
- The training of focal point persons for CSMC was an impetus for the success that the CHANGES programme had scored in order to reach the schools and the community and ensure sustainability of the activities. However, at schools where there are many teachers, focal point persons should not be the same person for HIV/AIDS, for SHN (in the 3 Southern Districts), for CSMC and for Equity and Gender. In schools where a teacher had many roles to play as a focal point person, activities were not very effective, because the teacher had to move from one workshop to another. Future training should ensure that various people from the same school are being trained in all activities of the CHANGES or a follow-up programme.
- The training of FPPs should focus on strengthening the link between PTAs and schools, and the need to ensure that information reaches the people and that both male and female members of the community are involved in decision making process.

- There were some schools where the CHANGES programme was very successful, but the classroom work was very poor. For example, Musokotwane Basic School in Livingstone had constructed a girls' dormitory and skills training centre and the school had been electrified. But when one entered the classrooms and looked at both pupils' and teachers' work, there was very little evidence of teaching and learning. There must be a link between academic performance and the cross-cutting issues, in order to ensure that teachers do not spend more time at the skills centre at the expense of teaching.

1. MOE Resources and Requirements to Continue CSMC

While the CSMC is characterized by its inter-ministerial nature, it is understandable that many personnel continue to see the programme as primarily that of the MOE. The CHANGES models have shown that capacity can be built in personnel at the school, zonal, district, provincial and national levels, but not without cost in time and finances. CHANGES has trained thousands of focal point personnel and formed CSMC committees at all levels of the educational system to be full participants in health (Eastern Province and beginning in Southern Province) and community development (Southern Province). There is near unanimous agreement, however, that the programmes should continue to receive outside support and not be abandoned in their infancy. The CSMC sensitisation and mobilisation models developed by CHANGES are without cost in time and resources. With careful planning, short workshops can be expanded to other provinces at comparatively small cost, as can interventions such as hand washing, disposal of refuse, and school cleanliness. Bore holes and the building of latrines, however, do involve extensive expense, and are critically important to the long term health of children. The CSMC model involves a high commitment of time to penetrate each community, in order to ascertain local problems and achieve "buy-in." It also involves extensive costs of time, personnel and funding to train personnel and monitor their action plans.

Recommendations

- Utilize the fall of 2005 to prepare for scaling up of the programme to all Provinces, with training for provincial teams to begin in January, 2006, followed by District teams in April, 2006, followed by Zonal training during the next school break period.
- Expand the CSMC model to other provinces utilizing "shortened" versions of the intensive sensitization, and only in carefully selected districts where, for reasons of language and culture, among others, it is thought that unique components might necessitate adaptations of the SP model.
- It is important that future activities are in line with those of the MOE, in order to continue with CSMC, which has worked very effectively in the pilot phase in SP, implemented by the CHANGES programme. This should be done by linking up the activities on HIV/AIDS, as outlined in the HIV/AIDS Strategic Plan 2001-2005, and the activities in Sector Plan under the Directorate of Planning and Information on SHN and Gender and Equity. The following are some of these activities: develop a participatory monitoring tool and conduct monitoring of HIV/AIDS and Equity and Gender activities, and continuous training and upgrading of focal point persons to spear-head planning and implementation of HIV/AIDS and Gender and Equity work at the provincial and district level. Although these FPPs seem to be in place, during the evaluation, it was found that most of them changed places and positions during restructuring and those who were trained are playing new roles.

- In order to strengthen collaboration and to effectively build activities, there is need to have an Implementation Committee within the Ministry of Education. The Implementation Committee should be comprised of members from the key Directorates: Standards and Curriculum, Teacher Education and Specialised Services and Planning and Information. The committee should be served by the secretariat from the new programme. The committee should plan and implement the activities supported by the new programme and those of the MOE, so that they can ensure that there is integration at all levels. This committee should also incorporate members from MOH and MCDSS.
- A leadership office of any follow-up programme should be located within the Ministry of Education, to assure close coordination with the various Directorates, although the size of the programme will make it likely that there will need to be separate offices for staff of any new programme.
- There should be a national Zambian project manager, employed by the programme and possibly an international Technical Adviser housed within the MOE, to serve as secretariat and plan the implementation to facilitate support in line with MOE activities. These two would then be sitting at most of the MOE meetings and plan and implement programme expansion.
- Training manuals have been developed for FPPs by the CHANGES programme. However, there was little evidence of classroom participatory methodologies for teaching HIV/AIDS and Gender Equity. There is a need to look at the classroom based interactive methodologies and develop teachers' guides to assist teachers on what to do in the classrooms. This is an important area that will require support.
- HIV/AIDS corners in schools, where pupils could share information with peer educators, exist in almost all the schools visited. However, there is a need for guidelines for teachers on the definition of these corners and how they should be used. The roles of teachers and peer educators should be clearly explained through counselling training. Many schools visited were asking for funds to construct offices for peer educators. Yet the activity can take place in an existing classroom if there are no other people present, or even under a tree.
- A lot of information on HIV/AIDS, Gender and Equity has reached the schools and the communities in the EP and SP. The information is meant to sensitise both pupils and communities on health issues, girls' access to education, HIV/AIDS prevention, and caring for the sick. However, most of this information is written in the English language. In line with MOE policy that initial literacy should be in local languages, and in order to encourage adult literacy and allow more people to glean messages from posters, leaflets and local radio programmes, some of the information should be translated into the 7 local languages used in schools for teaching. Given funds for workshops, this is where the Directorate of Standards and Curriculum could come in and use the language specialists to translate appropriately for Grade 1 and even up to grade 7, and for most members of the community. This will provide many chances for parents and children to share information.
- Training of in-service teachers and pre-service students in MOE activities is done by the Directorate of Teacher Education and Specialised Services through the teacher training colleges. The directorates have established structures and a system has been put in place by the use of the Teachers Resource Centres and Provincial, District and Zone Education Support Teams. These groups are normally brought on board at the

beginning of any programme; however, during this evaluation, it was discovered that some of these teams were not involved in the CHANGES programme. At the zonal level, the ZEST (Zone Education Support Team) is comprised of the Head Teacher, the Zone Resource Centre Co-ordinator and the Subject In-service Provider. The role of this team is to train teachers and head teachers in MOE activities and to monitor the progress of these activities. These are the appropriate people to train the FPPs at school and in communities. The use of these teams has proved to work very well, was used by the Primary Reading Programme and has produced very good trainers. It is very effective, especially when rolling out a programme countrywide. The new programme should explore ways of using these teams.

- There is need for a team of national trainers who could train the FPPs in districts and also train the School and Community FPPs in their districts. It would take 6 days to train 70 National Trainers and 18 days to train 360 District trainers (FPPs) who would train 12,000 Zonal FPPs in their districts. The pool of national trainers should be comprised of Senior Standards Officers, Curriculum Specialists, Officers from Planning and Information, Teacher Education Department (In-service training), College lecturers and teachers from the pilot schools in EP and SP who have done well in CSMC.

2. CSMC's Crosscutting, Collaborative Nature and Sustainability

The Memoranda of Understanding and informal understandings between the three Ministries (MOE, MOH, and MCDSS) appear to be functioning well and having an impact at the zonal level, with varying levels of commitment and understanding at the district, provincial and national levels. The MOE and MOH resources (personnel, budget, transportation etc.) are significantly greater than that of the MCDSS. Since the SNH and CSMC are primarily efforts of the MOE, it is not surprising that the level of effort and commitment are greater there than in the other three ministries. Provincial, District and Zonal Committees are in place, but the regularity of their meetings, attendance of members, and commitment to CSMC goals appears to differ by setting. The MCDSS zonal community development workers appear to know their communities well and collaborate with the MOE in providing information for bursaries for girls and OVCs. Community health centres do not appear to be deeply involved in the drug administration, but the MOH does assist in the storage and distribution of drugs to the schools. If MCDSS is to become a full partner in a fully functioning multi-sectoral CSMC, it will need strengthening.

Recommendations

- The zonal community development officers (MCDSS) are generally without any forms of transportation, and thus seldom are able to visit all villages in their zone. Bicycles or motorcycles would assist them in their efforts.
- Any follow-up to CHANGES by USAID should involve all three Ministries on a regular basis at all levels, and the programme leaders should be regular participants in those meetings at the national, provincial and district levels.
- Integrate community, zonal, district, and provincial development officers into all training, monitoring and on-going committees.
- Strengthen the implementation of teacher trainings for life-skills at grades 1-9.

- Educational Standards Officers from the MOE need to monitor all activities, including health, nutrition, care of OVCs, and other factors, in addition to the teaching and learning process.
- Quarterly reports of the new programme need to be circulated to all MOE directorates and to appropriate officials in the MOH and MCDSS.
- Most of the information on HIV/AIDS and SHN can be integrated into support material for literacy, which has already been successfully implemented nation-wide from grades 1 to 7. It could be included as reading materials for class libraries, or as part of re-training of teachers in Read On literacy courses from grades 3 to 7, where literacy has not made a big impact.
- After sensitisation and training on the CHANGES programme, schools and communities became aware of the need for girls' education, the impact and prevention of HIV/AIDS, and how to promote SHN. However, there is need for follow up with all stakeholders who had conducted sensitisation and training, to check on what people have done and how behaviours have changed. One example is David Livingstone College of Education, where lecturers were involved in the extension phase and look forward to seeing progress made in the field by being involved in monitoring.
- The initial stage of the programme: sending researchers to 55 schools and 330 communities for 10 days to identify and verify problems, has worked very well and has led to the writing of school profiles. However, in the nationwide scale-up of the programme, this is not a viable exercise, since it would be very expensive to send researchers into every community. Zonal FPPs could be trained in this aspect of research so the problems identified by these Zonal FPPs could be compiled at the district level for planning purposes. Or, sampling research in some of the communities in each province could be done.
- In order to improve on the MOE's EMIS system, there is need to train head teachers through ZEST on how to maintain data on enrolment rates and progression rates, so that correct records are kept in schools and correct figures are given to districts for compilation by Planning Officers. It was observed during this visit that many head teachers lacked skills for maintaining such records.

3. Gender Equity

The CSMC conducted participatory research in each of the 11 districts of the Southern Province to document the reality lived, experienced and described by the local people. It then published District Profiles on its findings, which were meant to lead to action on the part of the local population. The Zambian Government produced a document entitled "Education Our Future," (1996) which details the role of education in personal and national development. This document states that "Where access, participation, and achievement in education are impeded by gender.....the government will seek to eliminate the sources of educational disadvantage in order to enhance equity." To this end, the PAGE programme, conducted by UNICEF with USAID support, and the current CHANGES programme have sought to assist the GRZ in bringing about greater gender equity through schools.

The results of the CHANGES/CSMC study, *Gender and Equity in Basic Education in Zambia: Beyond Advocacy to Action* (2005), found that in the Southern Province, for both the under 7 and at age 7 categories, girls outnumber boys in grade one, but that at each

level above that, boys outnumber girls. However, the total number of girls, of any age, is still greater in grade one than that of boys (25,762 to 25,484). This is an indication that the longer girls delay initial enrolment in school, the greater the disparity. The same study found that at every grade above grade one, boys outnumber girls, with the total enrolments of 160,794 boys to 153,112 girls in grades 1-7. It also found that female dropouts, for all reasons, numbered 4,833, as opposed to 3,459 for the boys, with marriage and pregnancy counting for the largest disparities in gender enrolment. While girls repeated grade one at a slightly higher level, in every succeeding grade, male repeaters outnumbered females, so that by grade seven, 57 percent of the repeaters were boys. These figures point to the importance of cultural factors in the female drop-out rate, and suggest that if girls stay in school, they are likely to do better than the boys. International research has made similar findings on girls' academic achievement in a curriculum involving literacy, something that is important in the Zambian system, where children learn both Mother Tongue and English.

CSMC reports the following basic factors leading to gender disparities in Southern Province.

Socio-Cultural Factors:
- Family Dysfunction
- Prevalent Sexual Customs and Mores

School Factors:
- School Infrastructure and Sanitation
- School Furniture and Educational Materials
- Mistreatment and Exploitation of Pupils
- Relevance of Education
- Institutional Management

Family Dysfunction

In general, the CSMC findings report that family dysfunction is closely related to poverty, hunger, parental mortality, orphanhood, socialisation of boys and girls, household chores; all affect enrolment and attendance.

- The study emphasises the importance of strategies to alleviate poverty and hunger, although this would appear to be a long-term strategy, along with family planning for smaller families, reducing parental mortality through HIV/AIDS prevention programmes, assistance to orphans, and encouraging parents to reduce the burden of household chores, particularly for girls on school days.

Sexual Customs and Mores

Among the sexual customs and mores that affect school involvement and attendance are: peer love relationships, teacher-student sexual liaisons, social gatherings held by churches or traditional ceremonies, concert parties, children sleeping in their own huts, peer pressure for sexual activity, traditional initiation rites for girls (Nkolola) which includes the seclusion of girls, content of initiation lessons, and the ceremony day in which girls are advertised as virgins, are all seen as affecting enrolment and attendance of girls.

Recommendation

- Sex by pupils should be discouraged through education on sexual and reproductive health, including HIV/AIDS; guidance and counselling services in schools; clarity of regulations and professional ethics of teachers with enforcement of penalties; and changes in the traditional practices of girls' initiation rites (Nkolola).

School Factors

Among the school factors that affect enrolment and attendance by girls are: dilapidated buildings and furniture; class size; lack of desks; lack of staff rooms; lack of teachers' houses; lack of teachers or multi-grade teaching; lack of toilets (particularly for girls); lack of privacy; lack of bathing facilities; school uniforms; distance to walk to school; corporal punishment; teachers' negative behaviours and attitudes; child labour in school and production units; lack of textbooks; safety in walking to school; irrelevant curriculum; lack of positive female or other role models; shortage of middle and upper basic schools; utility and fairness of examination system; lack of supervision; teacher absenteeism; non-teaching duties; lack of teacher commitment; teaching "extra" lessons for pay; teacher alcoholism; high staff turnover; untrained teachers; conflicts and power struggles among and between teachers and head teachers; and lack of power in the PTA.

Recommendations

- Improved infrastructure; schools located within five kilometres; preventive maintenance; teachers' offices and homes; appropriate ratio of toilets; programme for sanitation and hygiene; equity in the number of desks and textbooks; teacher training on classroom management and teaching; controls on child labour in school and production units; provision of uniforms for OVCs; discipline guidelines; curriculum on children's rights; clarity on government policy on the non-requirement of school uniforms; construction and staffing of middle and upper basic schools; greater fairness in national examinations system; improved inspection system; control of extra duties for teachers so they can concentrate on teaching; better remuneration of teachers; controls to reduce teacher absenteeism, alcoholism, and conflicts; replace untrained with trained teachers; clarification of roles and responsibilities of PTAs to empower them; and training in school management.

Guidelines on Gender Equity

While the findings and recommendations of the CSMC on gender equity are research based, and we are in strong agreement with each of them, gender equity goes much deeper into what it means culturally to be female or male. We offer the following recommendations for consideration.

Recommendations

- Equitable access to schooling is not enough, if the education offered is limited by cultural definitions of what it means to be female and male in the society.
- Both boys and girls must be targeted in any policies and practice, to assure that all Zambian children are prepared for an equitable society, including work, civic involvement and domestic life. Schools should be places in which both girls and boys feel safe, are safe, and where they are respected and valued.
- Schools should acknowledge their active role in the construction of gender, and their responsibility to ensure that all organisational and management practices reflect

commitment to gender equity. This includes, but is not limited to, female and male role models in all school positions, gender equity in textbooks and all instructional materials, equal treatment of girls and boys in class, seating arrangements, types of classroom questioning and many other factors that help to "construct" gender roles in the schools.

- Understanding of gender construction should include knowledge about the relationship of gender to other factors, including socio-economic status, cultural background, rural/urban location, disability and sexuality. These factors need to be brought to the forefront in each school setting, if Zambia is to reach beyond surface gender equity.
- Acceptance of changing gender roles is a long and difficult task, but understanding and accepting that there are many ways of being masculine and feminine will assist all students to reach their full potential. The narrow boxes into which boys and girls throughout the world are confined prevent both genders from fulfilling their potential.
- Strengthening and empowering PTAs, ensuring survival and vocational skills through schooling, and regular involvement with the broader community are all critical to the improvement and change in educational outcomes for girls and boys.
- Any interventions should be targeted towards increasing options, levels of participation and outcomes of schooling for girls and boys. While the issues facing girls are, without question, a high priority, it will do little good if there are not simultaneously interventions which target gender construction in boys.
- Anti-discrimination and other relevant legislation at the national, provincial, district and even zonal levels should inform all educational programmes and services.
- Many countries which have attempted to achieve greater gender equity forget that the process needs continuous monitoring of educational outcomes and programme review to prevent a return to old cultural patterns and norms in the home, school and broader society.

4. Girls' Enrolment and Progression Rates, and Community Sensitization

It is not possible to attribute, with any exactitude, the percentage of girls' enrolment that can be attributed to community sensitization, but all school, zonal, and provincial officials, as well as parent and community informants, point to greater enrolment of girls in recent years. This is particularly true in the early primary grades and less so in grades 5-9, particularly upon girls reaching puberty. The rise in girls' enrolment has been attributed to CHANGES interventions, the PAGE programme (a predecessor of CHANGES), MOE emphasis on gender and equity, free primary education, and school feeding programmes, among others. Many informants attribute the return of young mothers to school to the sensitization of the CHANGES programme. The CSMC is given strong credit for achieving the support of Chiefs and Village Leaders in changing or modifying traditional cultural practices such as initiation ceremonies, early marriage and pregnancy, and protective measures for the girl child in the home.

Recommendations

- Continued support to the MOE's gender and equity offices and campaigns.
- The expansion of gender and equity to a much larger and significant concept including issues such as masculinity and femininity, gender based violence,

curriculum, adult gender roles, teachers' attitudes and behaviours, parental and community education, popular culture and gender roles and many other topics dealt with in more detail in the Evaluation Report section on gender roles.

- Expansion of the CSMC model to provinces and districts throughout the country, particularly with in-depth research and verification in new cultural and linguistic settings, different than those found in the Eastern and Southern Provinces.
- Continued training and support for NGOs, such as FAWEZA and other programmes, to provide bursaries for girls and other vulnerable children to complete their schooling up through grade nine. Procedures on identification by MCDSS and names taken to the DEBS Office for bursaries, must be carefully followed to prevent nepotism and fraud.
- Continued support for building latrines, bathhouses and dormitories for girls.
- Build on the successes of PAGE that are currently in the Office of Gender Equity in the MOE.
- Continuation of the Family Pack Programme and other quality materials on gender equity.
- Monitoring of girls' enrolment from the school to the national level, with numerical goals on equity at each level.
- Study the reasons for success and failure of boys, and deal with issues of gender-based violence, respect for girls and women, and develop materials to assist boys in growing into productive citizens.
- Continued support in working with publishers to assure gender sensitive textbooks and instructional materials.
- Promotion of more women in rural areas to strengthen positive role models for girls.
- PTAs need women in positions of leadership, not just men, and gender balance in discussions and actions should be sought.

5. Cost Data for CSMC Classroom-based Components

The Original Contract and Extension Period for CHANGES contract included the sum of $1,424,222 for the delivery of CSMC activities. This was the total for trainings, workshops, small grants, information education and communication, pre- and in-service training of teachers, sensitization and mobilization for SHN and CSMC, advocacy, and the development of action plans. While it is not mentioned in the CSMC performance indicators, monitoring was mentioned as being a "high cost" part of the process, but monitoring by CHANGES staff likely comes under the salaries, benefits and others costs associated with the programme. It is difficult to extrapolate costs per classroom, as figures from CSMC appear to be a mixture of "total costs" from the whole period of the programme, and only costs expended during the Extension period.

Recommendations

- Based on the assumption that the $1,424,222 CHANGES expenditures (2001-2005) on activities covered 728 school catchment areas, the per-school costs would appear to be approximately $1956 per school. If the national total of 6,786 Basic Schools,

minus the 728 already "sensitized," were to be covered, then the total cost for scaling up to cover all of them would be approximately $11,849,448.

- This figure covers all levels of training and other activities, not just for individual schools, but can give one an approximation of costs if the programme were to be expanded nationwide, utilizing the same model used in the Southern Province. It does not, however, cover headquarters, salaries, benefits, and other administrative costs of the programme.
- It is unlikely that such a sum of funds will become available, and thus it is recommended that CSMC could be carefully targeted at certain districts, which have cultural factors that affect school attendance, girls' enrolment, HIV/AIDS, gender roles and other issues of concern. Neighbouring districts could then learn from the sensitised districts and hopefully put many of the "best practices" into their on-going in-service training programmes.

6. Integration of CSMC

The restructuring of the MOE appears to have slowed the process of integrating the CSMC in some districts, as many key personnel have been moved to new positions and locations in the past two years. Despite one or more persons being charged with being the focal point person(s) at each level (school, zone, district and province), with the move towards having Standards Officers in charge of several areas of responsibility, there was evidence that activities on girls' education and HIV/AIDS were not always the highest priority of many of the officers so designated, due to multiple roles and work plans. There also appeared to be much variability between districts and zones. The support of the DEBS is a critical factor, along with the district focal point persons, having been through the various training components.

Recommendations

- The reader is referred to many of the CSMC recommendations in #1 above, where resources, personnel and policy requirements are given in detail.
- Persons who are trained as focal point persons at the school level should continue training other teachers in the school through the SPRINT system.
- Any future programme should ensure that committees on HIV/AIDS and Gender Equity are strengthened and supported.
- Work plans should capture HIV/AIDS and Gender Issues at the provincial and district levels, with provisions made for monitoring both of these.
- A continuous process for reviewing work plans should be put in place.

7. Line Ministries and Zambian Partner Organizations' Capacity-building

Findings and Conclusions: Capacity-building has been a major component of the CSMC program. Extensive training has been held for literally hundreds of individuals, and reports on the quality of the workshops has generally been positive. The following totals of individuals trained at each level, as of December 31, 2004, with significant female

participation of approximately 1/3 of all officials and focal point persons. Provincial Officials-15, District Officials-125, Zonal Officials (ZCFs)-327, School-Based Focal Point Persons (SFPPs)-2184, Community-Based Focal Point Persons (CFPPs)-2912. In addition, a provincial multi-sectoral team has been formed, 11 district multi-sectoral teams, and 103 zonal level multi-sectoral teams. Five NGOs have been given capacity-building assistance. Small grant proposals were received from 288 communities and 529 schools, with over half of the 728 communities and schools being expected to submit proposals, based on community or school-based action plans. Some 950 pre-service teachers have been trained in HIV/AIDS, life skills, and gender equity issues, along with 76 TTC staff, and 158 head teachers and teachers. 445 teachers and head teachers have been oriented on the use of the manuals on the topics above, along with 2 Teacher Resource Centres (TRCs). 360 HIV/AIDS and life-skills modules have been implemented, along with 130 gender modules.

Recommendations

- While capacity-building workshops are important, it should be ensured in the future that the on-going schooling of children not suffer from the trainings, which are held by the many programmes of the MOE.
- Capacity-building in grant writing is important for communities seeking external funds to improve their schools, but mechanisms must be found to educate schools and communities on the limited nature of grant funds, in order not to discourage or even anger communities not receiving assistance.
- Monitoring and follow-up of Action Plans resulting from the capacity-building is an expensive and time-consuming task. Without them, it is likely that any future programme will be but another of the many programmes which have been carried out, with little long term impact.
- School health, gender equity, and HIV/AIDS have been handled by the Planning and Information Office of the MOE, so officers in Standards, Curriculum, Teacher Education and Specialized Services have been generally left out. They are key players in the monitoring and training and must be included, especially at the national level.
- MOH has signed the MOU and MCDSS has an informal understanding on CHANGES, but neither have played an important role in the planning and implementation of services. Representatives of these two ministries must serve on any future Implementation Committee and their staff included at the provincial and district levels in all trainings.

8. Effect of CHANGES on Girls' Enrolment

"The programme has been very instrumental. There is improved retention of girls through the Community Sensitisation and Mobilisation Campaign (CSMC)."
- Equity and Gender Officer, MOE

It is difficult to factor out the effects of CHANGES on girls' enrolment, as the programme followed on the heels of the well accepted and positive PAGE programme, in addition to coinciding with the policy of free primary education and feeding programmes

by the World Food Programme. Testimonials by focal point persons at each level and by community members, however, give credit to the CSMC for strongly promoting girls' education, receiving the support of many Chiefs and Village Heads, bringing numbers of young women back to school following the birth of their children, changing the timing of initiation rites to vacation periods, improving latrine and bathing facilities for pubescent girls, and providing greater protection for girls on their way to and from school or through building girls' dormitories. In the 20 schools in the Siavonga and Sinazongwe Districts of Southern Province, the percentages of boys is only slightly higher than that of girls (5.4 percent more boys than girls in Siavonga and 3 percent more boys than girls in Sinazongwe), but in the drought ridden, poorer district of Gwembe, the difference is 22.2 percent more boys than girls enrolled. Informants from Gwembe indicate that enrolments rise and fall with feeding at school or sufficient food at home, and that the balance of genders is generally better in the larger villages in the District. As might be expected, the percentage of girls enrolled tends to fall, the higher the grade in school, despite growing evidence that girls are achieving as well or better than the boys in many subject areas. This would indicate that traditional gender roles, early marriage, chores at home, initiation ceremonies, and other "traditional" factors continue to make it more difficult for the girl child to remain in school, despite CHANGES and other GRZ initiatives.

Recommendations

- Targeted assistance should continue in the Southern Province to particularly poor districts and those with significant numbers of OVCs.
- Districts with continuing significant differences between boys and girls' enrolment, attendance and graduation rates should be targeted.
- Working with the World Food Programme, NGOs and others, school feeding programmes should continue to be targeted at drought ridden and particularly poor areas, as these factors appear to affect girls' enrolment figures.
- Continued sensitisation of community members on the importance of girls' education is of great importance.
- Small grants should be continued to construct VIPs, bathing facilities and dormitories for girls.
- Teachers need training in counselling and guidance for both girls and boys on HIV/AIDS and gender issues.

9. HIV/AIDS

Another major cross-cutting issue of the CHANGES Programme is that of HIV/AIDS. Although the SIAPAC study was basically a stand-alone activity of the CHANGES programme rather than being directly tied to either SHN or CSMC, the impact of HIV/AIDS on the educational environment warrants closer examination. Therefore, this study seeks to detail the nature of the epidemic among young people and what appear to be the most powerful change agents of adolescent sexual behaviour: namely service learning (Community Service) and mentoring.

Before going into greater detail on the issues surrounding HIV/AIDS and youth throughout Africa and the world, and promising approaches to confronting the issues, we

will review the findings of the SIAPAC study, financed and supported by CHANGES, published in January, 2004.

- Zambia is among the world's most affected countries by HIV/AIDS, with a prevalence rate at 16 percent. The rates for women are even higher, estimated at 18 percent versus 13 percent for men. In addition, women are being infected and dying at a younger age than men. Urban rates are estimated at 2.5 times that of the rural rate, and HIV rates appear higher for the employed, as compared to those who stay at home or who work as farmers. The report also estimates that the risk of a 15 year old dying from AIDS at some point in his/her life is one in two.
- In 2001, 60 percent of all orphans in Zambia were AIDS orphans, and for the 7-14 year old age group, 27-33 percent of the children will have lost one or both parents to the disease, while for 0-6 year olds the estimate was between 17-21 percent. By 2003, there were an estimated 800,000 children who had lost one or both parents, and is projected to increase to 1.2 million by 2010.
- Zambia has responded more substantively to the epidemic than most other countries, with a range of policy initiatives across the various sectors. According to SIAPAC, however, a key gap in the response has been insufficient attention to the role of attitudinal and behavioural change, particularly the role of women in sexual decision-making. Along with this, there has been a shortage of voluntary counselling and testing services, a lack of behavioural change communication approaches to learning and action, inconsistent access to and use of condoms, and extremely limited provision of anti-retroviral drugs. Some of these issues are dealt with in the extensive section which follows on successful interventions in other countries, utilizing service-learning and community involvement to promote attitudinal and behavioural change.
- The study predicts a weakening of demand for education as fewer children are born, and families are unable to keep their children in school. Educational shortfalls have undermined the provision of free education; HIV has already affected attendance and is undermining the quality of education received by children.
- The number of educators who are HIV positive is estimated at one-in-four, higher than for the population at large. The study suggests that at least half of the deaths in the system are from AIDS. It predicts that a sufficient number of teachers will be trained until 2010, after which there will need to be an increase in production of teachers. A more immediate impact is that of teacher absenteeism due to illness, both short and long-term.
- Educational quality is suffering greatly, partially due to HIV/AIDS, but also due to a wide range of other factors. In addition to absenteeism, there are numerous doubled-up classes, untended classes, and many schools that offer a shortened school day. The results are born out by low scores on national assessment tests.
- AIDS could cost the MOE as much as US$375 million between 2003-2015, with some costs offset by ARVs.

Recommendations

- The government has already planned to increase the supply of ARVs for teachers and their families, with a predicted 700 being offered in 2005 to 5,000 by 2015.
- Community-based initiatives are recommended, again something the government has already responded to, with the large number of community schools now in existence.

- The study recommends a "mainstream" approach to HIV/AIDS, rather than special programmes. While CHANGES is a "special" programme, its CSMC approach is a holistic one that involves not just schools, but whole communities in the process. The danger of mainstreaming HIV/AIDS responses is that it is quite likely that when everyone is responsible, no one is responsible.
- The CHANGES/CSMC approach of learning from, scaling up and providing support for local interventions is already being acted upon. Regrettably, the repertoire of interventions is still limited, both in the community and in the school. The following section attempts to provide insight into what has worked in other countries.
- The study calls for greater resources for the MOE to deal with HIV/AIDS, and also for working with NGOs and private service providers to assist at the school and district levels. Some of this is already being done by CHANGES/CSMC through small grants for training and materials.
- The Workplace Programme must be broadened to affect mainstreaming and the development of diagnostic skills, and response development among MOE personnel. These personnel need to focus on how HIV/AIDS is affecting their work, their pupils, their schools and their communities.
- Among the many specific recommendations made by the study are the following:
    - Being aware that not all teachers are well informed or good role models;
    - Reaching out to pupils through non-testable curricula, special programmes, booklets and brochures;
    - Schools need to be protective environments, not part of the problem;
    - Children need to know how to protect themselves;
    - Detailed information on the effect of HIV/AIDS on personnel in the sector;
    - An MOE directive on mainstreaming, and a high profile by the MOE on the issue;
    - Combat stigmatisation, secrecy and denial;
    - Inter-sectoral approaches and alternative funding sources sought;
    - Consider expanding free education to higher grades;
    - Clarity of policies on OVCs, with programmatic responses;
    - Expand pre-service and in-service training on HIV/AIDS;
    - Move beyond knowledge into attitudinal and behavioural change;
    - Greater use of radio and distance education;
    - Enforce zero tolerance for sexual misconduct by MOE personnel;
    - Improve security at hostels and dormitories;
    - Make condoms available to those who choose to be sexually active;
    - Develop circles of support;
    - Incentive schemes for communities to respond to AIDS;
    - Respond to the full range of orphans' needs;
    - Special attention to schools in "high risk" environments; and
    - Concentrate more on local initiatives, rather than centrally mandated solutions.

  Many of these are already being done in schools and communities, particularly those tied to CHANGES/CSMC. Many others are also found in the detailed literature on youth and HIV/AIDS found in Annex 6 and in the following section.

10. Special Vulnerability of Youth

The demographic reality of most developing nations, but particularly those of Sub-Saharan African including Zambia, in which a majority of the population is under the age of 18, makes prevention much more problematic and important. The Population Information Centre (2004) summarizes well the particular vulnerability of youth.

> "Physical, psychological and social attributes of adolescence make young people particularly vulnerable to HIV and other sexually transmitted infections (STIs). Adolescents often are not able to comprehend fully the extent of their exposure to risk. Societies often compound young people's risk by making it difficult for them to learn about HIV/AIDS and reproductive health. Moreover, many youth are socially inexperienced and dependent on others. Peer pressures easily influence them – often in ways that can increase their risk."

Most HIV/AIDS experts point to a number of factors which make children and adolescents particularly vulnerable.

Findings:

1. While educational campaigns are underway throughout the world, a large percentage of young people (as high as 90 percent in some countries) are still unaware of how to protect themselves or have misconceptions about the disease (Population Reference Bureau, 2000).
2. Information and education has proven to be insufficient. Risk avoidance skills, delay of sexual debut, negotiation with sex partners, and early education, long before children become sexually active are all needed.
3. Many young people living with HIV/AIDS do not know they are infected, and sexually active young people, regardless of country, do not perceive themselves as being at risk (UNAIDS, 2001).
4. Youth tend not to have a strong political voice and thus are not given a high priority for funding or action.
5. HIV/AIDS tends to infect the most vulnerable of children and youth, those living in the poorest countries and regions of the world, and those who suffer from lack of education, economic opportunity and health services available in the wealthier nations (Henry J. Kaiser Foundation Fact Sheet, May, 2002).
6. Condoms are not readily accessible or available to Zambian youth.
7. Young people, particularly young women for physiological reasons, are at greater risk for STDs and HIV/AIDS than are adults.
8. Few services are currently "youth friendly," offering insufficient counselling and health care, or referral.
9. Many cultural norms and practices place young people, particularly women, at greater risk.
10. Too few programmes involve youth in planning and running prevention activities, and more effective means are needed to reach parents, teachers and other adults who can interact with and influence youth (Population Information Programme, 2004).

11. Strategies to Maintain and Capitalize on the Capacity of the CSMC Staff after the Close of CHANGES

The CSMC had a positive effect at the Provincial, District and Zonal levels; officials have expressed their strong belief of the need for continued assistance in order to sustain the gains that have been made to date. In the Eastern Province, the Sensitisation and Mobilisation was primarily focused on the development of SHN activities and put into work plans.

Recommendations:

- A "skeleton" staff of the CSMC should be maintained in Chipata to assure sustainability of the efforts in Southern Provinces.
- Other staff could take leadership roles in support of the MOE's expansion of the CSMC programme to other Provinces and Districts around the country, once again concentrating on those that are most needy as evidenced by lower girls' enrolment and higher HIV/AIDS rates.
- The CHANGES staff could be linked up to the National Implementation Committee at the national level, in order to plan, train, implement and monitor the expansion to other provinces, in alliance with the National Coordinator.
- The CSMC staff could be assigned to the head office of Pre-Service in Teacher Education, to work with all TTCs in the country.

X. SMALL GRANT MECHANISM

"Small grants do act like some kind of motivating effect in that those communities that receive them seem to be more responsive to other incoming things, like HIV/AIDS messages."

- CHANGES Programme Staff Member

A. Rationale and Goals of the Small Grant Mechanism

The third major component of the CHANGES Programme is the Small Grants Mechanism or component. Its three goals have remained unchanged over the last three years: (1) increase the participation of girls and other vulnerable children in basic education; (2) integrate messages about HIV/AIDS, life skills and appropriate behaviours into ongoing school-community and district-level education activities; and (3) improve learning, health, and nutrition of primary school students through innovative SHN activities (CARE, CHANGES Impact Summary, Jan. 2005, p. 3). Thus, small grants were intended to advance CHANGES' overall goals for gender equity, HIV/AIDS prevention, and primary school health and nutrition improvement, rather than serve as stand-alone economic development programmes.

From the outset of the CHANGES programme, a small grants component was viewed as a necessary counterweight to the economic basis of gender inequity in formal education. As documented by studies in many countries, the economic benefits of not enrolling

daughters in, or withdrawing them from, school—either for the purpose of adding labour to the family or generating wealth as young brides—have interrupted or foreclosed completion of formal education for millions of poor Zambian girls. Likewise, the lack of any financial support for and/or the high cost of educating other vulnerable children such as AIDS orphans and children with special needs have largely resulted in the exclusion of these groups from formal schooling. The enormity of this population in Zambia—an estimated 800,000 children including non-enrolled girls—has presented an additional challenge to educational institutions that are ill-prepared for such needs.

Zambia has made progress in closing the gender gap in primary school enrolment. USAID/Zambia has already been active in this area with its support of the MOE's Programme for the Advancement of Girls' Education (PAGE), the MOE's Basic Education Subsector Investment Programme (BESSIP), and its pilot testing of radio instruction for vulnerable children. But school retention figures from USAID's Demographic Education Survey (Zambia DHS, p. 90) still showed a greater likelihood of rural girls dropping out before completing grade one than rural boys (44 percent vs. 37 percent). And, girls were significantly less likely to regularly attend school (DHS, p. 54) compared to boys, as attested by the strong male bias in the rural gender parity index (0.83). Scholarships for girls and other vulnerable children from poor circumstances would directly reduce or remove this economic cause of school withdrawal. And, small grants could also fund innovative alternatives to educating other vulnerable children within formal schools.

While youth sexual behaviour has often been considered impervious to change, sensitisation approaches that engage children in an interactive process have shown promise. HIV/AIDS-prevention campaigns, like many initiatives that go beyond core government functions, have often consisted of modest add-ons that do not interrupt essential curricular goals or divert programmed funds. The Zambia MOE has, for example, limited its HIV/AIDS campaign to distribution of a life skills training manual without any specific training or curriculum changes. Small grants projects could conceivably buttress the MOE's efforts to counter widespread misinformation about HIV/AIDS and reduce high-risk sexual behaviour (Impact Summary for CHANGES, CARE, Jan. 2005, p. 6; CHANGES Proposal, Creative Associates, SOW Appendix A, Sctn. 3.3). There is also the possibility that small grant projects could mitigate the isolation and neglect experienced by individuals living with AIDS-related complications. These two applications were expected, of course, to require outside inputs for materials, training and adult guidance that exceeded the resources of local communities or their local government entities.

The health and nutritional deficiencies of rural, school-aged children offered a third area of opportunity to complement a CHANGES programme goal. Although the CHANGES interventions directly addressed the causes of worm and Schistosomiasis infestation, improvement of other aspects of children's health beyond the SHN vitamin and iron supplementation would require a more varied and higher quality diet than might be available to most children locally. CHANGES regarded the small grant mechanism as an appropriate vehicle for supporting school/community projects in health education or in school production units and feeding programmes.

Finally, the process of conceiving, preparing and executing a programme supported by outside financial resources was assumed to produce a sense of empowerment and a skill-set that could be applied to other community needs. Small grant projects might even be planned so as to nurture such effects in future community endeavours. As the Statement

of Work for Creative Associates November, 2000 Proposal stated, "Capacity will be built within local leaders, community members and community groups as problems are tackled and responsive projects implemented. This will, in turn, build confidence, empowerment and forward momentum as other related, and perhaps more complex problems are confronted" (Proposal for a SHN Project, Appendix A, SOW, Section 3.1.2).

In addition to these goals, the CHANGES small grant component directly addressed the financial barriers to girls' enrolment and retention in school through a scholarship (or bursary) programme directed to girls and vulnerable children. While GRZ's establishment of free basic education resulted in increased enrolment of many poor children, the costs of school uniforms (or decent general clothing), supplies, and exam fees have discouraged many children from attending school. Bursaries seek to overcome the reluctance of the families of girls, AIDS orphans, and other vulnerable children to enrol them in school, provided that they all agree to remain in school until completion.

B. Design of the Grant Mechanism

This component differed from the other two components in that responsibility rested with Creative Associates' partner, CARE International. The small grant program was funded at about $1.3 million, more than was spent on all the SHN interventions, and thus can be viewed as a crucial element to the overall programme and in assisting communities to consolidate, sustain and expand upon any accomplishments made by the other two components. It was anticipated that small grant activity might lag behind progress in the other two components due to the need to concentrate first on these more complex activities.

Grants were to fall into either of two categories: (1) relatively small "rapid-response" grants below $10,000 in total cost, and (2) larger "mid-level" grants ranging from $10,000 to $100,000 (Inception Report, Aug. 2000, p. 30). The original CHANGES Proposal envisioned approximately 10-20 of smaller and 2-3 of mid-level grants being made per year (SOW, Section 3.3). The March, 2004 Programme Extension Proposal called for continuation of the same funding regime, but with greater involvement of the MOE in proposal preparation and programme selection (pp. 20-23). The latter addition was seen as a means of building the Ministry's skills in eventually "integrating the management of a small grants mechanism into the overall MOE programme" (Inception Report, p. 22).

The range of permissible grant activity was made purposely wide to accommodate both the multiple programme components and the particular community needs, human and physical resources, and level at which community organizations felt they could operate most effectively. This allowed everything from training, rehabilitation of buildings, materials development, and vocational skill training, to infrastructure development.

C. Outputs of the Small Grant Component

It is important to note that no official monitoring indicators and targets were established for this component. This was because of the desire, first, to fund only well-conceived programmes—however long that took to establish—and, second, due to the sometimes unpredictable outcomes of a community sensitisation and mobilisation process itself. CARE/Zambia did, however, document its output milestones in detail, so it is possible to track small grant activity in both provinces at various stages of evolution.

After a June, 2001 national launch of the programme followed by training of prospective applicants in proposal-writing and preparation of hand-out documents for the grants programme, the CARE team began to receive and review proposals from communities. Only 20 grants, however, had been funded and begun by the end of 2002. From this modest initial output, the pace of grant awards quickly accelerated, and, by mid-2003, awareness of the programme had grown to the extent that 211 proposals had been submitted. More than half of them communities in which a CHANGES activity occurred had submitted a small grant proposal--more proposals, in fact, than could be funded with the available budget. Although estimates vary, one CARE staff member said that the final number of grants funded would be about 130 nationwide. Only 4 programmes in the EP could not be completed, with a similarly small number in the SP.

Table 7: Small Grants Outputs

	2004*	By End of Programme
Proposals Submitted	Over 1,000	?
Small Grants Funded	49	
Cumulative No. Funded	112	130
*According to the Oct.-Dec. 2004 Quarterly Report		

The following description of a local CBO, Let's Build Together, provides insight to one of the powerful ways that CHANGES has built capacity and had a powerful effect at the community level.

LET'S BUILD TOGETHER
A Community-Based Organization in Monze, Southern Province

Let's Build Together (LBT) is a community-based volunteer organization in Kalomo in the Southern Province. In 2003, it was just a small group of adults trying to do something about the HIV/AIDS problem in Zambia. The group met and identified what they believed was the real solution to AIDS—getting everyone involved in the problem. They had developed strategies for training others to be peer educators. They focused on aspects of traditional life that tend to worsen the HIV risk, like polygamous marriage.

Soon, they had 20 youths who were involved in sports that LBT supported. The Ministry of Community Development and Social Service was pushing a programme called "Social Class Transfer," and used LBT as a model. The Zambian government realized that LBT had managed, with only KW 7.2 million (U.S. $1,500), to engage other NGOs in the process. A donor organization working on AIDS issues awarded LBT a grant. One of LBT's initiatives is to provide support to children whose families are affected by AIDS. They decided to assist them by delivering food, clothing, and other items. However, as just ordinary citizens, they had no means of transportation to get to the widely dispersed villages where the AIDS orphans lived.

In early 2004, they learned of the CHANGES small grant programme. LBT prepared a proposal for money to buy 20 bicycles so that their members could visit the orphans and deliver the support. The CHANGES/CARE small grant programme funded their proposal, and now they have a means of delivering regular support to 22 AIDS-orphaned children using funds of the "Social Class Transfer" programme. LBT has been recognized by the international NGO AIDS Alliance as one of the best local organizations working on the AIDS problem. World Vision, too, recognized their success in mobilising people and has recently provided some additional training to enable the organization to begin providing counselling to young people. Although the organization has had visitors from around the world, it continues to work at the grassroots level using a combination of zeal, youth-adult sensitization teams, and bicycle-delivered services to those affected by AIDS.

D. Outcomes in Relation to Goals

Data collected in the visited schools and communities suggest that small grant projects have, indeed, helped advance the SHN and CSMC programmes rather than serve only as stand-alone projects. CARE's own documentation of the funded projects also reveals consistent congruence with major programme goals. Despite some concern early in the CHANGES programme that the small grant programme had been "hampered by a lack of genuine synergy with the other dimensions" (Quarterly Report Oct.-Dec. 2002, p.5), the evaluation found no instances of funded grants being unrelated to, or unsupportive of, gender equity, HIV/AIDS prevention, or improved health and nutrition of school children. These programmes have improved the quality of recipient schools or community life with a very modest cash investment.

A few examples illustrate the close connection that was observed between funded grants and CHANGES programme goals. Many schools in the Eastern Province applied for funds to construct additional ventilated improved pit (VIP) latrines, dormitory blocks or bathing shelters reserved for female students. Lack of such facilities has kept many families from enrolling or retaining their daughters in school. Similarly, programmes such as training of peer educators, psycho-social counselling, creation of girls' clubs in schools, and gardening skills training were no less relevant to HIV/AIDS, gender equity, and school health and nutrition, despite being less tangible.

Some programmes were innovative in design or strategic in their purpose. One particularly inventive activity is a combined poultry and fish farm, which uses droppings from the growing chickens as feed for the fish. Another project type that reportedly has a desirable payoff is construction of a teachers' house. According to Lusaka CARE staff, the shortage of teacher housing is frequently a reason why young teachers leave rural communities after their first year, and for female teachers not accepting posts there in the first place—thus, losing a crucial element for "girl friendly" schools.

In most cases, the evaluation found that small grant projects were not just congruent with CHANGES goals but were essential to their success in individual communities. As told in the LBT story above, one community-based organization in the Southern Province district, for example, had sought to provide assistance to "AIDS orphans" but had no means of delivering food, clothing and other items to the distant villages in which they lived. A CHANGES small grant provided money to purchase 20 bicycles for members to reach 22 children regularly as well as help the organization to sensitize approximately 4,000 individuals on HIV/AIDS.

One other effect of the rapid-response small grant projects deserves mention. Projects that involve construction, infrastructure improvement, vocational skill training, or farm production all result in local purchase of materials, equipment and sale of commodities. Even grant-supported trainings may boost local food or beverage sales. These commercial transactions stimulate the rural and adjoining town economies and foster a realization that rural dwellers can also create added value (e.g. by raising and selling a pig).

With regard to mid-level grants, limited evaluative data indicate that the NGOs receiving mid-level grants--for example, (1) the Forum for African Women Educationalists of Zambia (FAWEZA) that administers to girls' scholarships (bursaries), starts SAFE clubs, and trains peer leaders and (2) Family Health Trust in Monze that trains HIV/AIDS peer educators—have also contributed significantly to the implementation of the CHANGES Programme goals. Family Health Trust, for example, which has been operating in the AIDS field since 1987, has trained many young peer educators. These are among the few

individuals who are well educated, trained in HIV/AIDS issues, live at zonal level communities and, unlike teachers and clergymen, can connect with young people at a deeply personal level on uncomfortable topics like HIV and sexual behaviour.

As for "Safe Clubs," none were actually observed during the site visits, due in part to the fact that the programme's launching in later 2004 has probably limited its scale to a relatively small number of clubs to date. Yet, the concept of the clubs merits a much closer examination both by USAID and the MOE. Their potential value as an alternative way to engage youth on HIV/AIDS is particularly noteworthy. While the anti-AIDS clubs that are promoted by the MOE play on fear of the retro-virus as the motivating tool—a tactic with questionable effectiveness – SAFE clubs draw on a message of mutual respect, human rights and friendship as motivators for forswearing aggressive and unwanted sexual advances on girls.

1. Scholarships (Bursaries) to Girls and Vulnerable Children

FAWEZA staff reported that most of the AGSP recipients in Zambia are repeatedly supported to maximize the likelihood of school completion. Unlike the rest of the small grants mechanisms, the AGSP bursaries target girls and vulnerable children in six of nine provinces (Eastern, Southern, Lusaka, Central, Copperbelt, and Northwestern). Thus, this programme has already been "scaled up," at least in having a broader geographic presence. This programme is dealt with in more detail in the next section of the evaluation report.

2. Resources, Personnel, Policy and Future Support

Few resources exist locally for funding the kind of small grant programme implemented by CHANGES through CARE. Interviews with MOE headquarters officials indicate that the current debt-reduction strictures on ministry expenditures allow no funding for activities considered outside of its core mission. Likewise, MOE personnel at every level of government have little incentive to assume additional roles of coordinating a small grant programme, although many officials and staff at the provincial and district levels, to their credit, volunteer to serve on the steering committee and other review bodies for selecting grant recipients.

The small grant model, developed in large part by the CHANGES staff and passed on to CARE/Zambia staff, appears to meet, if not exceed, recommended practices in the management of small grant programmes. For example, money is, correctly, awarded in the form of grants rather than loans, since their required purpose is community betterment rather than individual profit. Only community groups can receive funds, not individuals, thereby creating peer expectations and pressure for full financial accountability. Community consensus on each proposed project and a thorough, multi-step vetting process are required to ensure the need, feasibility and sustainability of the project. Training in proposal writing, project management and financial accounting prepares community grantees for their responsibilities. Although not originating with CARE, USG requirements for an environmental assessment of proposed projects affords protection against the possibility of harm to the environment, in the absence of a well-developed Zambia government regulatory system. Once funded, small grant recipients must make monthly written reports on the status of their projects.

Policy implications came more from the USAID and the USG side than from the Zambian government side. CARE headquarters staff reported that different federal guidelines for small grants, depending on the funding source (i.e., PEPFAR or AEI), had the effect of delaying grant disbursements in the early stage of the activity. GRZ regulations pertaining

to small grant programmes appear not to have had any hindering effect on creation or distribution of small grant funds from an external source.

The most salient constraint for small grant programmes is the lack of financial resources from inside Zambia and the absence of highly effective home grown models (see next sub-section). Other donor sources of small developmental funds, such as the U.S. African Development Foundation, UNICEF, and some European international assistance agencies do, of course, exist. But, from the information available to this evaluation, none of these grant funds operate with the same shared and harmonized goals as CHANGES' sensitization on gender equity, HIV/AIDS, and its SHN drug delivery mechanism. CARE staff does often refer grant applicants to other donors where the funding priorities might be a better fit.

Indeed, the fallout from insufficient funds to meet all qualified small grant proposals was clearly evident as an unintended consequence in both provinces. Perhaps three of the schools that were visited had submitted proposals for a grant and had, fairly or unfairly, expected it to be funded. Disappointment ran high in these, and numerous other communities, upon being informed that funds were insufficient to award grants to them. Despite having been informed of the rigorous application process, the inexperience of many rural residents with competitive proposal selection, no doubt, raised expectations in unforeseen ways.

Recommendations

- Given the improvements made possible by small grant projects, their congruence with major country and agency goals, the integrity with which this activity has been managed, and the absence of comparable funding from other sources, USAID/Zambia should continue its financial support of a small grants programme in the country, using much or all of the model developed and employed by CHANGES and CARE International.
- Ideally, a small grant programme would be deployed in conjunction with any future sensitisation and mobilisation effort on gender equity, HIV/AIDS, school health and nutrition or some other compelling national priority.
- USAID/Zambia should continue its participation in the Ambassador Girls Scholarship Programme, regardless of whether any connection to a CHANGES-type follow-up activity exists in the future.

E. Capacity Built at the Provincial, District, and Zonal Levels, the National MOE, MOH, and MCDSS, Zambian Partner Organizations, and Community Leaders

The study made no direct assessment of the capacity of district, provincial, and national level MOE staff to administer a similar small grants programme. However, data gathered in relation to the government's role in implementing the SHN and CSMC components strongly suggest that officers and staff of line ministries such as the MOE, MOH and MCDSS would have little or no available time, resources—or, for that matter, desire – to operate a small grants programme without external support.

The MOH's small grant programme, the Community Health Innovation Fund (or CHIF), illustrates GRZ's difficulty in deploying such programmes. CHIF provides small grants for health-related projects in rural areas. Monitoring of such projects is not a core function of MOH staff, and most workers see no advantage in taking on additional responsibilities for which their performance will not be assessed. The experience of the

MOH is instructive in predicting how MOE staff might react to an imposition of similar responsibilities on them—with or without training. Nonetheless, CARE's inclusion of provincial and district ministry staff in the review and vetting of proposals does, perhaps, signify one way to create a stake, if not a niche, for government officials in a small grants operation.

The active role of the provincial Ministry of Community Development and Social Service (MCDSS) in the small grant programme of the Southern Province is noteworthy in that MCDSS is well-suited by its mission to assist a community-based project scheme. MCDSS staff participation was confined to review of project proposals. But, this ministry would make a very useful partner if their staff's chronic lack of transportation could ever be solved.

In contrast to the line ministries, several Zambian NGOs did acquire (or already possessed) experience in managing relatively large ($10,000 to $100,000) grants from CHANGES and/or other donors. As the sub-grantee for the AGSP, FAWEZA, in particular, might well possess the kind and level of organizational skills suitable for administering a provincial and, perhaps, a countrywide small grant fund, in partnership with an international NGO. FAWEZA's considerable national–level capacity, however, might not be matched by a sufficient field staff to monitor a geographically dispersed set of grant projects.

There is another area that is easily ignored in establishing a small grant programme: community inexperience in writing proposals, purchasing materials in cost-effective ways, and properly accounting for funds. Many community members, rural or urban, have never undertaken a project that affects more than their family units, and there may only be one individual on the project committee who is literate and can keep records.

CARE staff have done remarkably well in improving the capacity of communities to fulfil these responsibilities through its training before and during the grant period. There were numerous examples of small grant recipients who were planning new projects and already writing proposals, even while completing their CARE-funded projects. Indeed, some had secured funding for new projects from other donors.

As was noted in the outputs section, a small percentage of small project committees were quite slow in reconciling their expenditures, and a few grants had to be suspended due to accounting problems. The evaluation viewed the small number of failures as a favourable commentary on CARE's model, but any failures are still a reminder of the scarcity of organizational skills in some rural communities and the need to nurture project development and management skills to assure successful project completion.

Recommendations

- Any follow-up programme should continue and expand active involvement of line ministry staff in those functions of the small grant operation—including, but not limited to, screening and selection of qualified proposals—to which they are willing to devote time.
- Any follow-up programme should explore ways to "loan" particularly competent managers to other communities that are experiencing difficulty in organizing and managing a small grant activity.

F. Maintain and Capitalize on Capacity Built Among CARE/Zambia Staff

The CHANGES Small Grant component has built significant capacity within CARE/Zambia and among other CHANGES provincial staff, who have interfaced with CARE for their sensitization work. CARE coordinators are, in fact, the staff who regularly travel to the widely dispersed sites to monitor the progress of funded projects. Both CARE coordinators in their respective two provinces were very knowledgeable about all aspects of their operation, provided written documentation of the grant activity and could discuss the details of grantees and the status of their grants. CARE staff, both at the provincial and national level, represent highly experienced individuals who could manage a small grant scheme in any future follow-up programme.

Recommendation

- Any future continuation of a small grant mechanism should strongly consider continued partnership with CARE International administration or a new entity/contractor involving small grant staff from CARE/Zambia, possibly, linked with NGOs that have effectively managed mid-level grants.

XI. AMBASSADOR GIRLS' SCHOLARSHIP PROGRAMME

Through the CHANGES grants mechanism, USAID has supported the U.S. Ambassador's Girls Scholarship Programme (AGSP) in partnership with the Forum for African Women Educationists in Zambia (FAWEZA). This programme has provided the following assistance:

- The provision of financial aid for girls who need financial support for education at the upper basic and secondary levels;
- Monitoring and reporting data on indicators for AGSP; and
- The provision of technical assistance to FAWEZA to ensure the organization has in place the necessary institutional capacity to receive and manage direct grants from USAID/Zambia, should USAID decide to do so.

The CHANGES programme decided to fold the cross-cutting HIV/AIDS issue into FAWEZA's mission, believing that the organization's close contact with scholarship recipients would give it a receptive audience for facilitating discussion on this topic. And with its extensive experience in Zambia and elsewhere in Africa assisting girls and women in education and workplace settings, FAWEZA was considered well suited for the role of advocating for girls education as well as reviewing applicants and selecting and monitoring qualified recipients for bursaries.

In 2003, FAWEZA also instituted a new programme of so-called Student Alliance for Female Education or "SAFE clubs," using funds from USAID's PEPFAR and African Education Initiative (AEI) mechanisms. The purpose of "Safe Clubs" is to instil a sense of respect, privacy, and right to safety and health for girls and young women, both among male and female students. FAWEZA trains qualified students as peer educators who can lead these clubs, assisted in mentoring by a designated teacher. The organization's hope is that these clubs can counter the kind of male aggressiveness and lack of female assertiveness that often result in the sexual predation of girls and women.

During 2003, USAID support for girls' scholarships was provided to FAWEZA through a mid-level grant from CARE International, which is managing CHANGES' small grants mechanism. During the Extension Period of the CHANGES Programme, support has been continued through the direct transfer of funds from CHANGES to FAWEZA. In 2003, FAWEZA, through CARE International, supported 341 girls initially, with the total grant expected to assist 538 girls in total.

Funds during the Extension Period of the CHANGES Programmes were not received until June, so the programme of orienting the School Selection Committees distribution of cheques was done in July. Each school formed a Selection Committee to select girls and to validate that they fulfilled the OVC criteria. The committees were also tasked with monitoring procurement of personal effects and ensuring that all pupils had uniforms.

Some of the issues pointed out in the CHANGES Programme Quarterly Report #14, (July-September, 2004) were the following.

- Due to the lateness of the cheques, some children had to take up work in order to pay for the first term. This left some children unable to enrol and led to the selection of alternate OVCs who were already in school.
- A majority of the recipients complained of poor housing, as girls living far from home or guardians had to rent lodgings in shanty compounds, paying rent and taking up additional work to pay expenses. This led to real concerns for the safety and security of the girls.
- Several girls were removed from the bursary programme due to pregnancies and most schools had not made arrangements to readmit them. SAFE clubs are important for both bursary-funded and other girls to provide adolescent reproductive health information and to sensitise communities on government re-entry policies, and to track pregnant girls so that they re-enter school.
- The lack of administrative support in the schools, particularly as it related to facilitating transport into town to purchase uniforms or seek medical assistance, was pointed to as a problem for those schools located away from town centres.
- Monitoring also was mentioned as an issue in 2004, due to the distance of the National Secretariat, and the necessity that Provincial Focal Point Persons be employed to supervise the timely submission of reports.
- Finally, in 2004, FAWEZA had only one reliable vehicle to use in effectively monitoring and coordinating the programme.

On visits to ASGP schools, the team was pleased to learn that all cheques had been received at the beginning of the 2005 school year, so that the schools could fund their programmes and the girls could receive their small allowances immediately.

In the final report of 2004, the latest available, FAWEZA had awarded a total of 772 scholarships, well past its target population of 635. An additional 332 girls had already been selected for 2005, for a total number of scholarships awarded being 967. There is not yet any available information on the exact number who have actually enrolled in 2005. It was reported that all or almost all the girls receiving scholarships remained enrolled, with the AGSP being listed as the probable reason for their remaining enrolled. Finally, 229 scholarship girls graduated from grade 12 in 2004, some 50 more than the target of 179. With 255 12^{th} graders in 2005, it is likely that the programme will continue to show continued growth in numbers.

A. The Selection Process

On visits to several schools which had the AGSP, administered by FAWEZA, the team was impressed with the selection process, which in every case involved a Selection Committee made up of the Head or Deputy Head, guidance counsellor, one or two teachers, a PTA and/or a community member, often the Head Girl, and where other scholarship programs such as the Christian Children's Fund were present, there was often a representative from a Faith Based Organization (FBO). Students were generally referred to the Selection Committee by teachers or occasionally by a social worker. After the social worker or other staff member checked on the genuine need of the child, they were put forward for a FAWEZA or other scholarship program. The criteria consisted of vulnerability, due to the death of one or both parents, extreme poverty or disability. In one school with an attached school for deaf and blind children, 17 of 231 disabled students were on scholarship, but only 2 of 1700 girls in the regular school. The regular school had an estimated 100 double orphans and over 600 single orphans, many or most of whom would likely have been eligible for a scholarship. Given the limited nature of the funds, some schools also attempted to provide scholarships to those students with better academic records and greater likelihood to complete High School and move on to tertiary education.

Among the continuing difficulties faced by the girls, as mentioned by Heads, teachers, counsellors and some of the young people themselves were: having to rent rooms alone or with friends and having little or no funds to pay rent; no food to eat (particularly true for double orphans living alone and raising brothers and sisters); transportation costs to get to school and the problem of "sugar daddies" preying on the girls; no food for grade 12 students who are in school from 8:00 a.m. to 4:00 p.m. each day; only K1,500,000 or $312 to buy food for 213 disabled secondary students per month, - an impossible amount to feed them all; a small number of known pregnancies in the general student population - none among AGSP recipients were mentioned; students who are active sexually, but do not have easy access to prevention; and the poverty of a majority of those with parents, due to their being laid off from factories, no rain for crops, or other causes.

B. General Findings

FAWEZA appears to have met and surpassed almost all its goals as far as the AGSP programme is concerned. We believe that this is due to a variety of factors: FAWEZA does not just administer scholarships, but provides additional assistance to the girls through its Reading Circles Programme, Remedial-Learning programme, regional Teachers' Science, Mathematics and Technology Expositions, the Girls' SMT Camp for 99 Grade 8 and 10 girls, Writing Tents for children aged 10-15, and a Public Speaking contest to mark the Day of the African Child. These activities, when supplemented with the girls' empowerment through SAFE, provide a chance for peer support and peer mentoring. With Youth Media, FAWEZA has worked on four television shows. Its staff is involved in TOT (Training of Trainers) in Adolescent Reproductive Health. FAWEZA is also involved in influencing policy reforms and the replication of successful interventions and in a range of advocacy activities. In other words, FAWEZA is a well administered, multi-service NGO that sees girls' education not only as a priority, but as a "calling."

Recommendations

- FAWEZA, from all indications is exceptionally well qualified to continue its important work under any follow-on programme or even as a direct grantee from USAID. We strongly recommend its being scaled up by the United States and other donors. While 972 girls on scholarship is a wonderful accomplishment, and while FBOs, NGOs, the MOE and other donors also provide scholarships, only a small percentage of the needy girls are being served.
- It is important for FAWEZA to move towards greater equity between schools. Some schools had as many as forty or more scholarships for a smaller student body, while one Lusaka school, as mentioned above, had only two scholarships for more than 1700 girls.
- The frequency of monitoring of the girls and the grants appears to differ from school to school. One school mentioned only a visit when the funds were distributed, while another, some 40 kilometres from Lusaka said that FAWEZA staff visited as often as 3 times a term.
- In one school, there were two boys on AGSP scholarships. It is not clear to the committee whether it is permissible for them to be on scholarships, although we are in strong agreement that boys need to be involved in SAFE clubs and other FAWEZA activities.
- FAWEZA's many approaches to working with young people is perhaps the most effective HIV/AIDS prevention we have observed in the country. As mentioned in the CSMC section, Service-Learning, Community Service and Mentorships have the greatest impact in changing adolescent sexual behaviour and FAWEZA is, to our knowledge, the only programme in the country which utilizes these. All schools and programmes would do well to follow their lead.
- Given the tremendous need for girls to be safe and secure, we believe FAWEZA could be tasked to provide dormitories or "rescue homes," as one Head put it, so that girls don't have to rent rooms in dangerous sections or towns, live with abusive relatives, or suffer sexual abuse at the hands of sugar daddies or others.

XII. SCALING UP

Throughout this evaluation, we have consistently pointed out the many exceptional components of the SHN and CSMC. They have developed excellent models for improving the health of Zambian children and sensitizing and mobilizing communities to take action on issues of HIV/AIDS and gender equity. Our offering a range of recommendations to improve each of them is an affirmation that both are worthy of being scaled up by the Government of Zambia. As was pointed out in the Executive Summary, they have provided an example of what can be accomplished when two or more Ministries work together on an issue. Through their Memoranda of Understanding and informal agreements, they have improved the lives of students, community members, and government personnel. The challenges facing both health and education in Zambia are daunting, but the CHANGES Programme has shown the way for the country to make significant progress in the coming years. The two following sections provide a guide for the scaling-up of activities to other provinces and eventually the whole nation.

A. School Health and Nutrition (SHN)

The MOEs ultimate goal for SHN is that every school has a SHN school action plan, deliver de-worming, and engages in other SHN activities using MOE records. The MOE began expanding SHN even during the pilot to schools in the Central and Lusaka provinces and plans to reach all provinces by early 2005. Parallel activities under SCI will reinforce the MOE's efforts by providing sufficient drugs and training of teachers and health workers in a shortened one-day course (CHANGES, 2005).

The CHANGES program has generated interest in SHN from several donors, among whom are UNICEF, WHO, JICA and World Vision; any scale-up might include these partners. Also, the programme suggests that many of its components do not require large financial resources and thus, stresses the importance of not streamlining the model to compromise vital components of the intervention.

B. Model for Scale-up Using a Phased Approach

There is increasing evidence of integration of the SHN programme with National Food and Nutrition Commission (NFNC) activities. The NFNC is committed to reducing micro-nutrient deficiencies among school going children. Also, the Roll Back Malaria programme of the MOH is to be part of SHN interventions.

The institutionalisation of SHN within MOH/MOE will occur only if the focus on strengthening systems, building capacity and supporting existing organizational structures at provincial and district levels, as started by the CHANGES program, will continue. It is also important to finalise national SHN policy guidelines, as they will provide the necessary support for continuing a strong SHN programme.

Table 8:
Model for Scale-up Using a Phased Approach

Strengthening pre-service SHN training	• Develop more effective ways of incorporating SHN into teachers training (team to be derived from Principles of Chipata TT and David Livingstone TT, teachers from good SHN schools in pilot project, Standard officers MOE, CDD, CHANGES program staff to work on this aspect) • Conduct TOTs for selected lecturers at the TTs • Orientation of remaining lecturers on SHN at TTs to be done within college context by principles and lecturers trained • Inclusion of the SHN programme in the curriculum for teacher training
Continuing and strengthening SHN implementation	• Revitalise national steering committee for SHN implementation comprising MOE/MOH/MCSS/SCI to meet quarterly • Orientation meetings for line ministries at national, provincial, district levels • Advocacy with MOH Child Health Coordinating Committee, Cooperating Partners health committee, Child health inter-sectoral committee at EP secretariat • Advocacy for inclusion of SHN in MOH/CBOH plans • Develop phased scale up plan with SCI to include MOE interest i.e. poor indicators for education and health • Reduce teacher training to 2 days with appropriate adaptation of manual. Integrate teacher training into zonal resource centres • Scale to remaining schools in EP and SP (ensure that school action plans include SHN) • Thereafter select the next province(s) with poor education and health indicators and begin implementation with schools which meet certain criteria e.g. minimum of 4 permanent members of staff, accessibility from district office, presence of CDA, presence of zonal resource centre, distance of school from health centre – within 15 to 20 km. Using best practices and lessons learned roll out to next lot of schools in the province. MOE to work in close collaboration with SCI • Coordination with WFP scale up programme for school feeding and simultaneously strengthening use of local foods and building on gains from CHANGES SHN programme and MOE • Utilising CHANGES SHN model for community sensitization using Theatre for Community Action and other methods, e.g. meetings
Continued systems strengthening	• Maintain drug flow system, SCI drugs to follow same system as was used in pilot • Micro-nutrients to come from UNICEF/MOH • Monitoring system: Reduce number of visits from monthly to quarterly. Support required for MDCSS, Ministry of Agric. Ensure monitoring is planned and budgeted for especially at district and provincial level. Ensure prioritization on monitoring SHN in district health plans • Collect information in pilot schools on SHN for input into EMIS also discuss with MOH on inclusion of SHN data into Health Management Information System (HMIS)

Table 9:
Community Sensitization and Mobilization Campaign (CSMC)

Date	Activity	Level of Implementation
Fall 2005	New office established, officers appointed: • Linking up activities with MOE work plan • Orientation of MOE officials to CSMC • Identifying the zone centres in 3 other provinces • Verification meetings with Chiefs or village head men, CDAs, opinion leaders • Verification meetings with members of the community • Training materials reviewed • Formation of TOTs • Training of District trainers in CSMC • Training of teachers, head teachers, 1 community member, 1 health worker and 1 MCDSS by district trainers	MOE HQ: Planning , Standards and Curriculum and TESS. DEBS office: DESO,DRCC, lecturer, CDA, health worker in presence of PESO, PRCC and
2006	• CSMC implemented • Monitoring and evaluation	New programme, MOE: zone, district, provincial, college officials
2007	• CSMC to all communities • Monitoring and evaluation	Communities around every school in the three provinces New programme, MOE: zone, district, provincial, college officials

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Annex 1:
Persons Interviewed

LUSAKA PROVINCE				
NO.	**DATE**	**NAME**	**POSITION**	**ORGANIZATION**
1.	28/01/05	Dr. Edward Graybill	Chief Party, CHANGES Programme	Creative Associates, Lusaka
2.	31/01/05	Dr. Rick Henning	S06	USAID, Lusaka
3.	31/01/05	Ms. Winnie Chilala	S05	USAID, Lusaka
4.	31/01/05	Dr. Cornelius Chipoma	S06	USAID, Lusaka
5.	31/01/05	Sr. Audrey Mwansa	Focal Point Person: Equity and Gender	Ministry of Education Headquarters, Lusaka
6.	31/01/05	Mrs. Daphne Chimuka	National Co-ordinator	FAWEZA, Lusaka
7.	31/01/05	Mrs. Dorothy Kasanda	Programmes Officer	FAWEZA, Lusaka
8.	01/02/05	Ms. Irene Malambo	Focal Point Person: HIV/AIDS	Ministry of Education Headquarters, Lusaka
9.	01/02/05	Dr. James Mwansa	SHN/SCI	University Teaching Hospital , Lusaka
10.	01/02/05	Dr. Faith Nchito	SHN / SCI	University Teaching Hospital, Lusaka
11.	01/02/05	Mr. Drake Warrick	EMIS	Ministry of Education Headquarters, Lusaka
12.	02/02/05	Ms. Rose Chibbonta	Small Grants	CARE, Lusaka
13.	02/02/05	Ms. Catherine Munene	Small Grants	CARE, Lusaka
14.	02/02/05	Mr. Mark Vander Vort	Small Grants	CARE, Lusaka
15.	03/02/05	Mrs. Catherine Phiri	CSO (Former SHN)	Standards, MOEHQ, Lusaka
16.	03/02/05	Dr. Paul J. Freund	SHN Regional Advisor	CHANGES, Lusaka
17.	03/02/05	Mr. Delphin Kinkese	SHN technical officer	CHANGES, Lusaka
18.	04/02/05	Ms. Tezah Sinyinza	National Assessment	Examinations Council of Zambia, Lusaka
19.	04/02/05	Mr. Joe Kanyika	National Assessment	Examinations Council of Zambia, Lusaka
20.	04/02/05	Mr. William Kapambwe	Grade 4 Competency Testing and Continuous Assessment	Examinations Council of Zambia, Lusaka

EASTERN PROVINCE				
NO.	**DATE**	**NAME**	**POSITION**	**ORGANIZATION**
21.	07/02/05	Mr. Josias Enos Zulu	Provincial Co-ordinator	CHANGES program, Chipata
22.	07/02/05	Mrs. Catherine Chirwa	SESO (NS): SHN Focal Point Person	Provincial Education Office, Chipata
23.	07/02/05	Mrs. Margaret Chabinga Lungu	SHN Training Officer	CHANGES program, Provincial Education Office, Chipata
24.	07/02/05	Mr. Benidicto Phiri	SHN Training Officer	CHANGES program, Provincial Education Office, Chipata
25.	07/02/05	Ms. Gertrude Zulu	Technical Officer	CHANGES program, Provincial Education Office, Chipata
26.	07/02/05	Ms. Rodah Sinda	Clerical Officer	CHANGES program, Provincial Education Office, Chipata
27.	07/02/05	Mr. Colin Zulu	CHANGES program Sub-grant Co-ordinator	Provincial Education Office, Chipata
28.	07/02/05	Mr. Selesial Chanda	Provincial Education Officer	Provincial Education Office, Chipata
29.	07/02/05	Mrs. P. Jere	Principal Education Standards Officer	Provincial Education Office, Chipata
30.	07/02/05	Mr. Mathew Chirwa	District Education Standards Officer	District Education Board Secretary's Office (DEBS), Chipata
31.	07/02/05	Mr. Alec Jere	Statistician	District Education Board Secretary's Office (DEBS), Chipata
32.	07/02/05	Mr. Alex Mutale	Provincial Resource Centre Co-ordinator (Basic Schools)	Provincial Resource Centre, Chipata
33.	07/02/05	Mrs. Mdglene Zimba	District Resource Centre Co-ordinator	District Resource Centre, Chipata
34.	07/02/05	Mr. Simon B. Mpundu	Principal	Chipata Teachers' Training College
35.	07/02/05	Mr. Patrick Mbewe	Director	District Health Management Team, Chipata
36.	07/02/05	Dr. Kabulubulu	Director	Provincial Health Management Team, Chipata
37.	07/02/05	Mrs. Josephine Mwale	SHN Focal Point Person	Provincial Health Management Team, Chipata

38.	08/02/05	Mr. Adamson Sakala	Head Teacher	Dzoole Middle Basic School
39.	08/02/05	Mr. Kennedy Mbambara	D/ Head Teacher	Dzoole Middle Basic School
40.	08/02/05	Mr. Moses Sakala	Assistant Teacher	Dzoole Middle Basic School
41.	08/02/05	Mr. Emmanuel Vuttah	Teacher – Sports	Dzoole Middle Basic School
42.	08/02/05	Ms. Kwanji Phiri	Teacher: SHN Focal Point Person	Dzoole Middle Basic School
43.	08/02/05	Mr. Salatiel Banda	PTA Chairperson	Dzoole Middle Basic School
44.	08/02/05	Mr. Ostern Tembo	Works Committee Member	Dzoole Middle Basic School
45.	08/02/05	Ms. Lebetina Mbewe	SHN Committee Member	Dzoole Middle Basic School
46.	08/02/05	Ms. Bester Mcheta	SHN Committee Member	Dzoole Middle Basic School
47.	08/02/05	Mr. Hunock Banda	Induna: Chindimbe Village	Dzoole Middle Basic School
48.	08/02/05	Mr. Maxwell Banda	Headman: Chindimbe Village	Dzoole Middle Basic School
49.	08/02/05	Mr. Chrispin Ngulube	Head Teacher	Kasonjela Middle Basic School
50.	08/02/05	Mr. Moffat Phiri	D/Head Teacher	Kasonjela Middle Basic School
51.	08/02/05	Mr. Mulala Mwape	Health Centre	Kasonjela Middle Basic School
52.	08/02/05	Mr. Joseph Mbewe	PTA Vice Chairperson	Kasonjela Middle Basic School
53.	08/02/05	Mr. Macmillan Kwenda	PTA Treasurer	Kasonjela Middle Basic School
54.	08/02/05	Ms. Lina Phiri	Nduna: Chief's representative	Kasonjela Middle Basic School
55.	08/02/05	Mr. Nelson Mwale	Headman: Mgamptuula village	Kasonjela Middle Basic School
56.	08/02/05	Mrs. Dorothy Phiri	Head Teacher	Magwero Standard School (Dutch)
57.	08/02/05	Mr. Shadrick Zulu	D/Head Teacher	Magwero Standard School (Dutch)
58.	08/02/05	Mr. Reselian Sinazongwe	Teacher: SHN Focal Point Person	Magwero Standard School (Dutch)
59.	08/02/05	Mrs. Susan Shawa	PTA Vice Chairperson	Magwero Standard School (Dutch)
60.	08/02/05	Mr. Isaac Soko	Representing Community	Magwero Standard School (Dutch)
61.	09/02/05	Mrs. Ruth M.N. Moyo	Education Standards' Officer	DEBS: Lundazi
62.	09/02/05	Mr. Munyumbwe Hawala	Planning and Information Officer	DEBS: Lundazi
63.	09/02/05	Mr. Clement Chilembo	District Resource Centre Co-ordinator	DEBS: Lundazi
64.	09/02/05	Ms. Hellen Zulu	School In-service Provider	Emusa Middle Basic School
65.	09/02/05	Ms. Febby Msimuko	Nutritionist	Kanyanga Zone

66.	09/02/05	Mr. John S. Nguni	Zone Resource Centre Co-ordinator	Phikamalaza Basic School
67.	09/02/05	Mr. Gidson Zimba	Zone Resource Centre Co-ordinator	Emusa Middle Basic School
68.	09/02/05	Mrs Caleb Miti	Ophthalmic Nurse	Lundazi District Hospital
69.	09/02/05	Mr. Evaristo Zulu	Head Teacher	Phikamalaza Basic School
70.	09/02/05	Mr. Paul Nkhoma	Head Teacher	Amusa Middle Basic School
71.	09/02/05	Mr. Julius Banda	Physiotherapist	Lundazi District Hospital
72.	09/02/05	Mrs. Mwerwa M.B. Phiri	Clinical Officer In-charge	Lundazi Urban Health Clinic
73.	09/02/05	Ms. Mary Tembo	Head Teacher	Lundazi Middle Basic School
74.	09/02/05	Mrs. Eunice Daka	Teacher: School In-service Provider	Lundazi Middle Basic School
75.	09/02/05	Mr. Alexander Kapikanya	Teacher: INSPRO trainer	Kanyanga Basic School
76.	09/02/05	Sr. Euphrasia Banda	Teacher: Special Education trainer	Lundazi Middle Basic School
77.	09/02/05	Mrs. Jennipher L. Chanda	Teacher: Special Education trainer	Lundazi Middle Basic School
78.	09/02/05	Mr. Innocent Ziba	Teacher: INSPRO trainer	Thunkhu Middle Basic School
79.	09/02/05	Ms. Luwina Tembo	Midwife In-charge	Phikamalaza Basic School
80.	09/02/050 9/02/05	Mr. Winfrred Phiri	Teacher: INSPRO trainer	Lundazi Middle Basic School
81.	09/02/05	Mr. Mbewe	D/Head Teacher	Phikamalaza Basic School, Lundazi
82.	09/02/05	Mr. Prince B. Thole	PTA Chairperson	Phikamalaza Basic School, Lundazi
83.	09/02/05	Mr. Foreman Mtonga	PTA Treasurer	Phikamalaza Basic School, Lundazi
84.	09/02/05	Mr. J.B. Ziba	Headman	Phikamalaza Basic School, Lundazi
85.	09/02/05	Ms. F.A. Lusala	PTA Vice Chairperson	Phikamalaza Basic School, Lundazi
86.	09/02/05	Mrs. R. Mchizi	Community Member	Phikamalaza Basic School, Lundazi
87.	09/02/05	Mrs. J. Nyirongo	Community Member	Phikamalaza Basic School, Lundazi
88.	09/02/05	Mr. K. Mtonga	Community Member	Phikamalaza Basic School, Lundazi
89.	09/02/05	Mr. A. Phiri	Community Member	Phikamalaza Basic School, Lundazi
90.	09/02/05	Mr. Save Nyasilu	Senior Community Health Worker	Phikamalaza Basic School, Lundazi
91.	09/02/05	Mr. Mukuka Shokela	C.E.O: Phikamalaza Agriculture Camp	Phikamalaza Basic School, Lundazi
92.	10/02/05	Mr. Westone Siwale	District Education Board Secretary	Katete District Education Office
93.	10/02/05	Mr. L. M. Mwanachingwal	District Education Standards Officer	Katete District Education Office
94.	10/02/05	Mrs. T.J.V. Ngoma	Education Standards Officer	Katete District Education Office

95.	10/02/05	Mr. Patrick Phiri	Community Development Officer	Katete District Education Office
96.	10/02/05	Mr. Philimon Phiri	Head Teacher	Kafumbwe Basic School, Katete
97.	10/02/05	Mrs. Mary Bwalya Banda	Deputy Head Teacher	Kafumbwe Basic School, Katete
98.	10/02/05	Mrs. Mada Mshanga	Teacher: SHN focal point person	Kafumbwe Basic School, Katete
99.	10/02/05	Mr. Felix Tembo	PTA Chairperson	Kafumbwe Basic School, Katete
100.	10/02/05	Mr. Lawrence M. Banda	PTA Vice Chairperson	Kafumbwe Basic School, Katete
101.	10/02/05	Mr. Tenford A. Zulu	Head man: Mgulula Village	Kafumbwe Basic School, Katete
102.	10/02/05	Mrs. Albertina Phiri	CBO	Kafumbwe Basic School, Katete
103.	10/02/05	Mrs. Eness Banda	CBO	Kafumbwe Basic School, Katete
104.	10/02/05	Mr. Chrempino Banda	PTA Treasurer	Kafumbwe Basic School, Katete
105.	10/02/05	Mrs. Olida Phiri	PTA Vice Treasurer	Kafumbwe Basic School, Katete
106.	10/02/05	Mr. James L. Lungu	Senior Teacher: SHN treasurer	Kafumbwe Basic School, Katete
107.	10/02/05	Mr. Pius UU. Zulu	Teacher: SHN Secretary	Kafumbwe Basic School, Katete
108.	10/02/05	Mrs. Bwalya M. Banda	Deputy Head	Kafumbwe Basic School, Katete
109.	10/02/05	Mr. Kapandila Phiri	Head Teacher	Kagoro Basic School, Katete
110.	10/02/05	Mr. Shawa San	Teacher: SHN Focal point person	Kagoro Basic School, Katete
111.	10/02/05	Mrs. Gloria Phiri	Community Dev. Assistant	MCDSS, Katete
112.	10/02/05	Mrs. Florence Lungu	PTA Chairperson	Kagoro Basic School
113.	10/02/05	Mr. Wilson Phiri	PTA Vice Chairperson	Kagoro Basic School, Katete
114.	10/02/05	Mr. Zembeni Phiri	Village Head Man: Chimbuna village	Kagoro Basic School, Katete
115.	10/02/05	Mr. B.A. Kawengele	District Education Board Secretary	District Education Office, Nyimba
116.	10/02/05	Mr. Fuli Tembo	District Education Standards Officer	District Education Office, Nyimba
117.	10/02/05	Mr. Lamano J. Phiri	Community Dev. Assistant	MCDSS, Nyimba
118.	10/02/05	Mrs. Ruth Phiri	Deputy Head Teacher	Mfumbizi Middle Basic School
119.	10/02/05	Mr. Dennis Mkonda	Head Teacher	Mchimazi Middle Basic School
120.	10/02/05	Mr. George Kaoma	Deputy Head Teacher	Mchimazi Middle Basic School
121.	10/02/05	Ms. Elidah Phiri	Teacher: SHN Focal Point Person	Mchimazi Middle Basic School
122.	10/02/05	Mr. Elias Banda	Teacher: HIV/AIDS Focal point person	Mchimazi Middle Basic School

SOUTHERN PROVINCE				
NO.	**DATE**	**NAME**	**POSITION**	**ORGANIZATION**
123.	14/02/05	Mr. Sitwala Mungunda	CHANGES Programme Co-ordinator	CHANGES Livingstone
124.	14/02/05	Mr. Muyunda Lindunda	Field Co-ordinator: Monitoring and Evaluation	CHANGES Livingstone
125.	14/02/05	Mr. Mweelwa Muleya	Advocacy Field Co-ordinator	CHANGES Livingstone
126.	14/02/05	Mr. Rodewell Mbewe	Program Assistant: Documentation	CHANGES Livingstone
127.	14/02/05	Mr. Obed Phiri	Program Assistant: Data	CHANGES Livingstone
128.	14/02/05	Ms. Saboi Simasiku	Grants Co-ordinator	CHANGES Livingstone
129.	15/02/05	Mrs. Delphine Mweemba	Head Teacher: CSMC FPP	Musokotwane Basic School, Livingstone
130.	15/02/05	Mr. Peter Mwalunyunje	Deputy Head Teacher: SFPP	Musokotwane Basic School, Livingstone
131.	15/02/05	Mr. Noel Katanekwa	Teacher: SFPP	Musokotwane Basic School, Livingstone
132.	15/02/05	Ms. Immaculate Sigande	Teacher	Musokotwane Basic School, Livingstone
133.	15/02/05	Mr. Clement Sikulova	Teacher: Guidance and Counselling	Musokotwane Basic School, Livingstone
134.	15/02/05	Mr. Greywell Chizyuka	Teacher: Guidance and Counselling	Musokotwane Basic School, Livingstone
135.	15/02/05	Mr. Fine Halwiindi	Teacher Guidance and Counselling	Musokotwane Basic School, Livingstone
136.	15/02/05	Mrs. Isabel Nanja	Provincial Education Officer	Provincial Education Office, Livingstone
137.	15/02/05	Mrs. Rosey Chulu	SHN Focal Point Person	Provincial Education Office, Livingstone
138.	15/02/05	Mr. Muchele	Senior Planning Officer	Provincial Education Office, Livingstone
139.	15/02/05	Mr. Bornwell Mubanga	HIV/AIDS Focal Point Person	Provincial Education Office, Livingstone
140.	15/02/05	Mr. Mwape E. C. Walimba	Provincial Social Welfare Officer	MCDSS, Livingstone
141.	15/02/05	Mr. Fanwell Muyunda	Provincial Community Development Officer	MCDSS, Livingstone

142.	15/02/05	Mr. Kennedy Siame	Office Administrator	Ministry Of Health, Provincial Office, Livingstone
143.	16/02/05	Mr. P. Mulenga	Head Teacher	Mukuni Basic School, Livingstone
144.	16/02/05	Mrs. Rose Siloka	Vice Chairperson: PTA	Mukuni Basic School, Livingstone
145.	16/02/05	Mr. Halubona Simweeba	MOH: Zonal Health Worker	Mukuni Basic School, Livingstone
146.	16/02/05	Mrs. Karen Shamusemuna	MCDSS: Zonal Community Focal Point Person	Mukuni Basic School, Livingstone
147.	16/02/05	Mrs. Melvin Muhau	Teacher: Zonal Education Focal Point Person	Mukuni Basic School, Livingstone
148.	16/02/05	Mr. Y. Hakayobe	Head Teacher	Nalituwe Basic School, Livingstone
149.	16/02/05	Mrs. P. Daka	Deputy Head Teacher	Nalituwe Basic School, Livingstone
150.	16/02/05	Mrs. Malambo	Teacher: Home Economics	Nalituwe Basic School, Livingstone
151.	16/02/05	Mr. Jeremiah Chuulu	Community Focal Point Person	Nalituwe Basic School, Livingstone
152.	16/02/05	Mrs. Molly H. Sibajene	Teacher: SHN Focal Point Person	Nalituwe Basic School, Livingstone
153.	16/02/05	Mr. D. L. Kelo	PTA Treasurer	Nalituwe Basic School, Livingstone
154.	16/02/05	Mr. S. Bwainga	Teacher: Committee Member	Nalituwe Basic School, Livingstone
155.	16/02/05	Mr. W. Siampisani	Community Focal Point Person	Nalituwe Basic School, Livingstone
156.	16/02/05	Mr. E. Matele	PTA Chairperson	Nalituwe Basic School, Livingstone
157.	16/02/05	Rev. Howard J. Sikwela	Principal	David Livingstone College of Education
158.	16/02/05	Mr. Alfred B. Sikazwe	Head of Section: Mathematics and Science	David Livingstone College of Education
159.	16/02/05	Mr. Mike R. Kanini	Senior Lecturer	David Livingstone College of Education
160.	17/02/05	Mr. Darius Kaluba	District Education Board Secretary	District Education Office, Kalomo
161.	17/02/05	Mr. Sebastian Hambokoma	District Resource Centre Co-ordinator (DRCC)	District Education Office, Kalomo
162.	17/02/05	Ms. Febby Michelo	Planning Officer	District Education Office, Kalomo
163.	17/02/05	Mr. John Sitali	Education Standards Officer (ESO)	District Education Office, Kalomo
164.	17/02/05	Mr. Steven K. Hamilemba	District Education Standards Officer (DESO)	District Education Office, Kalomo
165.	17/02/05	Ms. Margret M. Hazemba	Manager Administration	District Health Office, Kalomo
166.	17/02/05	Mr. Kingsley Ngalande	District Community Development Officer	MCDSS, Kalomo

167.	17/02/05	Ms. Mwiiga C. Malumo	Chairperson	Lets Build Together, Choonga, Kalomo
168.	17/02/05	Mrs. Dimba	Vice Chairperson	Lets Build Together, Choonga, Kalomo
169.	17/02/05	Mr. Alex Lilanda	Secretary	Lets Build Together, Choonga, Kalomo
170.	17/02/05	Mr. Elnot Sikatumba	Vice Secretary	Lets Build Together, Choonga, Kalomo
171.	17/02/05	Ms. Choombe Mutinta	Treasurer	Lets Build Together, Choonga, Kalomo
172.	17/02/05	Mr. Charles Mweemba	Committee member	Lets Build Together, Choonga, Kalomo
173.	17/02/05	Mrs. Walenda	Committee member	Lets Build Together, Choonga, Kalomo
174.	17/02/05	Mrs. Namukanda	Committee member	Lets Build Together, Choonga, Kalomo
175.	17/02/05	Mr. Evans Simulele	Committee member	Lets Build Together, Choonga, Kalomo
176.	17/02/05	Ms. Bertha Nosiku	Committee member	Lets Build Together, Choonga, Kalomo
177.	17/02/05	Mrs. Mary H. Bukowa	Gwembe Basic School	District Education Office, Gwembe
178.	17/02/05	Mr. Venter Ngandu	District Resource Centre Co-ordinator	District Education Office, Gwembe
179.	17/02/05	Mr. Charcks Nzala	Planning Officer	District Education Office, Gwembe
180.	17/02/05	Ms. Joyce Musambila	District Education Board Secretary	District Education Office, Gwembe
181.	17/02/05	Mrs. Beatrice Kapikwa	MCH Co-ordinator	District Health Office, Gwembe
182.	17/02/05	Mr. Joseph Maninga	Education Standards Officer	District Education Office, Gwembe
183.	17/02/05	Mrs. Florence C. Mongazi	Head Teacher	District Education Office, Gwembe
184.	17/02/05	Mr. J. Moomba	Community Development Officer	MCDSS, Gwembe
185.	18/02/05	Mr. Borniface Mafwela	Family Health Officer	Family Health Trust, Monze
186.	18/02/05	Mrs. M.M. Sikasanga	District Education Standards Officer	District Education Office, Monze
187.	18/02/05	Mrs. J.N. Mweetwa	Acting Assistant Statistics Officer	District Education Office, Monze
188.	18/02/05	Mr. L.K. Siampazanga	Planning Officer	District Education Office, Monze

189.	18/02/05	Mrs. B.B. B. Murray	Deputy Head teacher Monze Basic School	District Education Office, Monze
190.	18/02/05	Mr. Z. Munthali	Acting Accountant	District Education Office, Monze
191.	01/03/05	Mr. R.S. Chenda	Head Teacher	Kafue Day High School, Kafue
192.	01/03/05	Mrs. M.S. Mulendema	Teacher: Guidance and Counselling	Kafue Day High School, Kafue
193.	01/03/05	Mrs. G.M.C. Simutowe	Teacher	Kafue Day High School, Kafue
194.	01/03/05	Mr. C.L. Chikanta	A/ Head Teacher	Naboye High School, Kafue
195.	01/03/05	Mrs. E.M. Chilekwa	Teacher: Guidance and Counselling	Naboye High School, Kafue
196.	01/03/05	Debora Mutune	Pupil	Naboye High School, Kafue
197.	01/03/05	Vincent Kalenga	Pupil	Naboye High School, Kafue
198.	01/03/05	Sarah Chipoya	Pupil	Naboye High School, Kafue
199.	01/03/05	Mrs. Agnes M. Imonda	Head Teacher	Munali Girls' High School, Lusaka.
200.	01/03/05	Mr. E. Silwimba	Bursar	Munali Girls' High School, Lusaka.
201.	01/03/05	Mrs. Agnes T. Chanda	Teacher: Guidance and Counselling	Munali Girls' High School, Lusaka.

Annex Two:

School Health and Nutrition Competition Assessment Tool
Eastern Province

No.	Observation	Instructions	Possible Score	Actual Score
1.	School Health and Nutrition Promoting Team?	Allot 2 points if there is a School Health and Nutrition Promoting Team (SHNPT) with at least membership from local health centre, agricultural department, PTA, NHC, Community Development etc.	2	
2.	Is the School Health and Promoting Team active?	Allot 2 points if evidence of meeting in the last two months.	2	
3.	Are resolutions from SHNPT meetings implemented?	Allot 2 points if evidence of implementing any of the resolution made in the last two months.	2	
4.	Is there a School Health Policy?	Allot 2 points if the school health policy is available and displayed.	2	
5.	Are pupils and teachers aware of the school health policy?	Randomly select two pupils and one teacher. Allot a point for each pupil if aware of the policy and another 2 points if the teacher is aware of the policy.	4	
6.	Is there a school garden or field?	Allot 1 point if the school has a garden or production unit and allot another 1 if evident that produce are used for the benefit of pupils.	2	
7.	Are pupils fed on produce from the garden or field?	Allot 4 points if pupils are periodically fed on food from the school gardens and field.	4	
8.	Is there a school orchard?	Allot 4 point if the orchard had more than 30 tree and/or suckers.	4	
9.	Are there waste paper baskets or boxes in each classroom and office?	Allot 2 points if all classrooms and offices have waste paper baskets or any approved provision for throwing litter.	2	
10.	Are there pit latrines/toilets for teachers and pupils?	Allot 2 points for present of girls, boys and staff latrines or closets.	2	
11.	Maintenance of the school.	Allot 3 marks if evidence of repairs of broken glass panes, desks, chairs, painting of classes etc.	3	
12.	Are the toilets adequate?	One latrine or close for every 25 pupils.	2	

13.	Maintenance of latrines.	All 5 points if all toilets are clean and well maintained.	5	
14.	Is there a provision for washing hands by use of running water after use of toilet?	Allow 2 points for evidence of provision of hand washing facility by use of running water.	2	
15.	Local resource mobilization.	Allot 5 points for evidence of local resource mobilisation to support SHN Activities.	5	
16.	Is the school surrounding well-kept and free from animal droppings and litter?	Allot 2 points if the school is clean and free from animal droppings.	2	
17.	Are pupils and teachers drinking water from a safe source?	Allot 2 points if both teachers and pupils are drawing their drinking water from a protected well, borehole, pipe or any approved source of drinking water.	2	
18.	Is the water source protected from animals and dirty?	Allot 2 points if the well is fended and has a cover. The borehole area is fenced and clean.	2	
19.	Is the water periodically checked for quality control?	Allot 5 points if there is evidence of water being taken for analysis.	5	
20.	Are periodic public health inspections conducted at school?	Allot 5 points if there is evidence of a public health inspection conducted in the last 6 months.	5	
21.	Is there an SHN corner?	Allot 2 points if there is an SHN resource centre.	2	
22.	Is the SHN resource corner utilized?	Allot 5 points if evidence of teachers, pupils, and surrounding communities using the facility.	5	
23.	Do pupils carry food with them to school?	Allot 4 points if there is evidence of at least more then 60% of pupils bring snacks to eat at school.	4	
24.	Is there a Community Based Organization in the surrounding community supporting the SHN programme?	Allot 4 points if there is evidence of such an organization.	4	
25.	Are pupils inspected for personal hygiene every day?	Randomly select 5 pupils. Allot 5 points if pupils are inspected for personal hygiene every day before starting classes.	5	

26.	Pupils knowledge on prevention of intestinal worms and Bilharzia.	Randomly select 5 pupils, one from each grade (grades 3-7). Determine knowledge level by asking basic facts about prevention of worm, bilharzias and communicable diseases. Allot a point for each pupil who gives a correct answer.	5	
27.	Pupils knowledge on prevention of Vit A and iron deficiency.	Randomly select 5 pupils, one from each grade (grades 3-7). Determine knowledge level by asking basic facts about prevention of iron deficiency anaemia (IDA). Allot a point for each pupil who gives a correct answer?	5	
28.	Are there at least 3 health promoting clubs in the school?	Allot 2 points for each club that show evidence of meeting in the last month.	4	
29.	Has the SHN team got an action plan?	Allot 2 points if action plan is available.	2	
30.	Is the action plan being followed?	Allot 2 points if action plan is being followed.	2	
31.	Does the school administer SHN Drugs according to protocol/schedule?	Inspect the treatment forms. Allot 3 points if SHN treatment protocol and schedule are followed.	3	
	TOTAL		**100**	

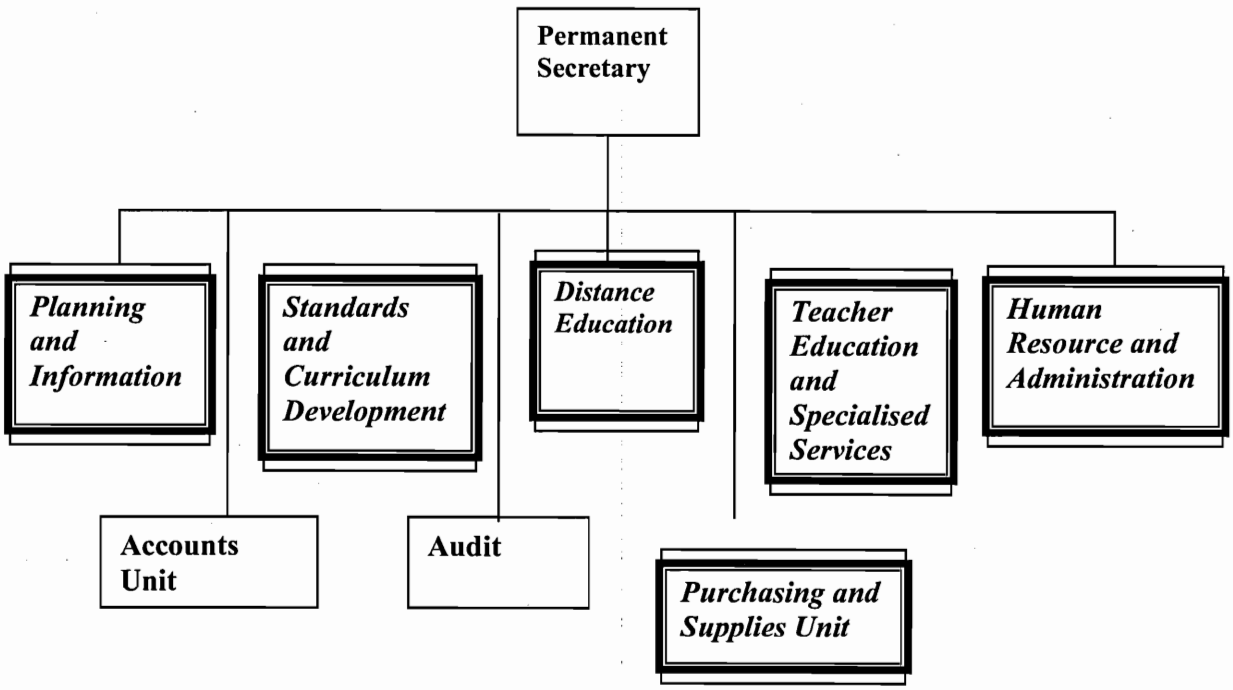
Annex Three:
SHN Continuous School Evaluation Questionnaire

1. Name of School?
2. Head teacher's name?
3. Is he/she trained?
4. SHN focal point person?
5. Is he/she trained?
6. School Enrolment: girls 1-7_____boys 1-7_____
7. Villages in the Catchment area

#	Name of Village	Learners	Population

8. Has the Community SHN Committee been formed?
9. What is their plan (community managed action plan)?
10. District level information?
11. District SHN Education Focal Point Person?
12. Has the school ever used the District SHN Resource Centre?
13. What materials were relevant from the Resource Centre?
14. Feedback from the District Coordinating Committees?

Annex Four:
Restructured Ministry Of Education



Annex Five:
The Changes Programme in the Context of Zambian Education

"If the 'New Breakthrough to Literacy' (NBTL) Primary Reading Programme in Zambia was combined with lessons learned in the New School Movement in Latin America and now being experimented with in Uganda, Zambia would have THE International model for primary education."

- Richard J. Kraft, Evaluator

The CHANGES programme serves critically important needs for the overall educational system of the Zambian government. It does not stand alone, however, and thus we offer the following short comments about other components of the system and how they impinge on its effectiveness. Each topic is followed by a recommendation, which refers to what any new follow-up programme and the continuing USAID funded education programmes could consider, particularly as they relate to lessons learned under the CHANGES programme.

1. **Multiple Programmes in the Schools:**

Findings and Conclusions: The following separate acronyms were listed by the MOE in 2002, and although not all of them still exist, parents, head teachers and classroom teachers expressed their concern that teachers were "always going to workshops," and unable to be about the business of teaching children to read and write: INSPRO, PAGE, ANTI-AIDS, GRACE, GEMS, TGM, INSET WORKSHOPS, SITE, CHANGES TED, DISTRICT WASHE, FAMILY PACK, QUIZ, SPORT DRAMA CULTURE, AND MIEP. In addition to these formal GRZ, NGO or Internationally funded programmes, many schools have a multiplicity of after-school clubs and sports activities, some of which occur during the school day. It was reported in one zone that the whole second trimester was taken up with sports, with little or no formal education occurring at all.

Recommendations:

- It has proven difficult, particularly in small, 1-7 teacher rural schools, to have CHANGES interventions receive the necessary level of attention. Each activity requiring "training" takes teachers out of the classroom, limiting the instructional time for students. When one teacher or head teacher serves as the "focal point" for multiple programmes, there is little question that most, if not all, of the special programmes will suffer from neglect, regardless of their importance.

2. **Educational Quality in Primary Education:**

"The Zambia National Union of Teachers (ZNUT)...says too much emphasis has been put on pupils passing subjects other than mastering survival skills...The curriculum must be reviewed because it was a major cause of failing educational standards...The grade eight and nine syllabus was equally 'useless' because it did not allow pupils to master survival skills that would help them even when they failed to find white-collar jobs...the recent results were a disaster."

- *The Times*, February 22, 2005

Findings and Conclusions: The team was not able to observe large numbers of classes in session, as many heads and teachers dismissed their students from class before our arrival at the school to hold drama, dances and other community events.

Others had their teachers meet with the team, instead of our being able to observe them teaching. Visits, however, were made to many classrooms, and other than the NBTL, Primary Reading Programme classrooms in grade one and SITE in grade 2, the rooms were almost completely devoid of books, learning materials, mathematics manipulatives, or other evidence of teaching and learning. Student workbooks were examined, and again, other than in grade one and somewhat less in grade two NBTL classrooms, there was no evidence of original student writing, but much evidence of copying off the blackboard. Books, again with the exception of small libraries in NBTL/SITE classrooms, were not in evidence in any classrooms observed, but could be found, sometimes hundreds of them, in the office of the Head Teachers. In other cases, books were still at the Resource Centres or District Offices, and not in the hands of teachers and children. At no time were children observed reading even a textbook. The National Assessment Survey of 2001 under the Basic Education Sub-Sector Investment Programme concluded in a somewhat understated fashion that "learning achievement levels in Grade 5 were somewhat low," with the mean percentage scores in English and Mathematics at 33.42 and 35.74 respectively. It went on to say that "Pupils stayed for a considerable long period without learning."

Recommendation:

- While neither CHANGES nor any follow-up programme deals directly with the low quality of primary schooling, they are and will be affected by the nature of the teaching-learning process in the classroom, the lack of reading and numeracy skills on the part of children, and other indicators of low quality. Students who cannot read, cannot read materials on HIV/AIDS or gender roles.

3. <u>Lack of Trained Teachers in the Classroom:</u>

Findings and Conclusions: The IMF/WB controls on the employment of additional teachers have placed a tremendous burden on the schools of Zambia. It is hoped that when the controls are lifted, the 3 year backlog of teacher graduates from the TTCs can be employed. An obvious partial cause of low achievement in Zambian primary schools is the lack of trained teachers in almost every school visited. Often only 2 to 4 "certified" teachers were responsible for up to 7 classes in a given school. The other classrooms occasionally had an untrained adult from the community, often paid only K60,000 per month to be a community teacher. Far too often, however, no adult was present in the room, and thus, children could be found playing on the school grounds, or just returning their homes.

Recommendation:

- As described in the following section on multi-grade teaching, highly successful multi-grade classrooms with up to 75 students are now functioning throughout several Latin American countries, and are being experimented with in Uganda. It involves a major reform of schooling, not a piece-meal approach, but can be done for approximately a 10 percent added cost factor, with under-trained teachers, and often leads to children in multi-grade, rural classrooms achieving at or above students in regular, graded, urban settings. Any new programme could work with the materials preparation, multi-grade teacher training and a scaling-up of the current experimental programme.

4. Language of Instruction, Activities, Posters and Instructional Materials:

Findings and Conclusions: While there is great hope in the research results of PRP/SITE in teaching children to read and write in their mother tongue and in English, English does not yet appear to be a strong medium of instruction in rural primary schools. Children do not appear to have a solid grasp of the English language until grades 8 and 9, and by that time, a significant percentage of students have left the system.

Recommendation:

- While a few posters could be found in mother tongue languages, the vast majority of materials on girls' education and HIV/AIDS are in English. While a case could be made that these reach the older students who have "mastered" English, there is informal evidence that even these older students do not fully understand much of the more conceptual information about HIV/AIDS, to say nothing of profound cultural issues involving gender roles within their respective cultural and linguistic groups. There is a great need to retrain teachers for the "Read-On Programme" for grades 3-7.

5. **Pre- and In-Service Teacher Education**:

Findings and Conclusions: The CHANGES Programme, while primarily concentrating on in-service education through the training of focal point head teachers and regular classroom teachers, has also offered workshops in Teacher Training Colleges on HIV/AIDS and Girls' Education. Regrettably, the new graduates have not yet been able to obtain positions due to IMF/WB controls, as stated above. In addition, with HIV/AIDS taking its toll on the teaching profession, despite ARVs for teachers and their spouses, it will remain important that new teachers receive the pre-service training and that those out in the schools are not only provided with "cascade" training by focal point persons in their schools, but regular monitoring and updating. The reader is referred to the Annexes for information on *More and Less Successful Interventions in Teacher Education.*

Recommendations:

- Any follow-up programme to CHANGES must continue to consider the needs of both pre- and in-service teachers. It will be critical for any new effort to work closely with the TTCs in each Province, while continuing to upgrade in-service teachers.

6. Training:

Findings and Conclusions: As indicated in number one above, head teachers and teachers are involved in considerable training for one or more of the many programmes in the Zambian schools. In many small rural schools, teachers miss many days each month attending training sessions. While the evaluation team was unable to visit any of the CHANGES training sessions, the training documents themselves appear to be well designed, but rather "didactic" in nature. Whether the trainers actively involve the participants in the training itself, we could not ascertain, but if trainees remain passive participants, then the trainings themselves reinforce the copying methodology which appears to dominate most Zambian classrooms. An additional concern has to do with the "cascade" model of training. It is utilized throughout the world as a mechanism to train large numbers of teachers at

comparatively low cost, but there is strong evidence that the learning tapers off significantly on the 2nd, 3rd or 4th iterations.

Recommendation:

- It is critical that monitoring and evaluation occur in at least a sample group of schools, to assure that critically important information is actually passed on to other teachers, parents and communities involved in either SNH or CSMC, who are not focal point persons. On such critically important topics as HIV/AIDS, Gender Equity, and Life Skills, information is never enough. All trainings must also involve attitudes and behaviours, and thus the type of training itself becomes critical.

7. Primary Reading Programme (NBLT/SITE):

Findings and Conclusions: The most important innovation in the Zambian schools is the Primary Reading Programme. On a classroom level, it is immediately apparent when one enters an NBLT classroom, as it contains children working in groups, age appropriate reading materials in Zambian and English languages, children working individually and in groups, teachers working with groups of children rather than a full class, little copying off the board, etc. Its success has been exceptional, with gains in literacy between 1999 and 2002 of up to 2000 percent in Zambian reading scores in grade 1, and gains of over 700 percent in English reading scores in grades 2-5. Zambia has become THE international leader in literacy, and its successes are now being copied throughout the continent.

Recommendation:

- The MOE has already produced a mathematics text called Mathematics Rainbow Kit (MARK), based on the model, and plans to produce similar texts across the curriculum for all primary grades. Any follow-on programme should seriously consider working closely with and supporting this expansion of the reading programme to other grades and subject areas.

8. Multi-grade Teaching Methods:

Findings and Conclusions: A large percentage of rural teachers are forced to teach more than one grade, due to the lack of employment of new teachers and teachers being gone for reasons of workshops, illness, or death. While workshops on multi-grade teaching have been held in Zambia, the only design that has proven itself in poverty-stricken rural areas is that of the New School Movement (Escuela Nueva) of Latin America. Suffice it to say, that Ministers of Education from throughout Eastern and Southern Africa have visited Colombia and Guatemala to observe it in action and have been positively impressed, but to date, only Uganda is experimenting with an African version. The model is now expanding nationwide in Nicaragua and is starting in Peru. It has proven particularly powerful in poor, rural settings, where children perform at equal levels in literacy and numeracy to their urban counterparts in graded schools. Cost estimates from Latin America have shown it to be approximately 10 percent more costly than other systems, but that the benefits significantly outweigh the costs.

Recommendation:

- Regardless of whether Zambia gets out from under the controls of the IMF/WB, significant numbers of rural teachers will continue to find themselves teaching or having responsibility for more than one grade. Unless, and until, Zambian rural

teachers are provided with the training, workbook materials, flexible promotion, books, student government, and the other proven components of the system, rural students will continue to significantly lag behind their urban counterparts. Any follow-up programme should seriously consider assisting a pilot programme in the New Zambian Primary School.

9. Production Units, School Feeding and Nutrition:

Findings and Conclusions: There were several very impressive Production Units seen at particularly rural schools. Large, healthy fields of maize, ground nuts, sunflowers, and other crops were observed, as were several vegetable gardens. These Production Units, however, appeared to have little to do with school nutrition and feeding, as products in most cases were only served to the children once a week at most, and often only two times during a term. We were unable to determine if students gained any real vocational skills by tending the fields and gardens, or whether they already had most of the skills and were merely being used as unpaid labour.

Recommendation:

- Whether primary school children should be working in the fields rather than mastering other basic skills is a fundamental question which needs to be addressed by the MOE. The nutritional and feeding value of the fields and gardens is not apparent.

10. Clinical Supervision, Guidance and Counselling:

Findings and Conclusions: The traditional role of school inspectors or monitors has been replaced by "Standards" officers, but it is our perception that most play a similar role to their old inspectorial role. Uganda has trained a whole cadre of "clinical supervisors," who have gained the skills necessary to assist head teachers and teachers in their roles, rather than inspect and monitor student records and finances and pass judgment on lesson plans and teaching techniques. While we met one excellent guidance counsellor in a large urban school, who had clinical supervision and guidance skills, this appeared to be the exception rather than the norm.

Recommendation:

- In the deeply profound areas of HIV/AIDS and Gender Equity, to say nothing of the all the other things facing school heads, teachers, and pupils, any new follow-up programme needs to consider the development of a cadre of professionals trained in facilitation and counselling skills.

11. Decentralization, Local Boards, Parent and Community Control:

Findings and Conclusions: Parents and community members with whom we met are increasingly frustrated by teachers who miss class for workshops, illness, to collect their monthly paycheques, supervise sports and other activities, or have other legitimate or illegitimate reasons for not teaching their children. Most felt that they had little input into the decision-making processes of their children's schools.

Recommendation:

- It will be critical for any follow-up programme to confront the sense of powerlessness that many parents and communities feel about the schools which their children attend.

12. Life Skills, Vocational Skills:

Findings and Conclusions: A large majority of Zambian children will finish their schooling at or before grade 7 or grade 9. It is thus absolutely critical that they gain the life-skills necessary to survive in a world of poverty, HIV/AIDS, and gender discrimination. It is also necessary that the skills they learn in school are of worth when it comes to being able to supporting their future or present families. The life-skills taught through the DFID/UNICEF Guide for Out-of-School youth deal with such individual skills as self-awareness, empathy, decision-making, problem-solving, and effective communication; and specialized life-skills such as drug and substance abuse, reproductive health and entrepreneurship. It is an excellent manual on introducing these skills.

Recommendation:

- It is critical that many of these life-skills become part of the regular school curriculum, as it is much more difficult to contact out-of-school youth, than it is while they are still in the school. Some schools have given over half a day each week to "practical" skills, but too often this is just working on the school production unit, or even in the fields and gardens of head teachers and teachers. Any follow-up programme could work with the MOE to see that many of these skills become part of the regular curriculum.

13. Community Schools:

"A solution born out of desperation."
- Zambian Educator

Findings and Conclusions: Regrettably, the Evaluation team had no chance to visit the Community Schools that have become a critical component of the Zambian educational system. They do, however, educate an increasingly large number and percentage of Zambian children, with even less resources, infrastructure, salaries and trained staff than is found in the regular school system.

Recommendations:

- Any follow-up programme needs to be involved in training teachers, providing support for HIV/AIDS, SHN, and Gender Equity efforts in these schools.

14. Orphans and other Vulnerable Children:

"There are more vulnerable children in schools
than the Ministry of Education Vulnerable Scheme can handle."
- Equity and Gender Officer, MOE

Findings and Conclusions: Most schools are counting and/or monitoring the number of orphans in their schools, often with the support and assistance of the Community Development workers from the MCDSS. The numbers of children falling into the category of single or double orphans is truly staggering, with some schools reporting 25-50 percent orphans. In a limited number of cases, teenagers are raising their

brothers and sisters with limited assistance from the schools and community development workers.

Recommendation:

- A case could be made that a large majority of Zambian youth are vulnerable, even those with both parents still living. Malnutrition, lack of adult supervision, a wide variety of health risks including HIV/AIDS and poverty, make it imperative that any new efforts by USAID reach these children, who are among the most vulnerable in the world.

15. Time: In School and On-Task:

Findings and Conclusions: Not only are the Zambian primary schools suffering from a lack of books and other instructional materials, generally poor instructional techniques, and many untrained teachers or no teachers at all in the classrooms, because of the large number of students attracted by free education, school feeding programmes and other interventions, many schools have multiple shifts, with children coming and going all day. Many children appear to be in class little more than 3 hours daily, while many teachers are overworked, teaching two or more shifts. If every minute of school time was used for actual learning, it might be possible for children to master the curriculum, but regrettably, we observed classes with no instruction occurring due to lack of teachers, and reports were given to the team of large blocks of instructional time being taken up with sports and other extra-curricular activities.

Recommendation:

- NBLT/PRP has made exceptional strides in confronting this problem at grades one and two, but books, instructional materials and sufficient time in school and on-task are needed at all grade levels. Without this fundamental reform, all other interventions of curriculum, subject-matter standards, pre- and in-service teacher training, teachers' guides, learning corners, etc., are almost certainly doomed to failure. National policies, with monitoring, on the number of days in school, starting and finishing on time, length of recess and lunch breaks, and other factors concerning time

16. Out-of-School Youth:

Findings and Conclusions: With a large majority of young people completing their schooling at or before grades 7 or 9 and often without mastering basic skills of literacy and numeracy, and with few vocational skills, programmes geared primarily at school children are not meeting the needs of these out-of-school children and youth. Radio or television programmes and posters might meet some of the needs of particularly urban young people, but millions of rural children receive little formal or non-formal education. Community schools and adult education programmes are beginning to confront some of these issues, but unless and until this group receives much more attention, issues of health, HIV/AIDS, gender equity, life-skills and vocational skills will continue to grow in importance.

Recommendation:

- USAID should give serious consideration under any follow-up programme to a much greater emphasis on meeting the needs of out-of-school youth, as these are among the most vulnerable members of Zambian society in life-skills, academic and vocational skills, and at risk for HIV/AIDS.

Annex 6:
Service Learning and Community Service as an HIV/AIDS Prevention Method

"Two programme components emerged as important across all reviews (on affecting adolescent sexual behaviour): service learning and mentoring. Service learning was a particularly crucial program component for youth ages 15 to 18. The vast majority of the programmes reviewed were school-based and included young people of all ages."

- National Research Council (USA): Community Programmes to Promote Youth Development, 2002 (Reporting on changes in adolescent sexual behaviour).

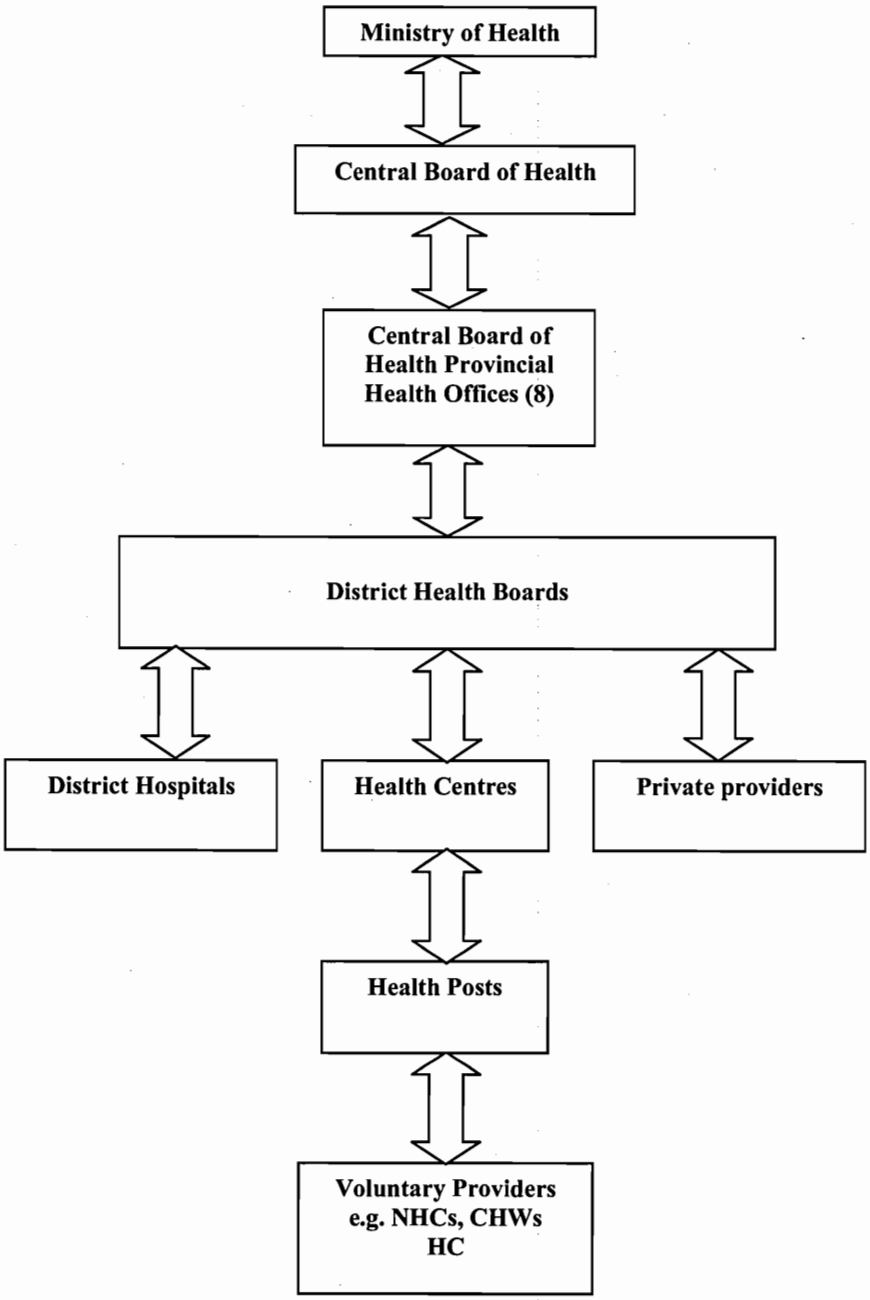
Service-learning is a teaching method that enriches learning by engaging students in meaningful service to their schools and their communities. Through careful integration with established curricula, lessons gained from performing hands-on service activities heighten interest and enhance academic achievement, citizenship, and character development. Service-learning is a proven key to educational reform that also makes significant contributions to community development. (NYLC, 1994) Service-learning is a philosophy, a community development model and a teaching and learning method. As a philosophy, service-learning embraces young people as a community resource and asset. It views all people in a democratic society as citizens with a capacity to contribute – no matter their age.

Service Learning, Community Involvement and Lessons for HIV/AIDS Interventions

Critical Components of Service-Learning and Community Involvement	Lessons for HIV/AIDS Interventions
Youth are a community asset and a resource	Young people, not just "experts," need to be involved in all HIV/AIDS interventions
Real-life community issues are part of the school curriculum and community life	HIV/AIDS must be part of every formal and informal educational setting
Active learning using critical thinking and problem solving skills	Passive acquisition of knowledge has not proven a successful intervention
Citizenship and character gains result	Limited participation in programmes by young people leads to few citizenship or character gains
A feeling of ownership results when youth are involved at all stages of the process	When information is done "to" students or when they are not involved in planning, implementation or evaluation, gains are limited
Service learning must meet a genuine community need	Particularly in the African context, there can be no greater community need than HIV/AIDS intervention
A clear connection to curricular learning objectives, often interdisciplinary in nature	Rather than a short unit in science or health, an in-depth, interdisciplinary programme is more likely to have a greater impact
Reflection on the action and learning is critical, with lessons learned leading to change	Rather than memorization of theoretical information, reflection on HIV knowledge and service can change the individual and the community
Direct contact with people in need	In many African communities, nearly every person is directly affected by HIV/AIDS. The types of direct assistance are unlimited

Indirect channelling of resources to areas of need	With over 10 million orphans worldwide, and hundreds of thousands of youth infected annually, there is no shortage of areas of need
Advocacy to eliminate sources of problems	Advocacy against social stigma and discriminatory laws. Behaviours in favour of effective interventions are critically important
Project-based learning with student identification of need, programme planning and implementation, and evaluation	Too many HIV/AIDS programmes are adult designed, managed and evaluated with little or no youth planning, implementation or evaluation

Annex 7:
Ministry of Health Structure



Annex 8:
Excerpts from the National SHN Policy

Guiding Principles

The management of this policy and its implementation will be guided by the following principles:

a) Creating an enabling environment for the professional delivery of SHN services through effective planning, institutional management, resource mobilization, monitoring and evaluation
b) Guaranteeing that quality SHN is instituted in all learning institutions to benefit learners and to sustain their health living
c) Ensuring that equity of access to SHN services is accorded to every learner without discrimination in terms of gender, religious beliefs, HIV and AIDS and social status or race
d) Empowering Education Boards and Parent Teacher Associations to take an active role in decision-making on issues related to the SHN programme
e) Strengthening partnerships and community alliances required in the provision of quality the SHN programme
f) Take into consideration the existing legal provisions in education health and nutrition, and that no activity under SHN shall contravene the provisions in these pieces legislation

Vision

To promote and provide quality and cost-effective health and nutrition services to all school children in order to improve learning

Policy Objectives

a) Promote and improve the nutrition status of school children in order to enhance and sustain their physical, social and mental well-being
b) Promote and maintain the health status of school children through the initiation of effective health promoting activities
c) Improve collaboration among line ministries in planning and implementing SHN interventions
d) Strengthen school and community based health and nutrition activities
e) Provide health and nutrition education and promotion of activities at all levels of the education system
f) Promote and sustain a safe and healthy learning environment
g) Ensure capacity-building among stakeholders

Resource Mobilization

a) The government shall create a budget line to finance the SHN programme
b) The government shall ensure that line ministries commit resources towards the implementation of the SHN interventions
c) The government and other implementing agencies shall mobilize resources for SHN activities
d) The government shall train human resource for the implementation of SHN programme

Monitoring and Evaluation

a) The government shall ensure that monitoring and evaluation of SHN is integrated into education programmes
b) Line ministries and other stakeholders shall jointly carry out monitoring and evaluation of SHN interventions

c) The capacity of all officers participating in monitoring and evaluation at all levels shall be strengthened
d) MOE shall develop and integrate a comprehensive SHN information system with measurable indicators into the existing Education Management information Systems (EMIS)
e) The impact assessment of the SHN programme shall be carried out every three years.

Annex 9:
Options for Implementation of School Health and Nutrition Programmes (CHANGES 2005)

Low minimal components for SHN	Moderate Level SHN Programme	Comprehensive SHN Programme
De-worming and micro-nutrient supplementation administered by teachers Teachers and health workers trained (1 day orientation) some trained through zonal systems by ZIPS using SCI model or a 2 day course that is more inclusive of SHN elements Administrative/managerial training for district and provincial staff (2 day) Intersectoral committees formed at district and provincial levels Health promoting committees formed at school level PTA members and communities sensitized by teachers and other means Some IEC use for advocacy and sensitization Some attention to water and sanitation issues- pit latrines and keeping a clean environment Some use of health cards Local production unit in place Monitoring by district and provincial MOE/MOH	*De-worming and micro-nutrient supplementation administered by teachers* Teacher and health worker training (2-3 day course) Administrative/managerial training for district and provincial staff Written school health policy and SHN action plans Intersectoral committees formed at district and provincial levels Health promoting committees at school level Fresh Framework pillars implemented (health policy, life skills, health services, access to water and sanitary facilities) PTA and community sensitization done using meetings/public forum or Theatre for Community Action Approach Local production unit with orchard and vegetable garden Small resource centre in schools (HIV/AIDS, SHN) accessible to community members Strengthening of PTAs School Health cards in use and links established (Schools, health centres and communities) Water source being checked and treated with chlorine Adequate VIP latrines Other environmental issues addressed such as hand	*De-worming and micro-nutrient supplementation administered by teachers* Training of teachers and health workers in drug administration (4 day course) Managerial and administrative training for planners and managers at district and provincial level (2 day course) All basic schools involved Teachers providing health education using flip charts on worm prevention Teachers using life skills interactive methodology School Health Cards being used-information recorded correctly and linked to health services Health policy written and an SHN action plan available Sensitisation of communities using various methods Formation of intersectoral committees at National, provincial and district levels Formation of Health Promoting committees at school level Strengthening of PTA and training of community members in RPA Pit latrines and water adequate Involvement of CBOs Local production units in place and producing food for pupils School Feeding programme-

	washing facilities Monitoring by district and provincial planning office-integrated MOE/MOH/MCDSS	pupils encouraged to eat snacks and in some schools provided with meals School has HIV/AIDS and SHN resource corner accessed by community members Implementation of Fresh framework Health policies, like skills, water and sanitation and access to health services. Awareness of these issues by all SHN schools Intersectoral coordination committees in place at district and provincial levels Active broad-based media campaigns using printed and broadcast media Coordination with IRI programmes Regular monitoring by MOE/MOH/MCDSS Inclusion of HIV/AIDS, Malaria, oral and eye health issues Inclusion of life skills training for water/sanitation/hygiene and HIV/AIDS Active School clubs including anti aids, SHN, etc. SHN data from school s treatment records and school health cards used by district and provincial planners and SHN focal points Monitoring by district and Prov. planning-integrated MOE, MOH, MCDSS

Note: One can choose different packages as long as the key elements are included and then select other elements as the programme expands and as resources are available.

CHANGES/BESSIP
Community Sensitisation and Mobilisation Campaign Model

Campaign Goals:
- Parents, community members, teachers, and children understand the importance of education for girls and other vulnerable children, as well as for boys.
- Communities and schools actively advocating and implementing activities to support the enrolment and retention of girls in primary school.
- More girls and other vulnerable children attending school and completing a primary education cycle.
- Community members, teachers, and school children aware of the causes and transmission of HIV/AIDS.
- Community members, teachers, and children engaged in activities to halt the proliferation of HIV/AIDS.

1. *Research and Verification*

5 school catchment areas per district
6 villages per catchment area

Resulting in:
30 village profiles
5 school catchment area profiles
1 comprehensive district profile

Supported by:

Provincial & National Briefing Meetings

•

Diverse IEC Materials

•

On-going Monitoring

2. *Training of Zonal-level Community Facilitators*

Approximately 25-30 community-based government employees from each of the three line ministries—Education (Zonal Heads/Zonal Inset Providers/Zonal HIV/AIDS Focal Points), Health (Environmental Health Technicians), and Community Development (Community Development Assistants)—per district.

District-level officials from each of the three line ministries.

Provincial-level officials from each of the three line ministries.

Development of action plans to sensitise and mobilise every school and community in the district.

Development of District monitoring plans.

3. *Community- and School-based Sensitisation and Mobilisation*

Implementation of action plans developed by teams of Zonal-level Community Facilitators to include:
- Community-wide meetings
- Focus group discussions
- Special target group training
- Development of community- and school-based action plans

4.

Community- and School-based Interventions

Based on community and school action plans

Diverse initiatives based on community circumstances and needs. Including, but not limited to:
- Community-supported activities
- Small grant-supported activities