

# The CHANGES Programme:

Quarterly Report: January - March 2004

Annual Report: April 1, 2003 - March 31, 2004

The CHANGES  
PROGRAMME

## Basic Education and Policy Support (BEPS) Activity

CREATIVE ASSOCIATES INTERNATIONAL<sup>2</sup>

*In collaboration with*

CARE, THE GEORGE WASHINGTON UNIVERSITY, AND GROUNDWORK



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**The CHANGES Programme**  
**Quarterly Report No. 12: January – March 2004**  
**and**  
**2003-2004 Annual Report (1 April 2003 – 31 March 2004)**

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## I. EXECUTIVE SUMMARY

As the present quarter drew to a close, the CHANGES programme completed its first three-year phase, and preparations were underway to transition into a 16-month extension of the programme, which will run through July 2005. This first section of the report summarizes achievements during the January-March 2004 quarter, while the next section highlights the programme's main achievements during the preceding programme year—1 April 2003 through 31 March 2004.

The **Community Sensitization and Mobilization Campaign (CSMC)** for girls' education and HIV/AIDS, which is implemented in Southern Province (hereafter, SP), continued to surpass expectations in terms of its geographical reach and achievement of targets. Because the CSMC, like all components of the CHANGES programme, is a government initiative, over time the role of the CSMC team has focused on monitoring, supporting, problem-solving, and strengthening the programme rather than implementing it. The implementation is done by government officers at all levels: provincial, district, zonal, school, and community. As such, much of the CSMC team's time is taken up facilitating district stakeholders' meetings as well as district and zonal review and planning workshops.

During the reporting period, the CSMC team facilitated meetings for district management teams in 10 of SP's 11 districts. During these meetings, the district CSMC management team—which is comprised of representatives from the three participating line ministries (MOE, MOH, and MCDSS)—worked with the CSMC programme team to review progress in their respective districts, discuss relevant issues and problem-solve, and develop a monitoring plan for the next quarter. Immediately following the district stakeholders' meetings, the Zonal-level Community Facilitators (ZCFs) joined the group for a two-day district review and planning meeting in which issues from zonal, school, and community levels were discussed, problem-solving was conducted as necessary, and work plans for the next quarter were developed. During the quarter, review and planning workshops were held in the same ten districts as the stakeholders' meetings.

Also during the quarter, the CSMC team worked with the CHANGES SHN team to launch the expansion of the SHN programme into SP. An official launch was held in Livingstone. Provincial-level line ministry colleagues were oriented and trained, and the CSMC field researchers were trained to conduct SHN research and verification in the three target districts during the extension: Siavonga, Sinazongwe, and Gwembe. Finally, several IEC (Information, Education, and Communication) materials were produced and distributed during the quarter, including T-shirts and district profiles.

The **School Health and Nutrition (SHN)** component of the CHANGES programme, currently being implemented in Eastern Province (hereafter, EP) also concluded the first three-years of programme in good form. The SHN team funded and helped to facilitate a life-skills training for 38 Girl Guides, covering topics such as children's rights, first aid treatment, HIV/AIDS, and nutrition. Also, the three-part training of approximately 45 teachers and community members in "Theatre for Community Action" was completed. The aim was to develop capacity at the local level to sensitize and mobilize schools and communities on issues related to SHN and HIV/AIDS. Additionally, the SHN team supported a training course in pigeon pea processing and

utilization for 38 community members of the Tikolane Women's Group in Chama District. The purpose was to demonstrate the preparation of easy, inexpensive, and nutritious food that parents can give to their children to take to school as snacks. This training will be replicated in other districts and school catchment areas in the future, and may form the basis for implementing school feeding programmes in schools using inexpensive, locally available food sources.

As usual, monitoring the implementation of the SHN programme in schools, as well as monitoring drug levels in local clinics and DHMTs, continued to take up a large portion of the SHN team's time during the reporting period. The team has found that compliance in implementing the programme in schools is good, with some exceptions. In order to round out the originally planned 80 school pilot, teachers and health workers from the last group of 20 control schools were trained to begin implementing the de-worming and other activities in their schools. In all, 43 people were trained. Finally, as described in the previous section on the CSMC, the SHN team joined forces with the CSMC team in Livingstone to officially launch the SHN programme in SP. After the launch, which was attended by approximately 30 provincial officers and representatives of NGOs, a two-day provincial line ministry management training was delivered, followed by a training of the CSMC field researchers to conduct research and verification on SHN issues in the three SP districts that the SHN programme will be implemented during the CHANGES extension.

Although **HIV/AIDS** is integrated throughout the CSMC and SHN components of the CHANGES programme, over time some "stand-alone" HIV/AIDS activities have been developed. The CSMC team is an active member of the Livingstone District HIV/AIDS Task Force (DATF), while the SHN team remained active in an EP NGO forum that addresses HIV/AIDS. The SHN team also participated in a VCT (Voluntary Counseling and Testing) initiative and facilitated an HIV/AIDS peer educator workshop, which was attended by 32 young people. Further, the SHN team, working with the EP Provincial Focal Point, finalized a checklist that will be used to conduct a situational analysis of a select sample of EP schools during next quarter. In Lusaka, the year-long assessment of the impact of HIV/AIDS on the education sector, conducted by SIAPAC and the MOE, was provisionally completed, pending further data from CSO that has not yet been received.

Due to an expansion of the **Ambassadors Girls' Scholarship Program (AGSP)**, which CHANGES implemented in a more modest form last year through its subcontractor CARE International, the initiative will be reported on in its own right from now onward. During 2004-5, in addition to providing scholarships, considerable HIV/AIDS inputs will be integrated into the AGSP. The funds will come through the US President's Emergency Program for AIDS Relief (PEPFAR). Working through the local NGO FAWEZA (Forum for African Women Educationalists/Zambia), the aim of the expanded programme will be to train scholarship recipients as HIV/AIDS peer educators and mentors in their schools and communities and to build relevant support and monitoring structures. Near the end of the present quarter, several meetings were held with FAWEZA to begin planning the expanded AGSP, and two consultants were identified to work with FAWEZA to finalize a programme design and budget. Unfortunately, due to delays in finalizing the CHANGES extension, the funds for bursaries for 2004 have not yet been made available to FAWEZA. This situation should be rectified early in the next reporting period.

Finally, important progress was also made on the **Small Grants Mechanism** implemented by CARE International, CHANGES' sub-contractor. During the reporting period, eight (8) new grants were approved in SP and five (5) in EP. However, funding for those 13 new grants was not yet released. Apart from that, 52 small grants have been approved *and* funded in SP and 24 in EP for a total of 76 approved and funded grants during the past three years. In addition, six (6) existing grants (in both provinces) received further tranches of funds during the quarter, eight (8) existing grants in SP were closed out, and four (4) were closed out in EP—to date a total of 16 grants have been closed out. The final tranche of funds in the mid-level grant of \$86,790 was disbursed to FAWEZA as part of the AGSP (see above). This large grant enabled FAWEZA to provide scholarships to 635 secondary school students—620 girls and 15 boys—during 2003-4.

## II. ANNUAL REPORT (1 APRIL 2003 – 31 MARCH 2004)

On 31 March 2004, the CHANGES programme completed its initial three-year phase, and the originally intended 16-month extension (1 April 2004 through July 2005) was in the process of being approved by USAID. The programme performed well—exceeded its targets and deliverables—during the year, and this section of the report highlights these achievements. For cumulative totals on progress towards achieving quantitative targets, see the indicator tables for each component of the programme in Section III.

The SP **Community Sensitization and Mobilization Campaign (CSMC)** managed to extend its geographical and programmatic reach to all 11 districts, even though the original plan was to implement the programme in only nine districts during the first three-year phase of CHANGES. The following were the highlights for the year:

- **Research and verification** were completed in Mazabuka, Namwala, Itezhi-Tezhi, Siavonga, and Monze Districts. In each case, the field researchers spent up to ten days, in each of five schools and catchment areas in each district, conducting qualitative research on girls' education and the factors that promote the spread of HIV/AIDS. The research findings were verified through popular drama performances in which community members interacted with the researchers. A total of 21 schools and 126 villages were covered, and in Monze District alone, 1,533 people participated in the interactive drama performances.
- **District profiles**, which summarize the research and verification conducted in each district and are used to facilitate policy dialogue, were produced and disseminated for Choma, Livingstone, Sinazongwe, and Gwembe Districts. During the extension of the CHANGES programme, profiles for the remaining five districts will be produced and distributed to key stakeholders.
- **Policy and advocacy meetings**, in which the findings contained in the district profiles (above) are discussed and implications for policy review and development are identified, were facilitated in Kazungula and Kalomo Districts and attended by 39 government officers.
- **Training of Zonal-level Community Facilitators (ZCF) teams**, comprised of one representative each from the MOE, MOH, and MCDSS, continued. 42 ZCFs from Mazabuka were trained, 21 from Gwembe, 15 from Namwala, 18 from Itezhi-Tezhi, 15 from Siavonga, and 36 from Monze. In addition, 45 replacement ZCFs from other districts, who lost previously trained ZCFs, were trained. This brought the total number of ZCFs trained to 192 for the year.
- **Training and capacity building of CSMC district management teams** goes hand-in-hand with the training of ZCFs. In the same training workshops in which ZCFs were trained (above), the following number of district officials from the MOE, MOH, and MCDSS were trained to manage the CSMC at the district level: 10 from Mazabuka, 16 from Gwembe, 10 from Namwala, 10 from Itezhi-Tezhi, five from Siavonga, and 15 from Monze. Therefore, the total number of district management teams members trained during the year

was 66. In addition, eight (8) provincial government officers were trained during these workshops.

- ***Monitoring and supporting the sensitization and mobilization campaign*** encompasses much of the work of the CSMC/CHANGES team since it operates in many different levels—school/community, zone, district, and province. In this regard, the CSMC team facilitated and oversaw the following during the past year:
  - 27 District Stakeholders Meetings; which are one-day meetings held on a regular basis with the multi-sectoral CSMC district management team to check progress, problem-solve, and plan the next six month’s activities; were held in Livingstone (3), Kazungula (4), Sinazongwe (4), Choma (4), Mazabuka (2), Kalomo (4), and Gwembe (3), Namwala (1), Itezhi-Tezhi (1), and Monze (1) during the year.
  - 15 District Planning and Review Workshops; which are two-day workshops with the district management team members and ZCFs from the district, to assess progress, problem-solve and map out the way forward; were held during the year in Sinazongwe (1), Gwembe (2), Kalomo (2), Mazabuka (2), Choma (2), Livingstone (1), Kazungula (1), Itezhi-Tezhi (1), Namwala (1), Siavonga (1), and Monze (1).
  - A Provincial Stakeholders’ Meeting, which is held annually in Livingstone to assess progress at the provincial level and to plan the next year’s activities, was held during the reporting period.
- ***Other quantifiable achievements for the year*** were attained in the five newly added CMSC districts (Mazabuka, Namwala, Itezhi-Tezhi, Siavonga, and Monze) and included the following:
  - 6,845 adults and 4,595 pupils were sensitized through research and verification drama activities.
  - 1,305 Focal Point Persons (FPPs) were trained and organized to form 488 zonal level multi-sectoral teams to manage the CSMC at the school and community levels in the five districts.
  - 207 schools were sensitized in the CSMC approach in the five districts.
  - 91,928 pupils were reached by the CSMC in the schools of the five districts.
  - 1,123 communities were mobilized and sensitized in the five districts.
  - 466 community action plans and 83 school action plans were developed.

- ***Cumulative totals (three years) to date***, including data from all 11 SP districts, are as follows:
  - 110 district officers trained in the CSMC methodology.
  - 312 Zonal-level Community Facilitators (ZCFs) trained.
  - 3,997 School and Community Focal Point Persons (SFPPs and CFPPs) trained.
  - 532 schools sensitized and mobilized.
  - 237,189 pupils sensitized.
  - 2,623 communities sensitized and mobilized.
  - 725 community action plans being implemented.
  - 345 school action plans being implemented.
  
- ***Monitoring and support visits by the CSMC district management teams*** were conducted in their zones on a quarterly basis, and the provincial CSMC management team made one monitoring trip to the field during the year.

In Eastern Province, the **School Health and Nutrition (SHN)** component of the CHANGES programme attained considerable progress during the year, as summarized below:

- ***Deworming drugs and micronutrients are received annually*** by 47,489 pupils from the 129 intervention schools participating in the SHN programme.
  
- ***Mini biomedical survey*** was conducted early in the year and involved 315 pupils. Findings from the survey showed low bilharzia re-infection rates and low anemia rates, both of which point to the efficacy of the biomedical interventions implemented.
  
- ***Lusaka and Central Provinces' teacher and health worker training***, conducted by the CHANGES SHN team in April 2003, resulted in 29 trained teachers and health workers. This supports the MOE's plan to expand the SHN programme to those provinces.
  
- ***SHN/MIS pilot*** continued throughout the year and involved finalizing the SHN data collection instruments, training provincial and district MOE staff in data entry and analysis, and piloting the system in eight (8) schools of Chadiza and Chipata Districts. The plan is for the next phase of the pilot to include an additional 50 schools in EP before fully turning over the system to the MOE.
  
- ***SHN School Competition*** was carried out in 50 intervention schools during the year, with Dzoole Basic School winning first prize. The schools were assessed throughout the year using Health Promoting School criteria. Due to the positive impact the competition had on the participating schools, a similar competition will be held next year.

- ***National-level SHN training workshop*** was conducted in Kafue in July for 66 key stakeholders in the GRZ, as well as the donor community (World Bank, UNICEF, WFP, UNZA, USAID, etc.). This workshop laid the foundation for taking the SHN programme nationally, linked to the proposed Schistosomiasis Control Initiative (SCI).
- ***Dissemination of the findings from the second EP SHN survey*** took place in September at a half-day meeting held in Lusaka. Consultants and CHANGES team members presented the biomedical and cognitive assessment findings to a diverse audience that included representatives from the MOE, MOH, MCDSS, UTH, UNZA, UNICEF, WFP, JICA, DANIDA, DFID, and USAID.
- ***Preparation for the third and final SHN survey in EP*** resulted in 42 teachers from the new intervention schools and 11 health workers trained in drug administration. In addition, 20 people were trained to administer the Cognitive Assessment Instrument (CAI) during the survey.
- ***Third SHN survey*** was conducted in 50 intervention schools during September and October and included 1,935 pupils from grades 1-7. The CAI was administered to an additional 500 pupils from control schools (total: 2,435 pupils).
- ***Three-part training course on “Theatre for Community Action”*** was conducted by the CHANGES SHN team. This training was a departure from the earlier strategy of hiring professional drama troupes to sensitize and mobilize communities on issues related to SHN and HIV/AIDS. 45 teachers and community members from five schools were trained in how to use drama to sensitize their communities.
- ***SHN Drug Administration manual*** (for training teachers and health workers) and the ***SHN Management manual*** (for training provincial and district managers) were completed after undergoing several revisions and fine-tuning. Working with the Curriculum Development Centre (CDC), the former will be turned into a formal in-service module (ZEST) during the CHANGES extension.
- ***Monitoring the SHN programme in all participating schools*** required a great deal of the SHN team’s time during the year, even though it does not make for very interesting reporting. As the programme expanded from three to five districts in EP, this task became even more time-consuming and laborious. In general, the consensus is that the programme is being implemented well, though unevenly in some cases.
- ***MOE’s school feeding programme*** was implemented in four SP districts and one EP district. CHANGES, as a member of the sub-committee, contributed throughout the year to its design and implementation. The programme is being implemented by the MOE in collaboration with UNICEF and WFP. The CHANGES’ Cognitive Assessment Instrument (CAI)—used in the SHN

component to measure gains in cognitive receptivity and ability as a result of the biomedical interventions—will be used to measure the impact of the school feeding programme before it is expanded to additional schools.

Because **HIV/AIDS** is a cross-cutting theme in the CHANGES programme, most HIV/AIDS focused work is integrated into the ongoing CSMC and SHN activities. As such, the activities described previously for CSMC and SHN capture achievements in HIV/AIDS as well. However, there were some stand-alone HIV/AIDS activities carried out during the year that warrant particular attention:

- ***Comprehensive assessment of the impact of HIV/AIDS on the education sector*** was provisionally completed in late January. Unfortunately, however, because the CSO did not release its latest data and modeling assumptions as promised— therefore, it could not be incorporated into the assessment in the agreed upon time—the MOE has not yet officially accepted the final report. As of early April 2004, the CSO had still not released the needed information and had failed to participate in a meeting called to organize the steps for finalizing the assessment report. So, no plan is in place to finish the assessment. This is a discouraging result after a considerable amount of time and resources were invested in producing what the consultants, who had been hired to lead the assessment, considered to be an accurate and forthright report of the assessment findings.
- ***Training on HIV/AIDS psych-social counseling*** was conducted by the SHN team in EP for 31 participants.
- ***Development of local HIV/AIDS materials*** took place in EP during a workshop conducted by the SHN team for 10 teachers. The materials were then refined and sent to CDC (Curriculum Development Centre) for approval and eventual publication for use in schools.
- ***“HIV/AIDS Guidelines for Educators,”*** a MOE document, was printed and distributed by the CHANGES staff. 10,000 copies went to teachers in EP and SP to use in their teaching.
- ***HIV/AIDS Best Practices workshops*** were sponsored by UNAIDS and held in Chingola and Chipata in December 2003. Both the CSMC and SHN teams presented their approach to tackling the HIV/AIDS epidemic.
- ***HIV/AIDS peer education workshop,*** facilitated by the SHN team, was held for 20 teachers and 20 pupils.

After taking considerable time to put in place required systems during the first year, the **Small Grants Mechanism**, managed by CARE International as a subcontractor to CHANGES, gained momentum during the second year, and then scored impressive gains during 2003-2004. At the end of last year a total of 33 small grants had been awarded—22 in Southern Province and 11 in Eastern Province. The achievements this year included the following:

- ***Fifty-six (56) new small grants were approved and forty-three (43) new small grants were awarded*** during the year (13 have not yet been funded). In SP, 30 new grants were approved and funded during the programme year, bringing the total number of awarded grants to 52 in that province. In EP, 13 new grants were approved and funded throughout the year, for a total of 24 grants awarded. In addition, 15 existing grants, the work for which had been completed, were closed out during the year. All grants fund activities relating to SHN, girls' education, and HIV/AIDS prevention and mitigation.
- ***Sizable grant of \$86,000 to FAWEZA for bursaries (scholarships)*** was awarded by the CHANGES programme at USAID's request. The grant supported scholarships for 635 secondary school pupils, 620 of them girls. Although the CHANGES mandate is to support basic education, research from the CSMC has clearly underscored the fact that the inability of girls to progress to upper basic and then secondary school is an obstacle for them completing even primary education. As such, supporting the provision of bursaries for secondary school girls—which will continue during the CHANGES extension—increases access to basic education on the part of young girls.
- ***Manual on grant making*** is near completion by CARE International. It draws upon the best features of the models being implemented in EP and SP. This manual will be finalized during the CHANGES extension and will be presented to the MOE for use in its own small grants scheme with schools.
- ***Compliance with USAID environmental regulations*** was checked by CARE International during the year, particularly as they pertain to construction and rehabilitation activities. These checklists will be compiled and presented to USAID at the end of the programme for each funded project.

Finally, although it is not a formal component or cross-cutting theme of the CHANGES programme, the design, production, and dissemination of **IEC (Information, Education, and Communication)**—materials used to support each component and the overall programme—is an important aspect of the programme and therefore merits space in this annual report. The following were produced and disseminated (or aired) during the past year to support the programme:

- 2,000 copies each of Choma, Livingstone, Sinazongwe, and Gwembe District profiles
- 2004 CHANGES calendar (5,000)
- CSMC Newsletter (Volume 1)
- World AIDS Day T-shirts (both SHN and CSMC)
- 10,000 copies of “HIV/AIDS Guidelines for Educators”
- Four radio programmes related to the CSMC (two on girls' education and two on HIV/AIDS) broadcast on Radio Chikuni and Mazabuka Radio
- 750 bilharzia flipchart teaching aids
- Two 12-part SHN radio series (English and Nyanja) broadcast on Radio Breeze

- 2,000 T-shirts for the CSMC with girls' education and HIV/AIDS messages; a further 2,000 T-shirts ordered and being produced
- Case study on the SHN component (in press)
- 8,000 meters of “chitenge” material with CSMC messages (two meters each for 4,000 stakeholders in SP) ordered and being produced

In addition, as a way to build local capacity and decentralize the production of IEC materials, the IEC consultant in the MOE/HQ conducted a one-week training for the CSMC team and their MOE counterparts in Livingstone. As a result of the training, the CSMC team is now able to do most of the writing, layout and formatting of their IEC materials.

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### III. PROGRESS DURING THE QUARTER

In this section, the progress and achievements attained during the January-March 2004 quarter will be highlighted for both of the major components of the CHANGES programme and their corresponding USAID Intermediate Results (IRs) from Strategic Objective 2 as well as IR 6.1 from the new Strategic Objective 6. The two major components are the Community Sensitization and Mobilization Campaign (CSMC) and School Health and Nutrition (SHN); progress on the two cross-cutting components—HIV/AIDS and the Small Grants Mechanism—will be updated as well. A new section on the Ambassadors Girls' Scholarship Program (AGSP) has been added, and will continue to be reported on in its own right in future quarterly reports.

#### A. Community Sensitization and Mobilization Campaign (CSMC): Improved Quality of Learning Environments in Targeted Areas (IR 2.1); Improved Quality of Basic Education Delivery Systems (IR 6.1)

##### 1. Progress on Indicators

Priority/Category	Indicator	Means of verification	Target	Actual as of 31/03//04
1. Participation of girls & other vulnerable children in basic education	Increase in % of enrolment & retention rate of girls & other vulnerable children in basic education	Yearly school records (Data collected from five selected schools in each district)	Enrolment: 22%  Retention: 30%	Enrolment Baseline: 16% increase from 2000 to 2001  Retention Baseline: N/A
Indicator 1. The Enrolment Baseline of 16% increase in girls' enrolment from 2000 to 2001 was obtained from provincial records. For that same period, the enrolment increase was 22% for boys. The target for girls has been set at 22% in an effort to see girls' enrolment increased to be at par with boys' enrolment. The retention rate target has been set at 30%. Although no baseline information is available for this indicator, it was felt that the USAID target of 87% would be more attainable if the programme was working in urban areas. The high number of rural schools selected as research sites has influenced CSMC to set the retention target at a lower rate.				
2. Sensitization & Mobilization	Number of schools, community local leaders, P.T.A. and pupils sensitized and mobilized (to take action) concerning HIV/AIDS and girls'/vulnerable children's education	Zonal-level Community Facilitator Action Plan and Field Reports	82,000	133,263
Indicator 2. There are 82 zones in the nine selected CSMC districts. Five schools and catchment areas are selected per zone. It is anticipated at least 200 individuals within each school catchment area will be sensitized and mobilized because of the CSMC programme. (This figure will most likely be dramatically higher when the remaining catchment areas in each zone, which will only have community meetings and IEC rather than receive all the inputs of the full CSMC model, are included.) *The target of 82,000 was for 5 school catchment areas in each of the 9 districts. The CSMC has since sensitized and mobilized all schools in Kazungula, Livingstone, Kalomo, Choma and Sinazongwe districts. The target, therefore will be much higher than 82,000 after sensitizing all the districts.				

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Priority/Category	Indicator	Means of verification	Target	Actual as of 31/03//04
3. Gender & Equity	Number of provincial/District and Zonal Officials, and Community-based animators sensitized and trained in gender and equity issues in education	Workshop attendance figures	365	3,009
Indicator 3. There will be approximately three participants from each zone, and five district-level officials from each district trained in ZCF workshops in each district. Issues pertaining to gender and equity will be a part of the training curriculum. Therefore, a target of 365 has been set (including 74 community mobilizers trained in Kazungula and Kalomo) from the nine selected districts.				
4. Action Research	Number of communities participating in action research	Researchers' Field Reports	299	312
Indicator 4. Six villages are selected in each of the five selected school catchment areas in a district. Therefore, 30 villages in a district are expected to participate in action research. As such, according to the current work plan, 270 villages will participate in action research from the 9 selected districts. (The additional 29 villages were from Kazungula and Kalomo District in which all villages—89—participated in action research rather than 60).				
5. Research and Verification	Number of community members present to verify the research	Head-count by Researchers	18,000	21,092
	Number of Theatre for Development performances for verification and research	Researchers' Field Report	90	86
Indicator 5. There are 45 school catchment area research sites in the nine districts. Two drama presentations will take place in each catchment area to verify research findings, for 90 drama performances. It is anticipated that approximately 200 community members will attend each of the performances.				
6. Participatory Monitoring	Number of community activities (as detailed in action plan) monitored	Monitoring plans and reports	1,230	2,581
	Number of communities monitoring their own progress	Monitoring plans & reports	820	725
Indicator 6. With 410 school catchment areas in nine districts, it is anticipated that ZCF teams, district officials, and/or the CSMC team members will monitor at least three community activities in each catchment area. At the same time, at least two communities in each catchment area will have action plans that will be self-monitored by the communities.				
7. Life Skills	Number of Zonal- level action plans including training on the use Life Skills modules	Zonal-level action plans	41	63
Indicator 7. 82 Zonal-level action plans will be developed; half of those are expected to include materials on life skills.				

*Continued*

Priority/Category	Indicator	Means of verification	Target	Actual as of 31/03//04
8. Information, Education, and Communication (IEC) intervention	Use of variety of communication media focused in promoting girls' and other vulnerable children's education and in sensitizing community members (including teachers, children) about HIV/AIDS proliferation and its mitigation	Actual media products	8	11 *Grants brochure *Calendars *Voices from the South *CSMC brochure 1 (1 booklet) *Newsletter *Radio programmes *CSMC Newsletter (1) *2,000 T-shirts
Indicator 8. The target for media products is a total of seven, comprised of two radio programmes for HIV/AIDS, two radio programmes for girls' education, two illustrated annual reports for stakeholders, and one CSMC newsletter.				
9. Action Plans	Number of action plans developed by district and zones (ZCFs)  Number of communities developing community action plans	Actual count of action plans filed at district, Zonal and CSMC offices	82  820	130  725
Indicator 9. 82 ZCF teams will be established in the nine districts, and each will develop an action plan for sensitization and mobilization in their zone. It is anticipated that two communities in each of 410-school catchment areas will develop community action plans.				
10. Capacity-building at all levels	Number of provincial, district, and zonal-level officials and community based animators able to facilitate community-based activities in participatory ways	Workshop participant list	365	2,955
Indicator 10. There will be approximately 246 participants from the nine districts (82 zones x 3 persons) trained as ZCFs and about 45 district and provincial officials. Therefore, a target total of 365 have been set (includes 74 community mobilizers trained from Kazungula and Kalomo) in the nine districts in Southern Province.				
11. Small Grant Proposal Development	Number of provincial, district and zonal officials, and community-based animators sensitized and trained in proposal development for small grant awards	Workshop attendance figures	365	2,955
Indicator 11. There will be approximately 246 participants from the nine districts trained as ZCFs and about 45 district and provincial officials. Proposal development for small grants awards will be a part of that training curriculum. Therefore, a target total of 365 have been set (which includes 74 community mobilizers trained from Kazungula and Kalomo) in nine districts in Southern Province.				

*Continued*

Priority/Category	Indicator	Means of verification	Target	Actual as of 31/03//04
12. Small Grant Awards	Number of communities developing proposals for small grant awards to support their community-based action plans	Review and count of community-based action plans	820	725
Indicator 12. At least two communities in each catchment area preparing community-based action plans will develop proposals for small grants to support activities in their action plans.				

## **2. Highlights**

### CSMC Implementation and Ongoing Monitoring:

As noted in previous quarterly reports, as the various components of the CSMC model are put implemented in each district of Southern Province (SP), the role of the CSMC team increasingly becomes one of monitoring and overseeing the government's (MOE, MOH, MCDSS) implementation of the programme. During the current reporting period, this work involved participating in myriad provincial and district planning, review, and stakeholders' meetings, as follows:

- *District Stakeholders' Meetings*

The purpose of district stakeholders' meetings is to assemble the multi-sectoral (MOE, MOH, MCDSS) district CSMC management team for one day during which the district team presents a progress report, relevant issues are discussed, problem-solving is carried out as necessary, and the way forward is mapped out. District stakeholders' meetings were held in 10 of the 11 districts during the present reporting period:

- *Livingstone Stakeholders' Meeting:*

The Livingstone District stakeholders' meeting was conducted in Livingstone at the District Resource Centre on 20 January. The DESO (District Education Standards Officer) chaired the meeting. It was attended by two representatives from the MOH, two from the MCDSS, and five from the MOE, in addition to representatives of the CSMC team. Among the successes reported in the district report was the establishment of youth Anti-AIDS Clubs in three catchment areas.

An issue needed to be resolved was the apparent raising of community member's expectations by the district team that the CSMC will fund all proposals that are submitted for small grants; the fact that not all submitted proposals were funded has led to disillusionment on the part of some communities about the programme. The CSMC team reinforced the original intent of only proposals that meet strict criteria will be funded and, as a result, most proposals received will in fact not be funded. Another outcome of the meeting was that the district team resolved to meet monthly (with or without the CSMC team present) and to rotate the role of meeting chair.

➤ Kazungula Stakeholders' Meeting:

After many twists and turns in the road, the spirit of partnership has finally come to fruition in Kazungula District. Regular readers of the CHANGES quarterly reports will recall that Kazungula District has been a problematic district from the start in terms of its effectiveness in implementing the CSMC. The district management team (the “stakeholders” in this case) organized the meeting on 23 January and the venue, in a change from normal practice, was the MCDSS office. Representatives of all three cooperating line ministries were present, as were representatives of the CSMC team.

The district team reported having achieved significant strides in increasing the enrolment and retention of girls in schools, and they also reported that most of the action plans developed during the early period of the programme had been implemented. Furthermore, the district team acknowledged that many of the challenges faced till now were the result of their lack of commitment to the programme, and this would now change. This was exemplified by the team's commitment to meet once a month (again, with or without CSMC team members being present); they will also draw up a monthly calendar of CSMC activities in their district. Finally, the district team promised their vigilance in prodding their ZCF teams to reconcile their funds in a timelier manner.

➤ Kalomo Stakeholders' Meeting:

The Kalomo stakeholders' meeting was held on 2 February, chaired by the DEBS (District Education Board Secretary—formerly, District Education Officer). Although, the MOH was not represented, the other two line ministries sent several representatives. The major issues raised and discussed pertained to the Small Grants dimension of the programme. According to the district management team, the Small Grants Coordinator has been operating too independently of the district management team and has not been informing them of her plans, including the dates she visits schools and communities and what work she conducts while she is there. The district management team raised the valid point that they cannot effectively monitor the CSMC in their district if they are not kept informed. The CSMC team representatives expressed their understanding of the situation and resolved to align the plans of the Small Grants Coordinator more closely with district-level activities of the three line ministries. An issue raised by the CSMC team at the meeting was that the Kalomo district management team still fails to hold their own regular meetings. Rather, they meet only when the CSMC team in Livingstone takes the initiative to call the meetings.

➤ Choma Stakeholders' Meeting:

On 5 February, the Choma District stakeholder's meeting was held in the office of the DEBS. Eight district officers from the MOE and MCDSS were present. Unfortunately, the MOH was not represented. In this meeting as well, the district team complained they were not sufficiently involved in the Small Grants dimension of the CSMC. In some cases, proposed rehabilitation projects required district approval, which was not granted because the district buildings officer was not informed. Again, the CSMC team agreed to plan the Small Grants activities more in concert with the district team. Though, the

CSMC team reminded other members in the meeting that effective oversight of the CSMC will require they meet more regularly on their own, instead of waiting to hold meetings until the CSMC team in Livingstone calls them.

➤ Gwembe Stakeholders' Meeting:

The Gwembe District stakeholders' meeting—again, for the district-level CSMC team—was held on 19 February, attended by nine district officers representing the three cooperating line ministries. The major issue raised and discussed was the fact that, to date, no small grant proposals have been approved, which means, of course, no grant-funded school and community activities have been implemented. The CSMC team explained that the reason for this is, due to the unanticipated delay in having the CHANGES extension approved, CARE International, which is managing the small grants mechanism, had to temporarily stop awarding new grants. It was further explained that, once the extension is approved (anticipated to take place in late March), the grants would again be awarded.

➤ Itezhi-Tezhi Stakeholders' Meeting:

On 9 March the Itezhi-Tezhi stakeholders' meeting was held in Monze, due to difficulties in traveling to Itezhi-Tezhi during the rainy season. The DEBS chaired the meeting, which was well attended—seven district-level officials from the three cooperating line ministries were present. The major issue discussed in the meeting was that Namwala District, which had been the channel through which funds were provided to Itezhi-Tezhi for zonal and community workshops, had used the bulk of the funds for its own district activities. The issue was resolved by agreeing to use the DEBS' account in Itezhi-Tezhi for channeling the funds. Also, the issue of transport continues to hamper the effective implementation of the CSMC in Itezhi-Tezhi.

➤ Mazabuka Stakeholders' Meeting:

The parallel stakeholders' meeting in Mazabuka District was held on 10 March at the District Resource Centre. In all, eight district-level officers from the three line ministries attended the meeting, which was chaired by the DESO, Mr. Akapelwa. The major issue debated in the meeting was the perception by representatives of the MOH and MCDSS that the MOE has not been operating in a genuinely collaborative manner. They claimed that the DEBS (who was not in the meeting) regularly failed to consult them on programme matters and, as a result, they felt they were not treated as equal partners in implementing the CSMC in their district. The DESO agreed to speak with the DEBS about the issue raised and to help reestablish equal inter-ministerial collaboration.

➤ Namwala Stakeholders' Meeting:

The Namwala stakeholders' meeting was held on 18 March in Monze, again due to difficulties traveling to remote areas during the rainy season. The meeting was well attended by 10 district-level line ministry colleagues. The main issue in this case was that since the time CSMC was launched in September 2003, the district has not received any monitoring funds. This is due to difficulties the district has had in reconciling funds for community-based workshops they received in October 2003. The district team resolved to put the timely reconciliation of funds at the top of their agenda going forward.

➤ Siavonga Stakeholders' Meeting:

The counterpart meeting in Siavonga District took place on 21 March in the DEBS' office. The district CDO (Community Development Officer) chaired the meeting, which was attended by nine district officers. Unfortunately, the MOH was not represented at the meeting. In fact, one of the major issues discussed was the difficulties the MOE and MCDSS have had working with the MOH, because the latter appears to be too burdened with other work to attend to the CSMC in their district. For example, MOH officers have never been to the field to monitor CSMC activities. The CSMC team representatives advised the district team to visit their colleagues at the MOH to discuss the issue, and present a suitable solution.

➤ Monze Stakeholders' Meeting:

On 25 March the last in this series of district stakeholders' meetings was held in Monze, chaired by the DEBS, and attended by nine district-level officers from the MOE, MOH, and MCDSS. In contrast to some districts in which the three line ministries have encountered difficulties working together, in Monze the multi-sectoral approach is working well. The district has done very well in mounting campaigns to enroll all eligible girls in school. One area in need of improvement, however, is the lingering perception of the CSMC as a project—a stand-alone activity—rather than a government programme that should be fully integrated into the normal functions of the three line ministries. The CSMC team pointed out that, until the district offices begin to allocate funds to the CSMC from their budgets, the stand-alone perception will continue.

• *District Review and Planning Workshops*

Generally, district review and planning meetings closely follow the stakeholders' meetings (above) in each district to reduce travel time and lower costs. In these two-day workshops, attended by the district management team and the ZCFs from each zone, progress is reviewed, issues and challenges are identified, problem-solving is conducted as required, new information on girls' education and HIV/AIDS is conveyed, and plans are developed for the next quarter. The following review and planning workshops were conducted during the present reporting period:

➤ Livingstone and Kazungula Districts:

The CSMC Assistant Coordinator and Field Coordinator conducted a two-day review and planning workshop for both Livingstone and Kazungula Districts, the former at the Provincial Resource Centre and the latter at the Rainbow Africa Trust. The main purpose of both workshops was to review the work of the programme in the zones, introduce new CSMC elements, and develop new zonal and district work plans and budgets. The meetings were well-attended in both cases, though some ZCFs were away on study leave until the end of the year, which has implications for the planned training of replacement ZCFs during the CHANGES programme extension.

➤ Kalomo District:

On 3-4 February, the Kalomo District review and planning workshop was held and was attended by four district officers and 38 ZCFs. The main agenda items

were consolidating the existing work, scaling up the CSMC to include all remaining basic schools in the district (total: approximately 40) and five community schools during the CHANGES extension, and preparing for review and planning workshops for the School Focal Point Persons (SFPPs) and Community Focal Point Persons (CFPPs).

➤ Choma District:

On 6-7 February, the Choma District review and planning workshop was held and was attended by nine district officers from the three cooperating line ministries, and 34 of 39 ZCFs. All zones in the district were represented. As in Kalomo, an important part of the meeting was laying the groundwork for scaling-up the CSMC to all remaining basic schools (total: 62) as well as to five community schools during the CHANGES extension.

➤ Gwembe District:

Following the Gwembe District stakeholders' meeting, the district's review and planning workshop for district officers and ZCFs took place on 20-21 February. In all, nine district officers from the three cooperating line ministries and 21 ZCFs participated, which represented 100% participation. Apart from the usual progress reporting and problem-solving, the major topic on the workshop agenda was scaling up the CSMC in the district to encompass all remaining basic schools (adding five) as well as bringing five community schools into the programme during the CHANGES extension.

➤ Itezhi-Tezhi District:

Seven (7) members of the district management team and 18 ZCFs (100% participation) attended the workshop, which was facilitated by the CSMC Assistant Coordinator and Field Coordinator. The major issues addressed in the workshop were consolidating existing work and scaling up during the CHANGES extension. Itezhi-Tezhi will take on four more basic schools (which will bring them to 100% coverage of government schools) and five community schools. Also, planning was conducted for delivering community-based workshops for the SFPPs and CFPPs.

➤ Mazabuka District:

During 12-13 March the Mazabuka review and planning workshop was held, attended by seven district management team personnel and 41 ZCFs (four ZCFs did not attend). Progress was reviewed and plans were made to scale up the programme in the district during the CHANGES extension to include eight (8) more basic schools and five (5) community schools.

➤ Namwala District:

25 people attended the Namwala review and planning workshop: 10 district management team members and 15 ZCFs (100% attendance). Here also, aside from general progress review and problem-solving, plans were developed for scaling up the programme during the CHANGES extension—adding four basic and five community schools into the programme.

➤ Siavonga District:

Nine (9) district management team members and 16 ZCFs attended the review and planning workshop. Because Chaanga Zone has only one ZCF, two more will need to be recruited and trained during the extension. Also during the CHANGES extension, six more basic schools and five community schools from this District will be included.

➤ Monze District:

On 26 March, the review and planning workshop for Monze District was held, and was attended by nine district management team members and 36 ZCFs;. Again, 100% of the ZCFs attended, which was encouraging. Plans were developed to scale-up the programme to include six (6) more basic and five (5) community schools during the CHANGES extension.

• *Provincial Monitoring*

As part of overall programme monitoring, on a regular basis a provincial team travels to districts to observe the work of district CSMC management teams, the ZCFs, and the school and community focal point persons (SFPPs and CFPPs). During 19-24 January, the provincial team conducted such a monitoring trip after being provided with guidelines on what to follow-up on in each district.

Expansion of the SHN Programme to SP:

As per the CHANGES extension plan, the SHN component of CHANGES will be implemented in three districts of SP: Siavonga, Sinazongwe, and Gwembe. In preparation for this, in late March (see SHN section for more details), the SHN component was officially launched in Livingstone, provincial-level officials from the MOE, MOH, and MCDSS were oriented to the programme, and the CSMC field researchers were also oriented to the sort of community sensitization and mobilization they will need to conduct in the three SHN districts.

Production and Distribution of IEC (Information, Education, and Communication) Materials:

During January, editing of the Gwembe District Profile continued while drafting of the Mazabuka, Namwala and Itezhi-Tezhi profiles was started. In addition, work continued on the second CSMC Newsletter and CSMC success stories, which were received from ZCFs and were typed and edited. Eventually, the success stories will be compiled into a booklet that will be printed and disseminated. Also during January, the first batch of 2,000 T-shirts for SFPPs and CFPPs with girls' education and HIV/AIDS messages were received by the CSMC team, and distribution was started. Participating districts have agreed that every Wednesday will be recognized as "CSMC Campaign Day," and T-shirts will be worn. Further, an order for the remaining 2,000 T-shirts was placed, as was an order for 8,000 chitenges with girls' education and HIV/AIDS messages. Also, more than 4,000 copies of the first CSMC Newsletter and 2,000 calendars were received and distributed. In addition, nearly 2,000 Sinazongwe District Profiles (minus about 100 for the Lusaka office) were received, and distribution was started.

**B. School Health and Nutrition (SHN):  
Improved Delivery of School-based Health and Nutrition Interventions to  
Support Pupil Learning (IR 2.2); Improved Quality of Basic Education  
Delivery Systems (IR 6.1)**

*1. Progress on Indicators*

Priority/ Category	Indicator	Means of Verification	Target	Actual as of 31/03/04
<b>Child Quality Measures</b>				
Education	Increase in cognitive assessment scores	Scores from Cognitive Assessment Instrument (CAI)	To be provided by SI when analysis is complete	Third Year baseline follow up survey conducted in 60 schools in September 2003. 2,017 pupils assessed on cognitive assessment and new reading test. Z-CAI analysis results indicate that children who received treatment improved significantly more than children in the control schools. Year 3 survey report is expected soon.
Health	Reduction in worm infection prevalence	Bio-medical assessment results	Complete analysis to be done by PCD	Year 1 and 2 results indicated substantial reduction in infection. 1,950 pupils tested for bilharzia and worms showed continued evidence of substantial reduction in bilharzia and worm infestation in 1 <sup>st</sup> and 2 <sup>nd</sup> year intervention schools. Currently 129 schools in 5 districts are administering de-worming drugs and micronutrients to 45,000+ pupils. Year 3 results are being analyzed by PCD.
Nutrition	Increase in haemoglobin levels	Semi-annual biomedical assessment		Analysis on pin prick samples collected from 1,754 pupils to test for anaemia indicated no significant difference between intervention and control schools.

*Continued*

Priority/ Category	Indicator	Means of Verification	Target	Actual as of 31/03/04
<b>Community Sensitization/ Mobilization</b>				
PTA/ Community meetings/ADC (Area Development Committee)/N eighborhood health committees	# of meetings to discuss SHN issues; problems- analyzed and responded to	Survey reports; field monitoring – minutes of meetings	By end 1st quarter 2004, 100 meetings held by PTAs, ADCs, and Neighborhood Health Committees	Approximately 200 meetings of PTA and SHN promoting committees, CBOs held by 31 <sup>st</sup> March 2004.
PTA/Commun ity action plan development and implemen- tation	Increase of PTAs/communit ies supporting SHN interventions with specific action plans	Survey reports; field monitoring	Cumulative total of action plans received 2001-31 2002-60 2003-80	94 community action plans developed and submitted for small grant funding; 37 small grant projects have been awarded- by end 1 <sup>st</sup> quarter 2004.
<b>IEC</b>				
Media strategy	Media strategy developed and implemented including radio, TV adverts, newsletters, newspaper	Strategy available	Media strategy (regional and national)	Media strategy developed Continued distribution of Brochures, HE flip charts Local action guidelines, and calendars carrying SHN promotional messages. To schools, Health centers and communities. A total of 4000+ items were distributed.  Radio spots projected for the next quarter.
IEC materials	IEC materials developed for SHN advocacy and Training	Observation/ monitoring of teachers	2003: 150 teachers; 2004: 50 teachers	56 teachers trained on the job using HE flipchart, local action manual and brochures; bilharzia flipchart being used by health workers.
Teachers/ pupils	# teachers using IEC materials for SHN teaching- including life skills	Observations and monitoring of teachers	2002-150 teachers trained; 2003-150 trained; 2004-50 trained	291 teachers using worm HE flipchart, local action manual and brochures; Worm flipcharts being used by health workers.

*Continued*

Priority/ Category	Indicator	Means of Verification	Target	Actual as of 31/03/04
<b>Training</b>				
Teachers and administrators	# of teachers trained in school-based health and nutrition interventions	Reports	2002 –250 2003-350 cumulative total teachers trained + administrators 2002=50 2003=100 2004=200	Draft Management manual is ready, training conducted in Southern province from 21 <sup>st</sup> to 24 <sup>th</sup> March 2004. Additional management trainings using new manual scheduled for next quarter in three new EP districts.
Pupils	# of pupils who have received the set number of health education lessons	Reports	By end 2002 15,000 pupils received the lessons By end 2003 25,000	Health education lessons for prevention of worms, bilharzia, life skills and HIV/AIDS prevention and improved nutrition received in all SHN schools # 47629 approx. by end 1st quarter of 2004; schools include Revised flipcharts distributed to 21 schools and 7 Health centers.
Health workers, community leaders, PTA members.	# PTA exec. members, ADC, trained in collaborative methods, group participation techniques, SHN advocacy, and management skills  # health workers trained in SHN advocacy and SHN issues	Reports and field monitoring	By end of 2003, 250 PTA, health workers and community leaders trained; by March 2004, a further 100 trained	107 PTA, CBOs trained management skill, advocacy and participatory techniques including in Financial Management skills conducted through CARE International.  56 teachers trained on SHN and advocacy issues in the 1 <sup>st</sup> quarter of 2004.

## **2. Highlights**

### Girl Guides Life Skills Workshop:

In response to a proposal received from the Girl Guides (in other countries, known as Girl Scouts), CHANGES agreed to fund a four-day workshop for Girl Guides in life skills during 24-27 January at Katopola Basic School. The workshop had the theme “Journey Together in Life Skills,” and covered areas such as water and sanitation, first aid treatment, sexually transmitted diseases, children’s rights, HIV/AIDS, and nutrition. Josias Zulu, SHN Officer, officiated at the opening. 38 Girl Guides and six Guide Leaders were trained.

### Phase Three of Theatre for Community Action (TCA) Workshop:

During 21-23 January, the third segment of the three-part TCA training was conducted for 45 participants to build local capacity in popular drama for development. This workshop focused on sharing field experiences and reporting on the assignments that had been made at the end of the second training segment from the last reporting period, including sharing the photographs they took in their villages. Each group (from schools and catchment areas) was asked to identify one health-related community concern and to develop a play that could be used to encourage positive behavioral change. At the end of each group's drama performance, the groups were asked to develop action plans that address the particular issue they presented in their drama sketches. The following were the participating schools/groups and the number of villagers who were reached through the drama performances:

- Cronje Middle Basic School (hygiene and water and sanitation): 993 villagers
- Hillside Middle Basic School (cholera): 1,909 villagers
- Magwero Standard School: 514 villagers
- Mnoro Basic School (nutrition, SHN health card): 707 villagers

### Participation in NGO Forum Executive Committee Meeting:

The SHN Technical Officer represented CHANGES at the NGO Forum executive committee meeting that was held on 27 January. The existing registration form for NGOs was revised and 3 February was set as the date to receive progress reports from all participating NGOs, including CHANGES. The SHN team continues to play a key role in this important forum.

### Monitoring Drug Administration:

On 30 January, the SHN team monitored the drug administration at Hillside Basic School. Because the supply of drugs was insufficient, the CHANGES team provided an additional 1,000 tablets of Albendazole. It was noted that the health promoting team in the school actively participated in the administration of the drugs, and approximately 1,000 pupils were successfully de-wormed and provided with micronutrients.

While monitoring drug administration in schools, the SHN team also checked the supply of drugs in the various DHMTs. The table below is a compilation of the drugs and micronutrients in the various districts of EP at the beginning of the reporting period:

DISTRICT	TYPE OF DRUGS	Tins of 1000 tablets			
		BBF	Received	Supplied	Balance
Chipata	Iron tab	70	209	92	187
	Vit A	8	24	15	17
	Albendazole(200mg)	48	0	28	20
	Albendazole(400mg)	0	105	5	100
	Praziquantel	54	139	36	157
Chadiza	Iron tab	0	45	34	11
	Vit A	0	7	4	3
	Albendazole	0	40	9	31
	Praziquantel	0	67	12	55
Chama	Iron tab	0	35	35	0
	Vit A	0	5	5	0
	Albendazole	8	20	28	0
	Praziquantel	4	24	18	10
Lundazi	Iron tab	75	75	136	14
	Vit A	8	8	18.5	-3
	Albendazole	25	25	48	2
	Praziquantel	35	35	44	26
Mambwe	Iron tab	75	75	70	80
	Vit A	8	8	16	0
	Albendazole(200mg)	25	25	46	4
	Albendazole(400mg)	0	25	7	18
	Praziquantel	35	35	26	44

#### Ongoing Monitoring of SHN Implementation:

As reported in previous quarters, monitoring individual school's compliance in implementing the SHN programme is an ongoing, time-consuming task. During February, the SHN team—working with SHN colleagues at the provincial and district levels, visited the following schools to check compliance in drug administration and in implementing the complete package of SHN inputs: Katandala Basic School, Chawa Basic School, Vizenge Basic School, Katambo Basic School, Mnoro Basic School, and Nyakutwa Basic School. In general, the programme is implemented faithfully. Though some schools (e.g., Vizenge) are experiencing difficulties in forming and maintaining an active Health Promoting Team while others (e.g., Katambo) have had difficulties working with their local health clinic in maintaining a sufficient flow of drugs.

While at Chawa Basic School, the SHN monitoring team observed a training of the Chawa Women's group on processing pigeon peas to make flour used for scones, cookies and other dishes. The training was funded through a CHANGES small grant, and included topics on HIV/AIDS as well. The skills of processing pigeon peas were extended to the Chama Tikolane Women's Group in March (see below.) While in Chama, the SHN team monitored five schools in Chama District, as follows:

No	School	Observation	Advise
1	The DEBs	<ul style="list-style-type: none"> <li>▪ Mr Nelson Banda from community department was available, but it was not possible to meet the DEBS as he was attending to Youth Day celebration.</li> <li>▪ Shared the dual purpose of trip to the district i.e. follow up to Tikolane as a beneficiary of K3, 000,000 and SHN Monitoring.</li> <li>▪ There was no adequate supervision.</li> <li>▪ Mr Mbewe the D/SHN FPP from DHMT functions both as Health centre FPP and DHMT FPP. The roles confused in the process.</li> </ul>	<ul style="list-style-type: none"> <li>• Mr. Mbewe from DHMT was not functioning well in his double roles i.e. as district and school focal point person therefore giving little attention to both. Chama health centre could nominate another person from the hospital so that Mr. Mbewe concentrates on the district and the other person on the schools in the health centre catchment.</li> </ul>
2	Kampamba school-	<ul style="list-style-type: none"> <li>• The school has improved tremendously since our last visit in 2003.</li> <li>• The relationship with local CBO was quite good, 150 orphans in the school were supported by provision of uniforms and other school requisites by a local CBO.</li> <li>• Peer educators are not performing.</li> <li>• There was no resource corner.</li> </ul>	<ul style="list-style-type: none"> <li>• The school was advised to consider discussing with the local NGO on issues of sustainability regarding provision of uniforms.</li> <li>• A SHN resource corner must be established as a matter of urgency.</li> <li>• Advised to keep it up and improve even further.</li> <li>• Congratulated for being progressive.</li> </ul>
3	Chama basic	<ul style="list-style-type: none"> <li>• The school hasn't improved since the last visit.</li> <li>• New head teacher and deputy head teacher.</li> </ul>	<ul style="list-style-type: none"> <li>• The school must read the SHN manual to strengthen the Health Promoting School concept.</li> <li>• The managers should learn from the SHN focal point person who is well versed with SHN activities.</li> </ul>
4	Kalovya	<ul style="list-style-type: none"> <li>▪ Received the best health promoting school award in the district.</li> <li>▪ They have maintained their profile.</li> </ul>	<ul style="list-style-type: none"> <li>• Keep it up, account for the K700,000 prize money.</li> </ul>
5	Mphikamalaza	<ul style="list-style-type: none"> <li>▪ The school is doing very well as a Health Promoting School.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Keep it up.</li> </ul>

### Training of Personnel from Remaining Pilot Control Schools in EP:

During 2-4 February, an SHN administration workshop was held for teachers and health center staff from the last group of control schools. They can now join the other intervention schools and begin to implement the SHN programme. Although it was anticipated that 20 schools would be represented, in fact 19 school managers, 19 SHN school focal point persons, and five health center staff (total: 43) participants were trained. The training was a “litmus” test in terms of the new unit on malaria that had been added, because many participants encountered difficulty in understanding the cycle of the malaria parasite. The SHN team resolved to simplify that part of the training the next time it is delivered. The workshop was also used as a forum to pre-test the final version of the master timetable for the SHN drug administration training. Having gone through this further revision, the training and accompanying manual are ready to be incorporated into the formal SPRINT in-service training system during the CHANGES programme extension.

Because personnel from the Chipata Health Centre did not attend the (above) training, an additional workshop was held for them during late February, in the various rural health clinics, rather than centrally. Six health centers were visited (Champhande, Madzimoyo, Kwenje, Chiwoko, Tamanda, Magwero, and Rukuzye), which resulted in 11 health center staff and two teachers trained.

### Tikolane Pigeon Pea Training for School Feeding:

Responding to a request from the Tikolane Women’s Group of Chama, the SHN team funded a training course in pigeon pea processing and utilization during 8-12 March. This was the same training the SHN team had supported previously in Chawas Basic School. A total of 38 community members were trained, including the SHN school focal point person, the HIV/AIDS patron, home economics teachers and the deputy headmaster. The objective of the training was to strengthen the capacity of the women’s group so they can better implement the current school feeding programme. The training also targeted parents and other community members, to equip them with knowledge and skills in preparing low-cost but highly nutritious snacks for children to take to school.

### Planning for Expansion into Southern Province:

On 13 February, the leadership of the SHN and CSMC teams met in Lusaka to work with the Senior Technical Advisor on finalizing plans for the expansion of the SHN component to Siavonga, Gwembe, and Sinazongwe Districts of SP. A detailed plan was developed for officially launching SHN in the province, for training the CSMC team and its field researchers in SHN-related issues, and for initiating all the other aspects that comprise the SHN model in the three districts. The SHN component was officially launched in SP in March, and training of the CSMC team was delivered soon thereafter (see below for more details).

### Expansion/Launch of SHN into Southern Province:

Following the advance planning (above), on 22 March, the SHN component of CHANGES made its first foray into SP, and was officially launched at the Fairmount Hotel. A total of 30 people from the three cooperating line ministries at the provincial level (MOE, MOH, and MCDSS) and from local NGOs attended the launch. In the absence of the PEO, Mr. Litia Nyaywa, Senior Education Standards Officer (Special Education) opened the meeting. In his remarks, he expressed pleasure that the long-awaited SHN programme had “safely arrived” in SP. He further observed that the achievements of the CSMC to date will provide a solid foundation for establishing a strong SHN programme in SP. During the meeting, the EP Coordinator and other members of the SHN team gave presentations to orient the participants to the SHN programme and what will be required of them at the provincial level to effectively implement the programme.

### SHN Administrative and Management Training in SP:

The successful launch of the CHANGES SHN component was followed by a two-day workshop on 23-24 March for 21 provincial level staff from the MOE, MOH, and MCDSS and related stakeholders. The workshop oriented the managers to their role in the SHN programme and to the tools they will need to use. Steps in mobilizing resources necessary to start the SHN programme were also discussed.

### Orientation of CSMC Field Researchers to SHN Research:

Following the SHN Administrative and Management training, which the CSMC field researchers also attended, the SHN team conducted a special session with the six field researchers; the SP Coordinator also attended the session. The meeting centered on the core areas the researchers need to focus on in the three SHN districts in SP—mainly, identifying local, traditional factors that are likely to hinder implementation of the SHN programme. The researchers were also informed that, while in the communities, they should emphasize that SHN is not about giving drugs, but about promoting a healthy school environment for improved learning.

### Documentation of SHN Activities:

Three consultants contracted by BESSIP traveled to Chipata to film and document the impact BESSIP has had on the education sector. The team was accompanied by members of the CHANGES SHN team and went to Dzoole Middle Basic School. They filmed various SHN activities, including school feeding, use of the tablet height pole, de-worming, the food production unit, the SHN resource center (funding through a small grant from CHANGES), and teachers using the bilharzia flip chart. Also during the reporting period, the findings from the Year 2 biomedical and cognitive surveys were belatedly submitted to CHANGES by its sub-contractors, the Partnership for Child Development (PCD) and Successful Intelligence (SI). *(For details on the findings, see the full report in Appendix A.)*

### **C. Ambassador Girls' Scholarship Program (AGSP) (IR 6.1)**

Starting this quarter, a new section is being added to the CHANGES quarterly report to provide an update on progress in the Ambassadors Girls' Scholarship Program (AGSP) and the Presidents' Emergency Program for AIDS Relief (PEPFAR). PEPFAR is a new US Presidential Initiative to combat the spread of HIV/AIDS in 14 most-affected countries in the world, one of which is Zambia. The CHANGES programme will be managing the AGSP initiative on behalf of the USAID mission in Zambia.

Last year, the CHANGES programme, through its sub-contractor CARE International, provided \$86,000 to FAWEZA (Forum for African Women Educationalists—Zambia) for bursaries (scholarships) to needy secondary school girls. The programme also provided FAWEZA with some administrative and operations support. In 2004, at the request of the US Ambassador to Zambia Mr. Martin Brennan, the CHANGES programme's support to FAWEZA is being considerably expanded—not only in terms of the amount of funds for scholarships (which will be provided to 1,500 students, mostly OVCs) but also in terms of integrating HIV/AIDS inputs into the AGSP. The idea is to train scholarship recipients to be peer educators and mentors in HIV/AIDS in their schools and communities and, in doing so, to “give something back” for the support they have received in order to stay in school. Other inputs to support and strengthen the HIV/AIDS interventions will also be made.

#### ***1. Highlights:***

##### Planning to Integrate HIV/AIDS Inputs into the AGSP:

During the present reporting period, the CHANGES Senior Technical Advisor met with FAWEZA (some meetings included USAID) to discuss the support that will be provided to FAWEZA to implement the AGSP during 2004-2005, including integrating HIV/AIDS into the programme. During these meetings, the findings from the AGSP assessment that USAID (through YouthNet) conducted early in the quarter were reviewed, as was the strategy document that was commissioned by USAID on the basis of the assessment. The two documents, plus a concept paper written by the CHANGES Senior Technical Advisor, will form the basis for developing the design and budget of the AGSP/PEPFAR activity that will be implemented during 2004-2005. During the meetings, it was also noted that, regrettably, the delay in finalizing the CHANGES extension has caused a delay in providing funds for bursaries, which has been an ongoing problem that hampers FAWEZA's ability to implement its bursary scheme in a timely and efficient manner.

##### Recruitment of a Programme Design Consultant Team:

Following the discussions in the meetings described previously, CHANGES recruited two local consultants to work on the design and budget of the expanded AGSP, which will be done during 20 April-7 May with financial support for the consultants provided by YouthNet. By that time, the CHANGES extension should be signed, the funds should be flowing, and the programme will be in place.

**D. HIV/AIDS (Cross-Cutting Component): Mitigated Impact of HIV/AIDS on Education (IR 6.4)**

**1. Progress on Indicators**

Eastern Province				
Priority/Category	Indicator	Means of Verification	Target	Actual as of 31/03/04
Teachers	# teachers using life skills modules/lesson plans in teaching	Field monitoring		Collaboration with provincial HIV/AIDS activities in teacher sensitization during quarter.  Sensitisation meeting for teachers and parents in Chipata Chama schools.  18 teachers trained in HIV/AIDS life skills education during SHN workshop for teachers and pigeon pea processing training.
School/Communities; Pupils and village communities	# schools engaged in debate competitions, quizzes, drama, choirs, essay writing, and various other innovative activities	Field monitoring Reports		2 <sup>nd</sup> round SHN competitions involving 131 schools modalities have been finalized and will start next qtr.

Southern Province				
Priority/Category	Indicator	Means of Verification	Target	Actual as of 31/03/04
1. HIV/AIDS	Number of provincial, district and zonal officials, and community based animators sensitized & trained in HIV/AIDS issues	Workshop attendance figures	365	2,955
Indicator 1. There will be approximately 246 participants from the nine districts trained as ZCF and about 45 district and provincial officials. HIV/AIDS sensitization will be a part of that training curriculum. Therefore, a target total of 365 has been set (which includes 74 community mobilizers trained from Kazungula and Kalomo Districts) for nine districts in Southern Province.				
2. HIV/AIDS Peer Educators	Number of zonal –level action plans including the training of peer educators for HIV/AIDS	Zonal –level action plans	41	63
Indicator 2. Of the approximate 82 zonal-level action plans, 50% (41) of those are expected to include training of peer educators.				

## **2. Highlights**

### Participation in HIV/AIDS Forums (SP):

A representative of the CSMC team participated in a meeting at Contact Trust Youth Association on 20 January to plan youth activities related to HIV/AIDS. Also, during 19-22 January, a CSMC field researcher participated in a World Vision/Society for Family Health Cross Border Initiative workshop on HIV/AIDS-related Behavior Change Communication.

### “Breaking the Silence” Through Voluntary Counseling and Testing (VCT) (EP):

During the reporting period, the EP provincial MOE received funds to provide Anti-Retroviral (ARV) drugs for ministry personnel who test positive for HIV/AIDS. Although the Provincial Education Officer (PEO) sent out a circular to all districts of EP requesting that HIV-positive teachers avail themselves of the ARVs, response was poor. The CHANGES SHN team got involved in the process of encouraging education personnel to be tested and, as a result, two HIV-positive people agreed to speak with teachers about their HIV status and their experience “living positively.” Two such sessions were held with education sector personnel during the Annual Performance Appraisal System (APAS) workshop held in Katete on 13 and 16 January. The two HIV-positive persons stressed the importance of being tested at VCT centers.

### Facilitation of HIV/AIDS Peer Educators Workshop:

In February, the SHN Training Officer assisted in facilitating an HIV/AIDS peer educator workshop for 32 youth from Mchini Compound. It was funded by the International HIV/AIDS Alliance of Zambia and held at the Crystal Spring Motel in Chipata. The workshop addressed topics such as participatory methodologies, communication skills, rural appraisal tools, and report writing.

### Finalization of Assessment Tool for HIV/AIDS School Situational Analysis (EP):

The SHN team worked with Mr. C.T. Mbewa, Provincial HIV/AIDS Focal Point Person, to finalize a checklist/assessment tool. The tool will be used in schools to conduct an analysis of HIV/AIDS activities that are being implemented in 25 schools in EP. Results of the assessment will enable the SHN team to strategically plan HIV/AIDS interventions in schools.

### Participation in Livingstone HIV/AIDS Task Force (SP):

During the reporting period, the CSMC Administrative Assistant participated in a four-day workshop on behalf of the CSMC as part of the Livingstone District Multi-Sectoral AIDS Task Force (LDATF). The CSMC continues to be a major player in HIV/AIDS in SP.

**E. Small Grants Mechanism (Cross-Cutting Component)**

The following table summarizes progress made on implementing the Small Grants Mechanism during the quarter:

	SOUTHERN PROVINCE	EASTERN PROVINCE	TOTAL
Number of new grants approved during the quarter	8	5	13
Number of existing grants receiving tranches of funds during the quarter	4	2	6
Total number of grants approved and funded to date	52	24	76
Number of grants closed out during the quarter	8	4	12
Total number of grants closed out to date	11	4	15

**1. Progress in Southern Province (SP):**

As the table indicates, eight (8) new grants were approved during the quarter, but funds have not yet been released to the recipients. On the other hand four (4) existing grants received further tranches of funds for a total of 52 small grants approved and funded in SP. At the same time, eight (8) existing grants were closed out, the work having been completed, bringing the total number of closed out small grants in SP to 11. *(For more details on progress in implementing the Small Grants Mechanism in SP, see Appendix B.)*

**2. Progress in Eastern Province (EP):**

In EP, the number of grants awarded has tended to be fewer than in SP, but the size (amounts) of the grants has tended to be larger. During the quarter, five new grants were approved in EP but were not yet funded. Two (2) existing grants received further tranches of funds. The total of approved *and* funded grants in EP is now at 24. In addition, four (4) existing grants were closed out. *(For more details on progress in implementing the Small Grants Mechanism in EP, see Appendix B.)*

#### IV. PROGRAMME ADMINISTRATION

There were several notable developments on programme administration during the present reporting period. These are summarized below.

**Finalization and Submission of CHANGES Extension Documents**—During 11-12 January, two colleagues from the Creative Associates International home office in Washington, DC, Ms. Christel Tshikudi and Ms. Julie Scofield, came to Zambia to assist with finalizing the proposal and budget of the CHANGES extension. Accompanied by the Senior Technical Advisor, they started work in Lusaka, and then spent three days each in Livingstone and Chipata with the CSMC and SHN teams to finalize each section of the proposal and budget. The completed documents were then sent to the USAID Regional Contracts Office in Gaborone, Botswana for review and approval. The extension of the CHANGES programme is anticipated to run through July 2005.

**Participation in Finalizing CHANGES Inputs in the MOE's 2004 Annual Work Plan and Budget (AWPB)**—It was reported last quarter that, regrettably, the Senior Technical Advisor had not been given the opportunity to assure that CHANGES activities were represented in the MOE's AWPB for 2004. However, because the MOE was asked to revise its AWPB for 2004 by donors during the Annual Review, held during 19-20 January, a window of opportunity was opened for CHANGES to submit its activities and budget for 2004 for inclusion in the AWPB. This fortuitous development has resulted in CHANGES being represented in the MOE's AWPB. This will promote more integration and collaboration than during 2003. Unfortunately, however, because CHANGES was asked by USAID to make dramatic cuts in its extension budget after the programme had submitted its work plan for 2004 to the MOE, CHANGES then had to retract several of its commitments.

**SHN Presentation at an Informal Donor's Meeting**—On 18 February the EP Coordinator and SHN Technical Officer gave a presentation on the SHN component of CHANGES at the monthly informal donor's meeting in Lusaka. They gave an overview of the programme, outlined achievements and challenges, and fielded a number of questions from the participants. The meeting was a good opportunity for CHANGES to increase its visibility among the wider donor community. Hopefully the CSMC team will have a similar opportunity to present their work in the same forum.

**EP Coordinator Named to the Provincial Education Management Board**—During the reporting period, the EP Coordinator was officially appointed by the Provincial Education Officer (PEO) as an advisor to the Provincial Education Management Board. This appointment will enable CHANGES' issues to be well represented in the board's deliberations.

**Hosting a USAID Field Delegation (SP)**—During 5-6 February, the CSMC team hosted a delegation of 14 people from USAID led by Dr. Rick Henning, Education Advisor. On the 5<sup>th</sup> they split into two groups and visited two schools in Kazungula District: Musokotwane Basic School and Sinde Basic School. On the 6<sup>th</sup> they visited Nakowa Basic School in Kalomo District. At all three schools the delegation was given an update on programme progress and participated in dances, drama, and poetry sensitization activities. They also interviewed some teachers, pupils, and community stakeholders. The overall impression received by the delegation was that much work is being accomplished, and it needs better documentation—something the CSMC team has resolved to focus on more during the CHANGES extension.

## V. CHALLENGES/LESSONS LEARNED

Considerable progress was achieved during the present reporting period in the face of several constraints and challenges. These constraints and challenges (and the lessons learned from dealing with them) are briefly summarized below.

**Need for Ongoing Capacity Building in SHN (EP)**—The SHN team has learned that, while most teachers in SHN programme schools understand the overall SHN programme, there is the need to continuously visit the schools and refresh the knowledge of the teachers. (This relates to the important ongoing monitoring function described in Section III. B.) Similarly, the SHN team has noted that on-the-job training must be provided to health center staff who did not participate in the SHN drug administration training.

**MOE Staff Transfers (EP)**—The SHN team has reported that numerous transfers of teachers and other MOE staff continue unabated. This necessitates the continuous recruitment and training of new staff to replace those who are no longer present.

**Delay in Finalizing the CHANGES Programme Extension**—An ongoing difficulty the CHANGES programme has been experiencing has been the delay in finalizing and approving its 16-month extension, scheduled to begin on 1 April 2004. Past quarterly reports have documented the delays in the process and the frustration programme staff have experienced as a result. As the initial three-year contract of CHANGES ended on 31 March 2004, every expectation was that the extension contract would be approved by that time so the programme would move seamlessly into its extension period. Unfortunately, due to further delays in the approval process, as of the time of writing (12 April), the extension has not yet been approved. The repeated delays, and being asked to work without a contract while the approval process has languished, have created considerable unease and unrest among programme staff and morale has declined as a result.

## **VI. ANTICIPATED ACTIVITIES (APRIL-JUNE 2004)**

During the next reporting period, the extension of the CHANGES programme will be finalized. In addition, the following activities will be started, continued, or completed:

### **A. CSMC**

#### ***1. April:***

- The CSMC section of the CHANGES extension work plan and budget will be re-worked to satisfy last-minute donor requirements.
- A meeting for Livingstone District head teachers will be facilitated.
- CSMC activities in Kazungula and Livingstone Districts will be monitored.
- School selection and preparation for SHN research activities will be planned.
- Scaling-up of the CSMC to include all remaining government schools and five community schools per district will begin.
- CSMC success stories will be compiled and printed.
- The Mazabuka and Namwala district profiles will be written.

#### ***2. May:***

- Research and verification in SHN districts will be started.
- District-level advocacy meetings will be held.
- The CSMC newsletter (volume 2) will be produced, and the Namwala district profile will be completed.

#### ***3. June:***

- Research and verification in SHN districts will be completed.
- District-level advocacy meetings will continue to be facilitated.
- A training course for replacement ZCFs will be conducted.
- Work on IEC materials will continue (district profiles, CSMC newsletter, and TV documentary).

**B. SHN**

- The current EP Coordinator will shift his base of operations to Lusaka where he will form a new SHN team to spearhead expansion of the SHN programme to SP.
- The SHN section of the CHANGES extension work plan and budget will be re-worked to satisfy last-minute donor requirements.
- SHN management and administration training for key staff of the EP MOE and MOH (DHMT) will be conducted.
- Teachers and health workers from Katete, Petauke, and Nyimba Districts in EP will be trained in SHN drug administration to implement the SHN programme in their schools.
- SHN Management and administration training will be conducted for key district staff in Siavonga, Sinazongwe, and Gwembe Districts of SP.
- Teachers and health workers from Siavonga, Sinazongwe, and Gwembe Districts in SP will be trained in drug administration training to implement the SHN programme in their schools.
- The second round of the SHN school competition will be launched in EP.
- Training in SHN/MIS data entry for those involved in data collection in Chipata and Chadiza Districts will be conducted in Sinda.
- The second series of 12 SHN radio programmes will be recorded and aired in EP.
- A refresher SHN training for teachers from SHN schools in EP will be conducted.
- Monitoring of the SHN programme in EP will be ongoing throughout the quarter.

**C. AGSP**

- Whenever the CHANGES programme extension is signed and the funds are obligated, funds will be transferred to FAWEZA for bursaries, some staff salaries, and operational costs.
- A two-person consultant team will work with FAWEZA to develop a design and budget for the 2004-2005 AGSP/PEPFAR programme during 20 April-4 May. When the design and budget have been approved, implementation of the programme will begin.

**D. HIV/AIDS**

- An HIV/AIDS situational analysis in selected schools and districts of EP will be conducted.
- HIV/AIDS-related advocacy, sensitization, and mobilization, which are interwoven throughout nearly all CSMC activities, will continue.
- Planning with the MOE/HQ to implement one HIV/AIDS activity that follows-on from the HIV/AIDS impact assessment will be pursued.
- When the AGSP programme design and budgeting (see above) are completed, a significant number of HIV/AIDS activities will be incorporated into the ongoing AGSP. This will include training scholarship recipients as HIV/AIDS peer educators and mentors in their schools and communities.

**E. Small Grants Mechanism**

- The awarding of grants in both EP and SP, finalizing the grant-making manual, and efforts to document environmental compliance for all construction and rehabilitation projects will continue.

\* \* \*

## **Appendix A**

### **SHN Year 2 Final Report (Biomedical and Cognitive Survey Findings)**

## **CHANGES**

### **The Zambian Ministry of Education's School Health and Nutrition Programme**

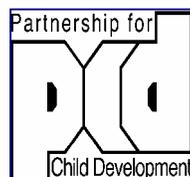
#### **YEAR 2 SURVEY REPORT**

**(Eastern Province, September, 2002)**

Prepared by:

Partnership for Child Development

January 2004



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## **Executive Summary**

This report details the impact after one year of the first phase of the Zambian Ministry of Education CHANGES School Health and Nutrition (SHN) Programme.

The impact of SHN interventions (deworming, iron and vitamin A supplementation) on educational ability, infection with parasites and measures of nutrition was compared between 1400 children in 20 intervention schools and 1400 children in 20 control schools of Zambia's Eastern Province.

The study found that delivery by teachers of SHN interventions is highly effective. One year after treatments were given, the prevalence of infection with parasitic worms amongst children in the intervention group was approximately one quarter of the rate at baseline and was much lower than that of children in the control group. Treatment also resulted in large reductions in intensity of infection.

The impact of treatment on children's educational ability was dramatic. At baseline, the ability of children in the intervention group to follow increasingly complex instructions was lower than that of control children. Twelve months after treatment, the ability of the intervention group was much higher. Such improvement is likely to have a cumulative impact on the quality of children's education by enabling them consistently to learn more from instruction in classes.

The impact of interventions on children's nutrition is not clear. During a year in which children in Eastern Province experienced extreme nutritional variation due to the Southern African Famine, no impact of interventions on children's nutrition could be observed. Further information about the impact of interventions on nutrition will be made clear following the analysis of the final follow up of the interventions that took place in 2003 (Year 3).

In summary:

- Teachers are highly effective in the delivery of SHN interventions
- SHN interventions improve children's ability to follow increasingly complex instructions, increasing their potential to learn more from school
- The impact of SHN interventions on children's nutrition is as yet unclear

## Introduction

The impact assessment of the work of the Ministry of Education's School Health and Nutrition Programme (CHANGES) began in October, 2001 with a baseline survey of intervention and control schools (Year 1). The cognitive and biomedical results of the work that took place in 2001 were reported extensively in Partnership for Child Development (PCD) and the Successful Intelligence (SI) Baseline Survey Reports submitted to the CHANGES programme. The reports not only described the health, nutrition and cognitive abilities of children at baseline, they also gave extensive details about the programme's rationale, its methods and technical information about the development of techniques and measures used to assess children's nutrition and infection.

This report presents the results of the follow up survey of intervention and control schools that took place in September 2002 (=Year 2). As such it demonstrates the impact on children's health, nutrition and educational ability of the interventions that are being delivered as part of the CHANGES programme.

## Methods

A full account of the survey design has already been given in the Year 1 'Baseline Survey Report'. A summary of the impact assessment methodology is given here. Information about the meaning of the terms used, their import to children's education, the data collection and its use is given in Boxes 1 and 2 and Table 1.

### Box 1

#### *What is undernutrition and how does it affect education?*

Undernutrition affects both children's access to education and their ability to learn whilst attending school. Children's enrolment in school is more likely to be delayed if they are poorly nourished because they are perceived as being too small in stature to attend school and also because parents are more willing to invest in healthy children (Glewwe & Jacoby, 1995; Partnership for Child Development, 1999). The impact of poor nutrition on school enrollment is greater for girls than boys (Alderman, Behrman, Lavy, & Menon, 2001).

Undernourished children also perform poorly at school (Hutchinson, Powell, Walker, Chang, & Grantham McGregor, 1997; Partnership for Child Development, 2000) because they have impaired cognitive function and do not attend well in the classroom (Sigman, Neumann, Jansen, & Bwibo, 1989; Wachs, Bishry, Moussa, et al., 1995).

Stunting (height-for-age z-scores <-2) is a physical indicator of chronic or long term malnutrition and is often linked to poor mental development. Stunting is a cumulative process of poor growth that primarily occurs before the age of 3 years and is not easily reversed. Underweight (weight-for-age z-scores <-2) is an indicator of both chronic and current undernutrition.

**Table 1:** Indicators of children’s health and nutrition

Type of information	Significance for schoolchildren	Indicator(s) used in this survey	How was the data collected?	Definition of indicator(s)
<b>Growth</b>	Growth or ‘anthropometric status’ can be used as an indicator of malnutrition, which affects children’s access to education and their ability to learn whilst attending school.	Height-for-age	Height or weight is compared with the WHO/NCHS growth reference using a standard statistics test, Epi-Info. The difference is expressed as SD units known as ‘z-scores’, which are age and sex specific	Z-score <-2SD defines ‘stunting’: chronic malnutrition <sup>1</sup>
		Weight-for-age		Z-score <-2SD defines ‘underweight’: both chronic and acute malnutrition <sup>1</sup>
		Body Mass Index	A child’s height (cm) is divided by its weight <sup>2</sup> (kg) to provide a BMI score.	“Low BMI” is defined by age- and sex-specific cut-offs (WHO 1995)
<b>Vitamin A deficiency</b>	Deficiency can lead to visual impairment/blindness and increase the risk of illness (e.g. diarrhoea and measles) and death by preventing normal immune function.	Serum retinol	Blood samples are taken from children in the field and sent to a laboratory for analysis.	<20mg/dl is used to define deficiency

<sup>1</sup> Gibson RS (1990) Principles of Nutritional Assessment. Oxford University Press, New York.

<b>Anaemia and Iron deficiency</b>	<p>Anaemia affects the cognitive function and educational achievement of school children.</p> <p>The cause of anaemia can be iron deficiency or inflammation due to disease (e.g. malaria). Iron deficiency anaemia occurs when iron stores are absent and/or iron stores are reduced, whilst haemoglobin falls below the cut-off. Although serum ferritin is a good indicator of iron stores it can be affected by other factors, such as infections. An additional indicator, the soluble transferrin receptor (sTr) was used here to help define IDA,</p>	Haemoglobin (Hb)	Blood samples are taken from children in the field and sent to a laboratory for analysis.	Age- and sex-specific thresholds are used to classify a child as “anaemic” (INAGG 2002)
		Soluble Transferrin Receptor (sTr)		A child will have iron deficiency anaemia if they have are “anaemic” and have sTrf>=13.5 mg/L
<b>Intestinal nematode infections</b>	<p>Intestinal nematode infection affects children’s nutritional status (e.g. anaemia) causing growth retardation and reduced learning ability.</p>	Roundworm ( <i>Ascaris lumbricoides</i> )	Stool samples are collected in the field and sent to a laboratory for assessment	light: <5000eggs per gram (epg) mod: 5000-50000 epg heavy: >50,00 epg <sup>2</sup>
		Whipworm ( <i>Trichuris trichiura</i> )		light: <1000 epg mod: 1000-10000 epg heavy: >10000 epg <sup>2</sup>
		Hookworm		light: <2000 epg mod: 2000–4000 epg heavy:>4000 epg <sup>2</sup>
		Intestinal bilharzia ( <i>Schistosoma mansoni</i> )		light: 1-99 epg mod: 100-400 epg heavy: >400 epg
		Urinary bilharzia ( <i>Schistosoma haematobium</i> )	Urine samples are collected in the field and sent to a laboratory for assessment	light: <50 eggs/10ml heavy: >=50 eggs/10ml <sup>2</sup>
			Self-diagnosis through questionnaire in schools can provide an estimate of the prevalence of bilharzia in a school.	If the prevalence is above a certain cut-off, mass treatment is given at the school. See ‘development of schistosomiasis questionnaire’ p 17

<sup>2</sup> WHO “Guidelines for the evaluation of the soil-transmitted helminthiasis and schistosomiasis at community level” World Health Organisation WHO/CTD/SIP/98/1

In 2001 (Year 1), 20 schools were selected as intervention schools and 20 as control schools. Anthropometric (growth) data was collected from seventy children (ten children per grade 1-7) in all 40 schools.

Data about children's educational ability was collected from children in grades 3 to 7 (50 children) in all schools using the 'Zambian Cognitive Assessment Instrument' (Z-CAI). The goal of the Z-CAI is to quantify educational gains encountered as a result of the SHN programme. The Z-CAI has been designed to be easy and quick for teachers to administer to their pupils and seeks to assess children's educational ability independent of the quality of schooling that they have previously received. To do this, the instrument assesses the cognitive function of children, as opposed to either their general knowledge of the school curriculum or their general intelligence. Children's cognitive function is assessed by measuring children's ability to follow oral, written, and pictorial instructions that become increasingly complex. For the purposes of the study, children's ability in following the different kinds of instruction administered during the study were combined to form an overall 'ability score'. Children with a higher ability score were more able to follow complex instructions, children with lower scores less so.

More detailed health and nutrition information (infection with parasitic helminths, vitamin A status and measures of iron status including haemoglobin, serum ferritin and transferrin receptor levels) was collected from children of all grades (70 children per school) in the intervention schools.

#### **Box 2**

##### ***What is anaemia and how does it affect education?***

Iron deficiency anaemia (IDA) is a major health problem affecting more than one third of the world's population. The main nutritional cause is iron deficiency owing to a diet that provides too little iron, poor absorption of most dietary iron, and the presence of other dietary factors that inhibit iron absorption. It may also be caused by infection with some parasitic helminths such as hookworm or bilharzia. There is good evidence that anaemia affects the cognitive function and educational achievement of school children (Grantham-McGregor & Ani, 2001). Anaemic children perform poorly in educational tests (Pollitt, Hathirat, Kotchabhakdi, Missell, & Valyasevi, 1989) but iron supplementation can improve concentration and school exam scores (Soemantri, Pollitt, & Kim, 1985)

Details of references:

Grantham-McGregor, S., & Ani, C. (2001). A review of studies on the effect of iron deficiency on cognitive development in children. *Journal of Nutrition*, 131(2), 649S-666S.

Pollitt, E., Hathirat, P., Kotchabhakdi, N. J., Missell, L., & Valyasevi, A. (1989). Iron deficiency and educational achievement in Thailand. *Am J Clin Nutr*, 50(3 Suppl), 687-696.

Soemantri, A. G., Pollitt, E., & Kim, I. (1985). Iron Deficiency Anaemia and educational achievement. *Am J Clin Nutr*, 42(6), 1221-1228.

Immediately after the baseline survey, a basic '**health education and life skills development**' package was implemented in all control and intervention schools (November 2001). Children in the intervention schools also received a package of drug interventions, including deworming (praziquantel and albendazole) and micronutrients (vitamin A and ferrous sulphate).

In September 2002 (Year 2), anthropometric, cognitive and more detailed health and nutrition information was collected from children in both control and intervention groups. All children then received anthelmintics, iron and vitamin A, and formed the intervention group for Year 2 (40 schools). Another 20 schools were recruited to form the Year 2 control schools.

## Results

### *Measures of Parasitic Helminth Infection*

At follow up, the prevalence and intensity of both hookworm and *S. haematobium* (the two most common parasitic infections in Eastern Province) was significantly lower amongst the intervention group than the control group (see Tables 2 and 3 and Figures 1-4).

### *Measures of Educational Ability*

Between the first and second year, the ‘ability scores’ of children in the intervention group improved significantly more than those in the control group (Figure 5). It should be noted that the intervention group started out with much lower scores than the control group. The intervention group improved dramatically over the course of the intervention year, showing a gain of 15.3 ‘ability score’ units whereas the control group gained only 2.62 ‘ability score units. In other words, the improvement in performance in the intervention group was over five times larger than that of the control group (Figure 6). A breakdown of the results found is given in Table 4

### *Protein Energy Malnutrition*

In both the control and intervention groups, the prevalence of stunting, underweight and low BMI improved from year 1 to year 2 (Tables 5 and 6 and Figures 7-12). No difference was observed between intervention or control groups at baseline or at follow up with respect to any of the indices.

### *Measures of Iron Nutrition*

No difference was observed between control and intervention groups with respect to measures of iron nutrition (haemoglobin, serum ferritin, transferrin receptor, serum ferritin to transferrin receptor ratio, the prevalence of anaemia or iron deficiency anaemia) (Tables 5 and 6, Figures 13-16).

### *Measures of Vitamin A status*

No difference was observed between control and intervention groups with respect to serum retinol levels or to the prevalence of vitamin A deficiency (Tables 5 and 6, Figures 17 and 18).

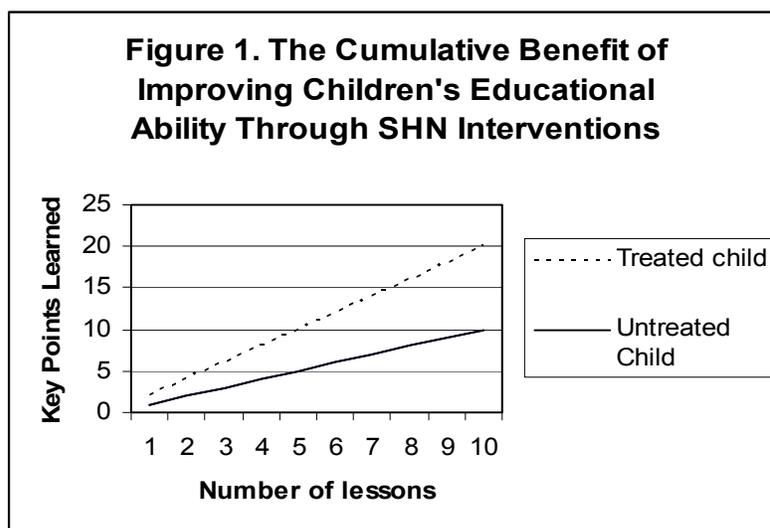
## Conclusions

### *Delivery of treatments by teachers is highly effective*

The results show that delivery of anthelmintic drugs by teachers is a highly effective means of reducing the prevalence and intensity of hookworm and *S. haematobium* amongst school-aged children. Even allowing for reinfection, one year after treatments, the prevalence and intensity of infections was both much lower than it had been at baseline and significantly lower than levels experienced by the control group.

### *Treatment has a dramatic impact upon children's ability to learn*

The use of the Z-CAI showed that the ability scores of children who received treatment improved significantly more than children in the control group. This means that children receiving interventions were more able to follow increasingly complex instructions than children who did not. This finding suggests that interventions could have enormous consequences for children's long term educational outcomes. Keeping children healthy for the duration of their time in school could increase the 'quality' of their education by enabling children to learn more from instruction in class with a cumulative impact on their ability to benefit education. One way to conceptualise the benefit of interventions could be to imagine the long term consequences of a treated child being able to pick up two key points from any lesson when compared with an untreated child able to pick up just one. Figure 1 shows the divergence in understanding that would accrue over just 10 lessons.



It has been reported elsewhere that the Z-CAI is correlated positively with Zambian achievement assessments (the Grade 5 National Assessment). This means that those who do well on the Z-CAI also perform well on the G5NA. If the performance on the Z-CAI

improves, one might expect improved achievement on the achievement test. It should be noted though that the correlation found is not exact and that improvement on the G5NA depends not only on improved health and cognitive status, but also depends on the teaching pupils receive in their classrooms.

#### *Impact of treatments on nutrition*

The results show that amongst both control and intervention groups, measures of nutrition improved during the study. However, no difference was observed between the groups. The lack of any discernable impact of the interventions on measures of nutrition may result from a number of causes. This study occurred during the period of the Southern African Famine that occurred in 2002 which saw extreme variation in indices of children's nutrition. It is possible that the variation experienced by children included in the study has overshadowed the impact of the treatments. An alternative hypothesis could be that the intensity of infection experienced by children in Eastern Province was insufficient to have any significant impact on their nutrition, reducing the potential impact of any treatment given. It is hoped that further light will be shed on these questions through the analysis of the year 3 follow up data collected in September, 2003.

In summary:

- Teachers are highly effective in the delivery of SHN interventions
- SHN interventions improve children's ability to follow increasingly complex instructions, enabling them to learn more in lessons
- The impact of SHN interventions on children's nutrition is as yet unclear

### **A short glossary of statistical terminology**

**t:** the test score calculated for a statistical test.

**df:** the ‘degrees of freedom’ used to calculate the probability associated with a particular test score.

**p-value:** shows whether a finding is ‘significant’ or not. P-values less than 0.05 indicate that a result is ‘real’ and did not happen by chance.

**sem;** the standard error of the mean. When shown as error bars on graphs it shows the likely range in which the true mean of a measurement is to be found.

**Table 2(a):** The prevalence of helminth infections at baseline and follow up in the intervention and control schools.

	Baseline				Follow-up			
	Intervention		Control		Intervention		Control	
	N	%	N	%	N	%	N	%
<i>S. haematobium</i>	1381 in 20 schools	47.4±3.7	NA	NA	926 in 20 schools	11.7±2.1	984 in 20 schools	42.9±4.1
<b>Hookworm</b>	1323 in 20 schools	54.9±2.5	NA	NA	913 in 20 schools	16.5±1.7	915 in 20 schools	37.5±3.4

(b) Summary statistics of comparisons of mean *S. haematobium* prevalence between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	NA	NA
	Intervention	p-value = 0.420 (t = 0.82, df = 38)	p-value = 0.000 (t = 8.10, df = 36)
Within year comparisons		Comparison	
Year 1	Control-Intervention	NA	
Year 2	Control-Intervention	p-value = 0.000; t = 6.51, df = 36	

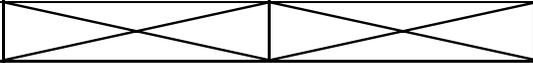
(c) Summary statistics of comparisons of mean hookworm prevalence between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	NA	NA
	Intervention	p-value = 0.000 (t = 4.07, df = 38)	p-value = 0.000 (t = 12.15, df = 36)
Within year comparisons		Comparison	
Year 1	Control-Intervention	NA	
Year 2	Control-Intervention	p-value = 0.000; t = 5.1985, df = 36	

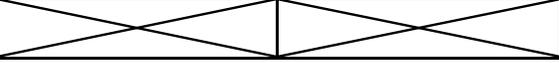
**Table 3(a):** The average intensity of infection of *S. haematobium* and hookworm at baseline and follow-up in the intervention and control schools.

	Baseline				Follow-up			
	Intervention		Control		Intervention		Control	
	N	Mean	N	Mean	N	Mean	N	Mean
<b><i>S. haematobium</i> log<sub>10</sub>(eggs/10ml)</b>	1381 in 20 schools	1.73±0.16	NA	NA	926 in 20 schools	0.33±0.06	984 in 20 schools	1.45±0.16
<b>Hookworm log<sub>10</sub>(epg)</b>	1323 in 20 schools	1.06±0.07	NA	NA	913 in 20 schools	0.28±0.03	915 in 20 schools	0.65±0.08

**(b)** Summary statistics of comparisons of mean *S. haematobium* intensity between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	NA	NA
	Intervention	p-value = 0.228 (t = 1.22, df = 38)	p-value = 0.000 (t = 7.77, df = 36)
Within year comparisons	Comparison		
Year 1	Control-Intervention	NA	
Year 2	Control-Intervention	p-value = 0.000; t = 6.30, df = 36	

**(c)** Summary statistics of comparisons of mean hookworm intensity between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	NA	NA
	Intervention	p-value = 0.001 (t = 3.79, df = 38)	p-value = 0.000 (t = 10.20, df = 36)
Within year comparisons	Comparison		
Year 1	Control-Intervention	NA	
Year 2	Control-Intervention	p-value = 0.000; t = 4.05, df = 36	

**Table 4:** Change in ‘ability scores’ during the study by age, sex and intervention group

GROUP	GRADE	SEX	YEAR1	YEAR2	Increase?
Intervention	3	Male	243.64	244.97	+
		Female	222.00	232.09	+
		Total	233.69	238.33	+
	4	Male	222.65	242.36	+
		Female	202.47	231.64	+
		Total	212.13	237.08	+
	5	Male	249.27	246.29	-
		Female	234.91	243.85	+
		Total	241.81	245.02	+
6	Male	259.12	282.10	+	
	Female	240.93	274.43	+	
	Total	250.20	278.34	+	
7	Male	277.53	289.26	+	
	Female	269.55	293.51	+	
	Total	273.87	291.21	+	
Total	Male	244.76	255.23	+	
	Female	226.60	246.73	+	
	Total	235.60	250.90	+	
Control	3	Male	251.48	243.47	-
		Female	239.24	237.68	-
		Total	245.05	240.42	-
	4	Male	246.20	244.73	-
		Female	242.47	245.47	+
		Total	244.31	245.11	+
	5	Male	272.23	258.88	-
		Female	263.94	243.15	-
		Total	268.23	251.30	-
6	Male	254.41	286.67	+	
	Female	247.45	269.21	+	
	Total	250.97	278.03	+	
7	Male	276.52	289.44	+	
	Female	278.10	294.70	+	
	Total	277.30	292.03	+	
Total	Male	258.11	261.34	-	
	Female	250.57	252.58	-	
	Total	254.33	256.95	-	

Total	3	Male	247.42	244.24	-
		Female	231.36	234.97	+
		Total	239.34	239.37	+
	4	Male	234.17	243.52	+
		Female	222.47	238.56	+
		Total	228.013	241.04	+
	5	Male	261.04	252.74	-
		Female	248.69	243.52	-
		Total	254.85	248.12	-
	6	Male	256.82	284.33	+
		Female	244.14	271.86	+
		Total	250.58	278.19	+
	7	Male	276.78	289.39	+
		Female	276.14	294.43	+
		Total	276.47	291.83	+
Total		Male	251.55	258.34	+
		Female	238.85	249.72	+
		Total	245.14	253.98	+

Reading the table:

The table above indicates the mean standardized scores (‘ability scores’) for each sub-scale of the Z-CAI, broken out by experimental condition (column 1), grade (column 2), and gender (column 3). In addition, we provide mean scores for both genders combined within each grade level, and an overall mean score (last three rows). In order to evaluate the progress from year 1 (column 4) to year 2 (column 5), it suffices to compare the two scores. If the score increases, it indicates a gain in performance for that given sub-scale. If the score decreases, this indicates that the mean student performance for that given sub-scale has decreased from one year to the next. This has been highlighted by adding a positive or negative sign in column 6 indicating gain versus loss.

**Table 5(a):** The prevalence of malnutrition at baseline and follow-up in intervention and control schools.

	Baseline				Follow-up			
	Intervention		Control		Intervention		Control	
	N	%	N	%	N	%	N	%
<b>Stunting</b>	1317 in 20 schools	48.4±1.7	1243 in 20 schools	41.3±3.6	905 in 20 schools	28.6±1.8	954 in 20 schools	24.7±3.0
<b>Underweight</b>	1316 in 20 schools	33.2±1.9	1245 in 20 schools	27.3±2.54	905 in 20 schools	17.4±2.9	955 in 20 schools	13.9±1.9
<b>Low BMI</b>	1390 in 20 schools	16.5±1.4	1310 in 20 schools	15.0±1.5	939 in 20 schools	10.9±1.0	1005 in 20 schools	7.5±2.6
<b>VAD</b>	1367 in 20 schools	36.26±2.17	NA	NA	694 in 20 schools	31.52±1.87	823 in 20 schools	26.14±2.45
<b>Anaemia</b>	1389 in 20 schools	29.4±2.0	NA	NA	936 in 20 schools	22.9±3.5	1007 in 20 schools	19.3±2.2
<b>IDA</b>	1374 in 20 schools	4.8±6.7	NA	NA	609 in 20 schools	5.3±1.3	525 in 20 schools	5.0±1.4

**(b)** Summary statistics of comparisons of mean prevalence of stunting between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	p-value = 0.001 (t = 3.54, df = 38)	p-value = 0.005 (t = 3.02, df = 36)
	Intervention	p-value = 0.000 (t = 6.98, df = 38)	p-value = 0.000 (t = 8.11, df = 36)
Within year comparisons		<del>Comparison</del>	
Year 1	Control-Intervention	p-value = 0.083; t = -1.78, df = 38	
Year 2	Control-Intervention	p-value = 0.285; t = -1.09, df = 36	

**(c)** Summary statistics of comparisons of mean prevalence of underweight between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	p-value = 0.0002 (t = 4.20, df = 3)	p-value = 0.016 (t = 2.53, df = 36)
	Intervention	p-value = 0.000 (t = 7.12, df = 38)	p-value = 0.000 (t = 4.50, df = 36)
Within year comparisons		<del>Comparison</del>	
Year 1	Control-Intervention	p-value = 0.075; t = -1.83, df = 38	
Year 2	Control-Intervention	p-value = 0.336; t = -0.98, df = 36	

(d) Summary statistics of comparisons of mean prevalence of low BMI between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	p-value = 0.000 (t = 4.19, df = 38)	p-value = 0.19 (t = 1.33, df = 36)
	Intervention	p-value = 0.000 (t = 5.34, df = 38)	p-value = 0.071 (t = 1.86, df = 36)
Within year comparisons	Comparison	<del>XXXXXXXXXX</del>	
Year 1	Control-Intervention	p-value = 0.458; t = -0.75, df = 38	
Year 2	Control-Intervention	p-value = 0.236; t = -1.20, df = 36	

(e) Summary statistics of comparisons of mean prevalence of vitamin A deficiency between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	NA	NA
	Intervention	p-value = 0.005 (t = 3.02, df = 36)	p-value = 0.124 (t = 1.58, df = 35)
Within year comparisons	Comparison	<del>XXXXXXXXXX</del>	
Year 1	Control-Intervention	NA	
Year 2	Control-Intervention	p-value = 0.114; t = -1.62, df = 33	

(f) Summary statistics of comparisons of mean prevalence of anaemia between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	NA	NA
	Intervention	p-value = 0.002 (t = 3.42, df = 38)	p-value = 0.127 (t = 1.56, df = 36)
Within year comparisons	Comparison	<del>XXXXXXXXXX</del>	
Year 1	Control-Intervention	NA	
Year 2	Control-Intervention	p-value = 0.395; t = -0.86, df = 36	

(g) Summary statistics of comparisons of mean prevalence of iron deficiency anaemia between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	NA	NA
	Intervention	p-value = 0.872 (t = -0.16, df = 36)	p-value = 0.751 (t = -0.32, df = 36)
Within year comparisons	Comparison	X	
Year 1	Control-Intervention	NA	
Year 2	Control-Intervention	p-value = 0.915; t = -0.107, df = 34	

**Table 6(a):** The average z-scores, body mass index (BMI) serum retinol, haemoglobin and soluble transferrin receptor at baseline and follow-up in intervention and control schools.

	Baseline				Follow-up			
	Intervention		Control		Intervention		Control	
	N	Mean	N	Mean	N	Mean	N	Mean
<b>Height-for-age</b>	1317 in 20 schools	-1.92±0.05	1243 in 20 schools	-1.72±0.11	905 in 20 schools	-1.37±0.06	954 in 20 schools	-1.15±0.13
<b>Weight-for-age</b>	1316 in 20 schools	-1.62±0.04	1245 in 20 schools	-1.47±0.07	905 in 20 schools	-1.17±0.06	955 in 20 schools	-0.98±0.09
<b>BMI</b>	1390 in 20 schools	16.5±0.1	1310 in 20 schools	16.6±0.1	939 in 20 schools	17.1±0.1	1005 in 20 schools	17.0±0.1
<b>Serum retinol</b>	1367 in 20 schools	23.0±0.41	NA	NA	697 in 20 schools	24.6±0.46	824 in 20 schools	25.1±0.42
<b>Haemoglobin</b>	1389 in 20 schools	124.5±0.7	NA	NA	936 in 20 schools	128.6±1.9	1007 in 20 schools	127.6±0.9
<b>sTr</b>	1376 in 20 schools	8.63±0.31	NA	NA	617 in 20 schools	9.73±0.25	550 in 20 schools	9.78±0.32

**(b)** Summary statistics of comparisons of mean height-for-age z-score between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	p-value = 0.002 (t = -3.35, df = 38)	p-value = 0.009 (t = -2.76, df = 36)
	Intervention	p-value = 0.000 (t = -5.48, df = 38)	p-value = 0.000 (t = -7.00, df = 36)
Within year comparisons		<del>Comparison</del>	
Year 1	Control-Intervention	p-value = 0.091; t = 1.74, df = 38	
Year 2	Control-Intervention	p-value = 0.158; t = 1.44, df = 36	

**(c)** Summary statistics of comparisons of mean weight-for-age z-score between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	p-value = 0.000 (t = -4.13, df = 38)	p-value = 0.003 (t = -3.19, df = 36)
	Intervention	p-value = 0.000 (t = -6.41, df = 38)	p-value = 0.000 (t = -6.63, df = 36)
Within year comparisons		<del>Comparison</del>	
Year 1	Control-Intervention	p-value = 0.076; t = 1.83, df = 38	
Year 2	Control-Intervention	p-value = 0.111; t = 1.63, df = 36	

(d) Summary statistics of comparisons of mean body mass index between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	p-value = 0.000 (t = -4.20, df = 38)	p-value = 0.003 (t = -3.14, df = 36)
	Intervention	p-value = 0.001 (t = -3.82, df = 38)	p-value = 0.001 (t = -3.53, df = 36)
Within year comparisons	Comparison	X	
Year 1	Control-Intervention	p-value = 0.470; t = -0.73, df = 38	
Year 2	Control-Intervention	p-value = 0.777; t = 0.28, df = 36	

(e) Summary statistics of comparisons of mean serum retinol between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	NA	NA
	Intervention	p-value = 0.014 (t = -2.58, df = 35)	p-value = 0.001 (t = -3.45, df = 36)
Within year comparisons	Comparison	X	
Year 1	Control-Intervention	NA	
Year 2	Control-Intervention	p-value = 0.524; t = 0.64, df = 33	

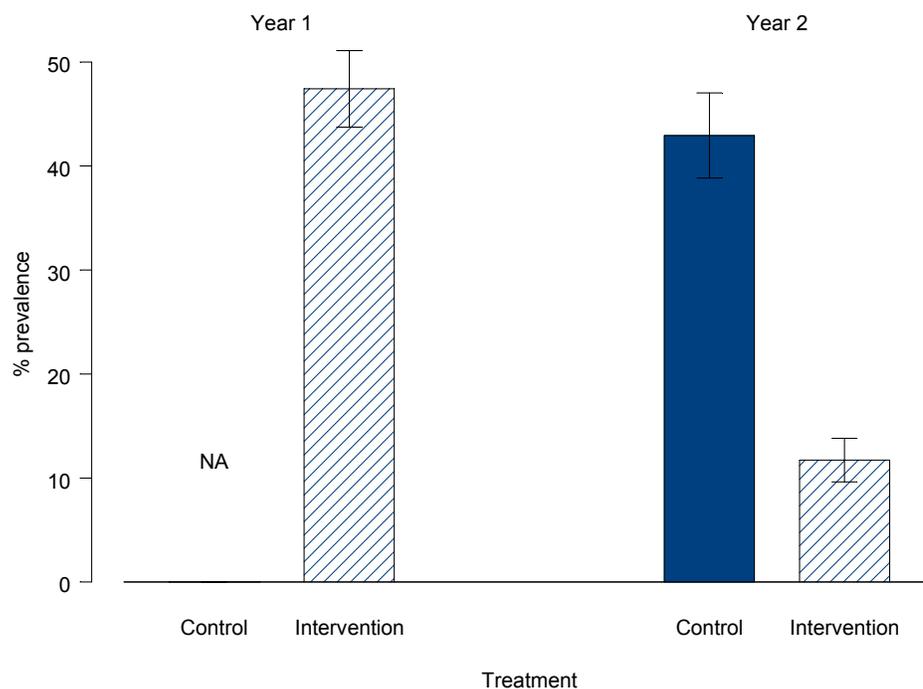
(f) Summary statistics of comparisons of mean haemoglobin between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	NA	NA
	Intervention	p-value = 0.007 (t = -2.83, df = 38)	p-value = 0.046 (t = -2.07, df = 36)
Within year comparisons	Comparison	X	
Year 1	Control-Intervention	NA	
Year 2	Control-Intervention	p-value = 0.642; t = -0.47, df = 36	

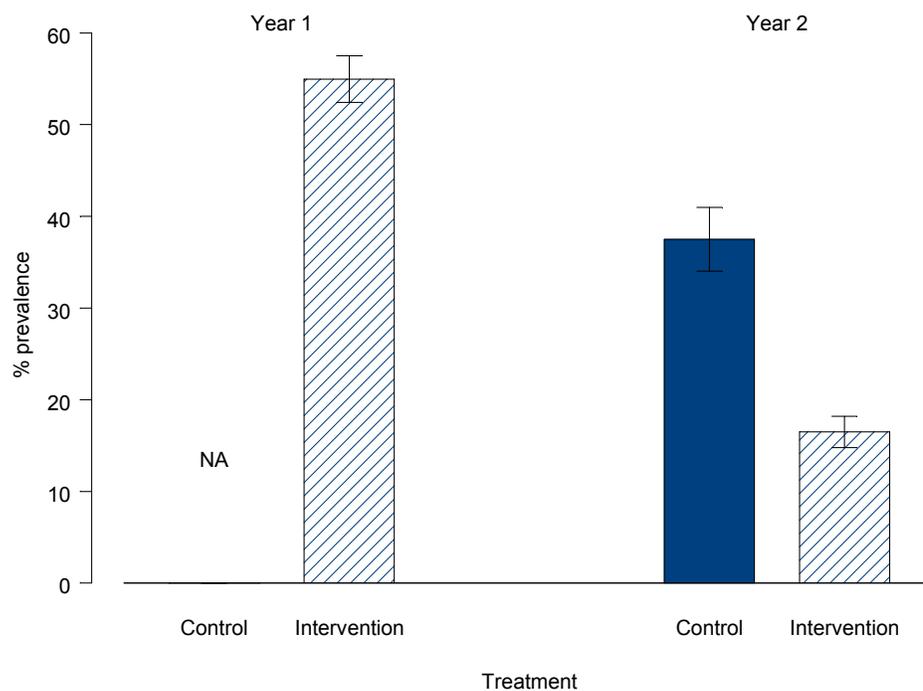
(g) Summary statistics of comparisons of mean soluble transferrin receptor between year/treatment groups.

Between year comparisons		Year 2	
		Control	Intervention
Year 1	Control	NA	NA
	Intervention	p-value = 0.018 (t = -2.49, df = 36)	p-value = 0.012 (t = -2.66, df = 36)
Within year comparisons	Comparison	<del>NA</del>	
Year 1	Control-Intervention	NA	
Year 2	Control-Intervention	p-value = 0.907; t = 0.12, df = 34	

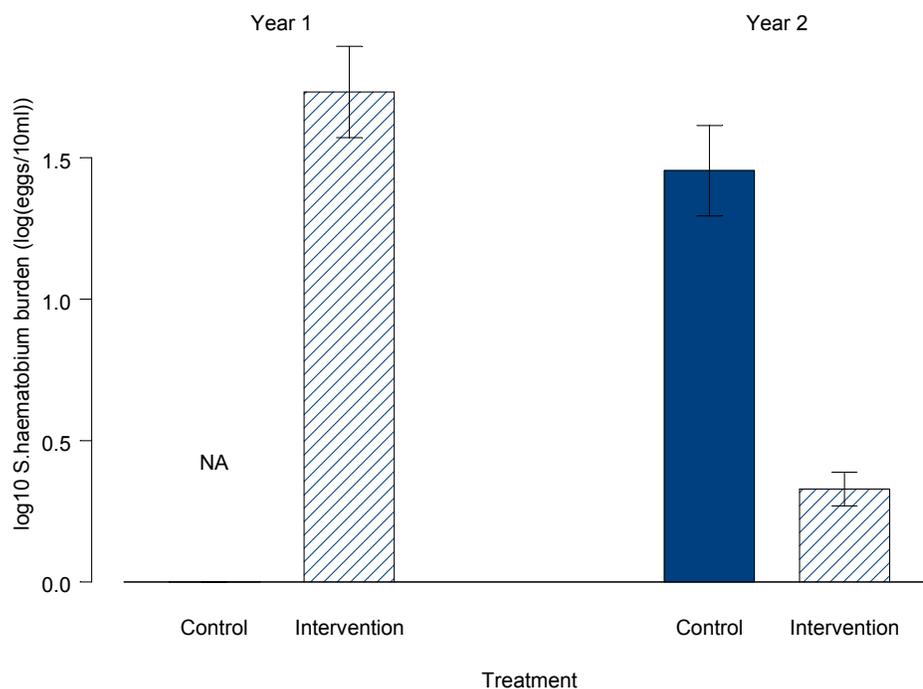
**Figure 1:** Mean prevalence of *S. haematobium* for each treatment group and year (error bars represent  $\pm 1$  sem).



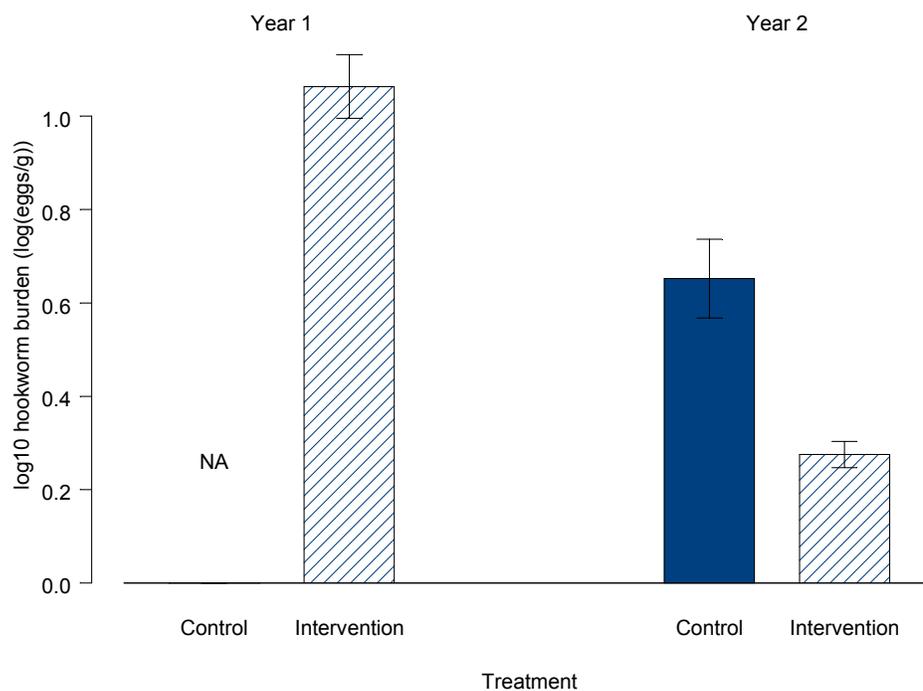
**Figure 2:** Mean prevalence of hookworm for each treatment group and year (error bars represent  $\pm 1$  sem).



**Figure 3** Mean intensity of *S. haematobium* infection (log<sub>10</sub> eggs/10ml) for each treatment group and year. (Error bars represent  $\pm 1$  sem)



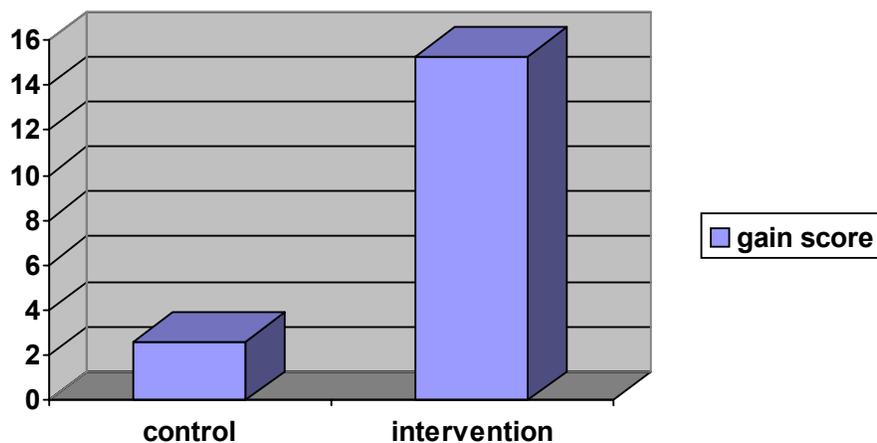
**Figure 4:** Mean intensity of hookworm infection (log<sub>10</sub> eggs/g) for each treatment group and year (error bars represent  $\pm 1$  sem).



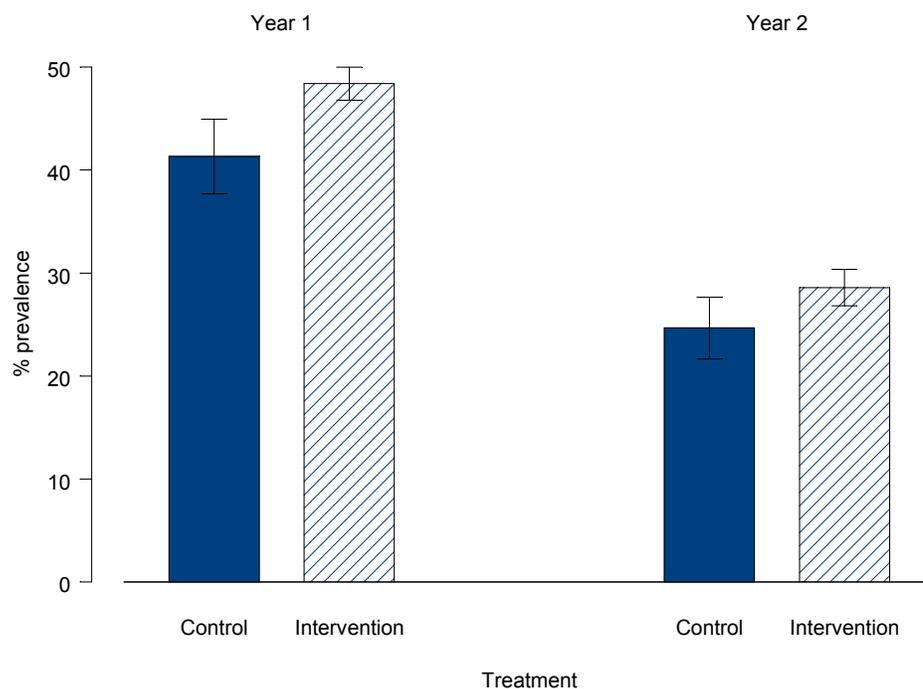
**Figure 5:** Impact of treatment on children’s educational ability



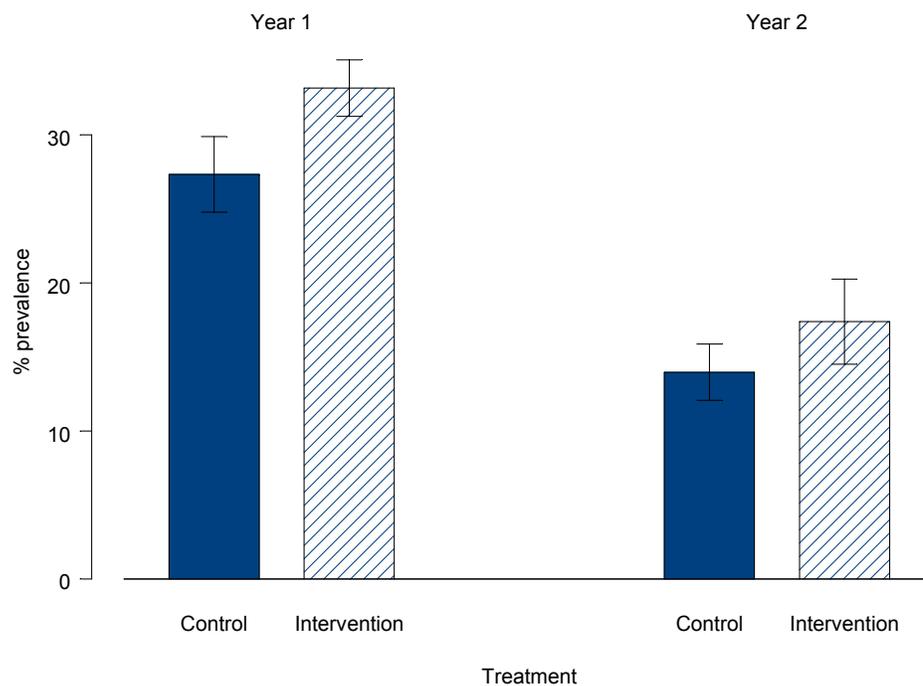
**Figure 6:** The magnitude of change in ‘ability score’ observed during the study.



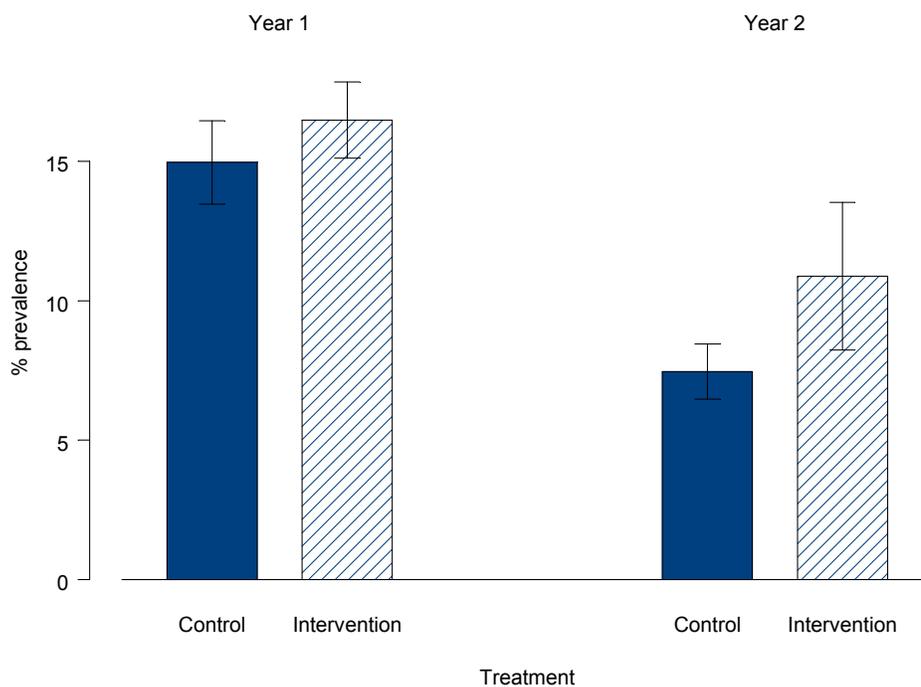
**Figure 7:** Mean prevalence of stunting for each treatment group and year (error bars represent  $\pm 1$  sem).



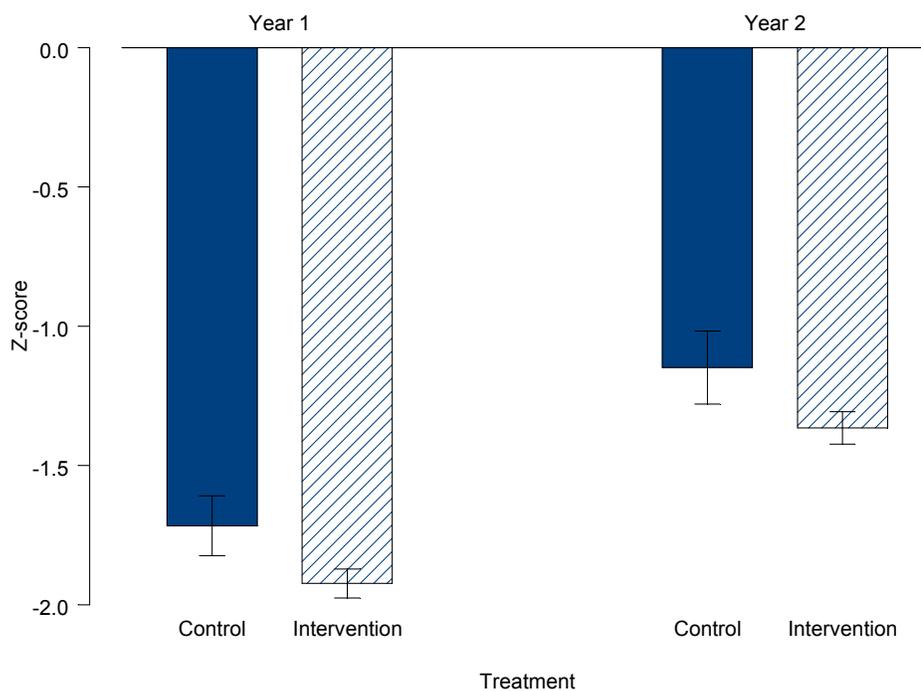
**Figure 8:** Mean prevalence of underweight for each treatment group and year (error bars represent  $\pm 1$  sem).



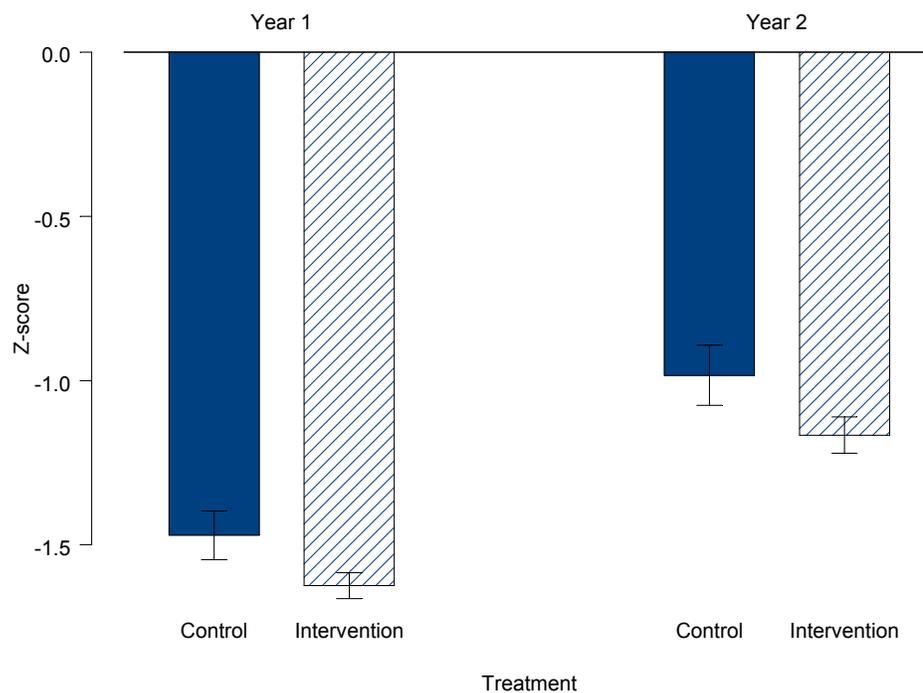
**Figure 9:** Mean prevalence of low body mass index for each treatment group and year (error bars represent  $\pm 1$  sem).



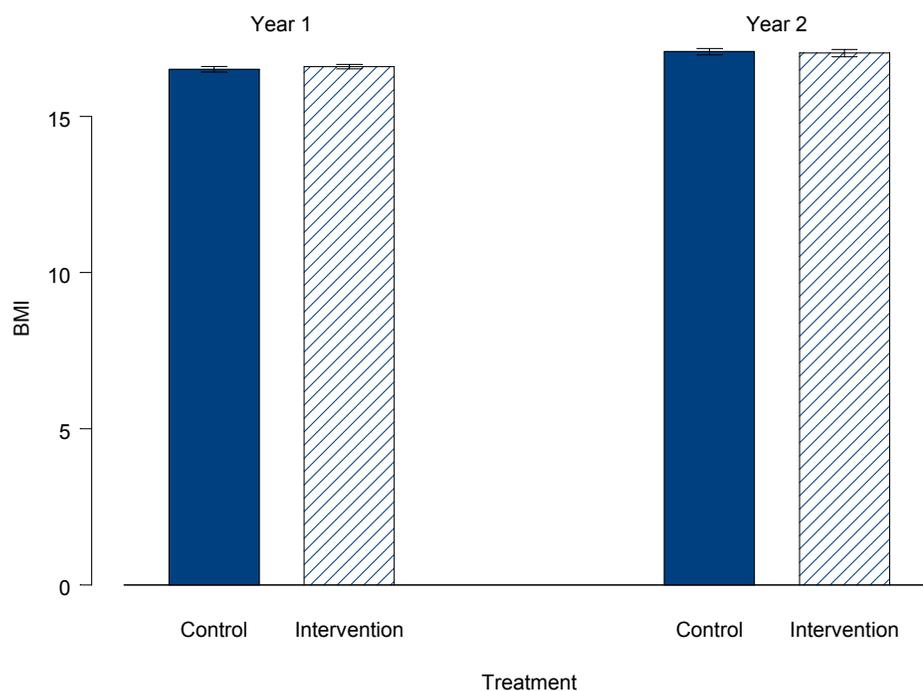
**Figure 10:** Mean height-for-age z-score for each treatment group and year (error bars represent  $\pm 1$  sem).



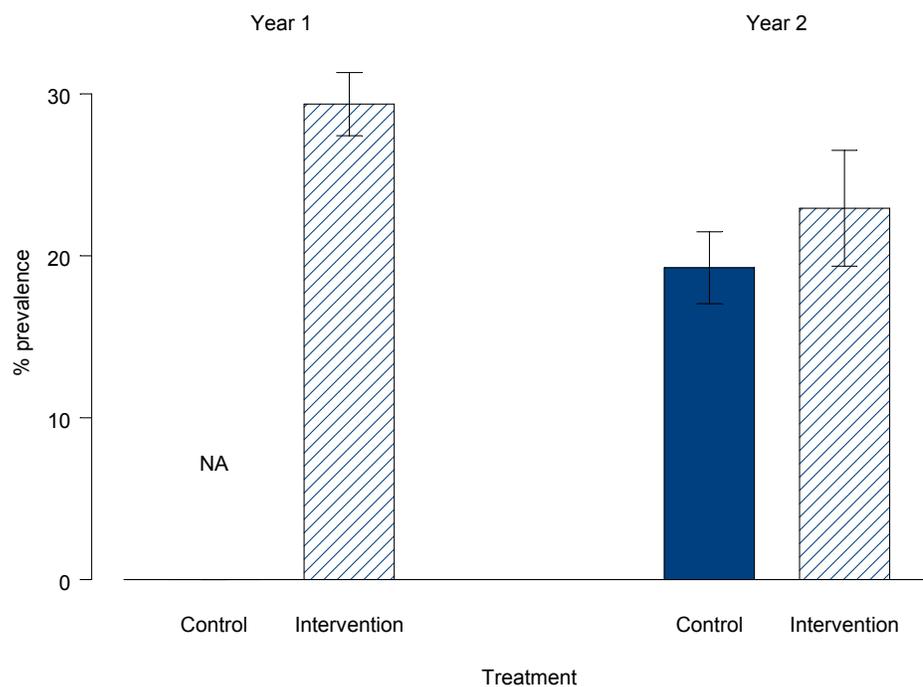
**Figure 11:** Mean weight-for-age z-score for each treatment group and year (error bars represent  $\pm 1$  sem).



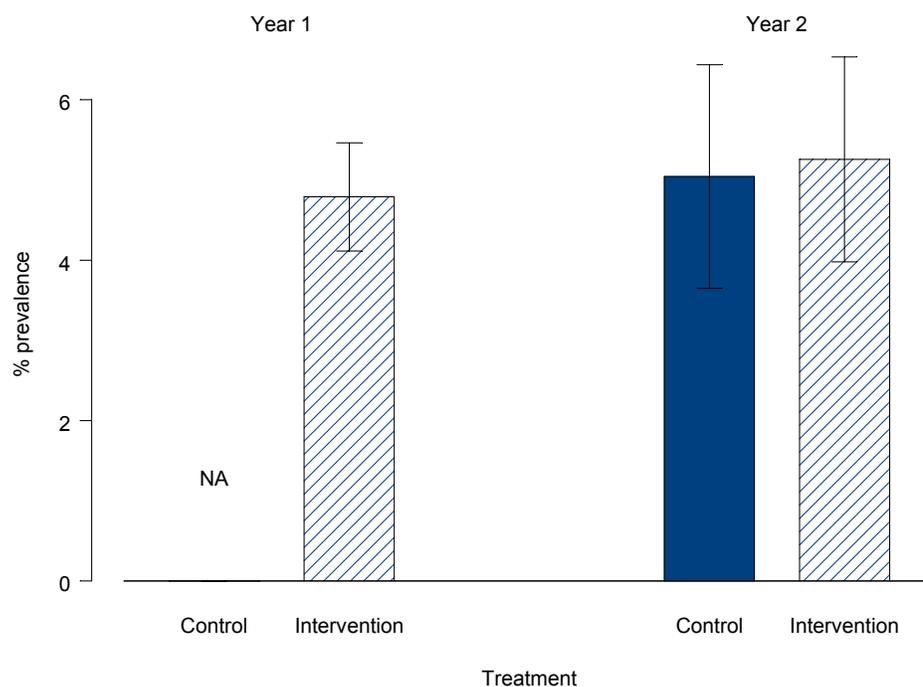
**Figure 12:** Mean body mass index (BMI) for each treatment group and year (error bars represent  $\pm 1$  sem).



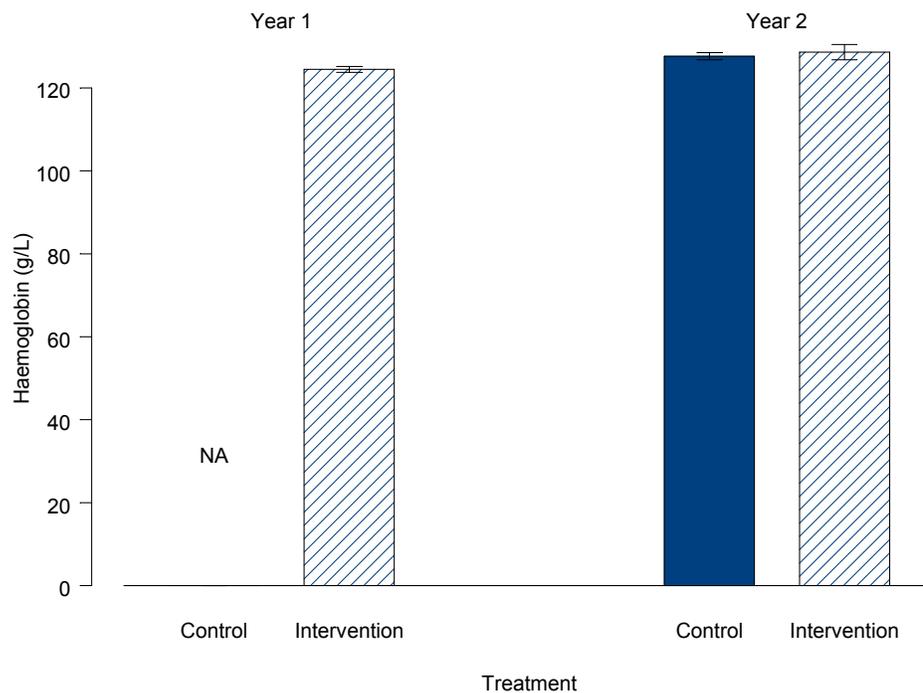
**Figure 13:** Mean prevalence of anaemia for each treatment group and year (error bars represent  $\pm 1$  sem).



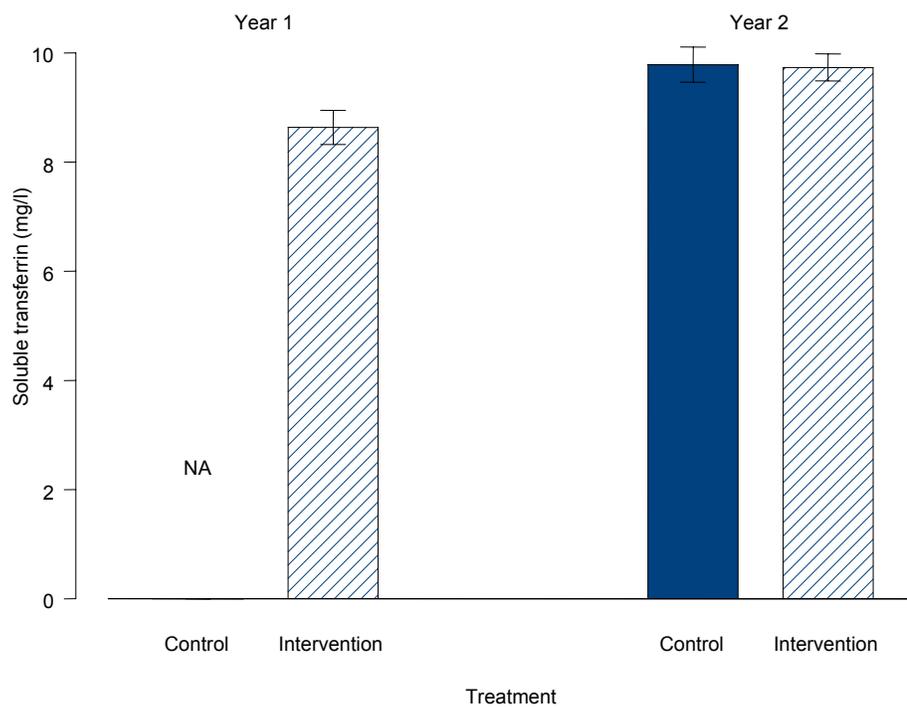
**Figure 14:** Mean prevalence of iron deficiency anaemia for each treatment group and year (error bars represent  $\pm 1$  sem).



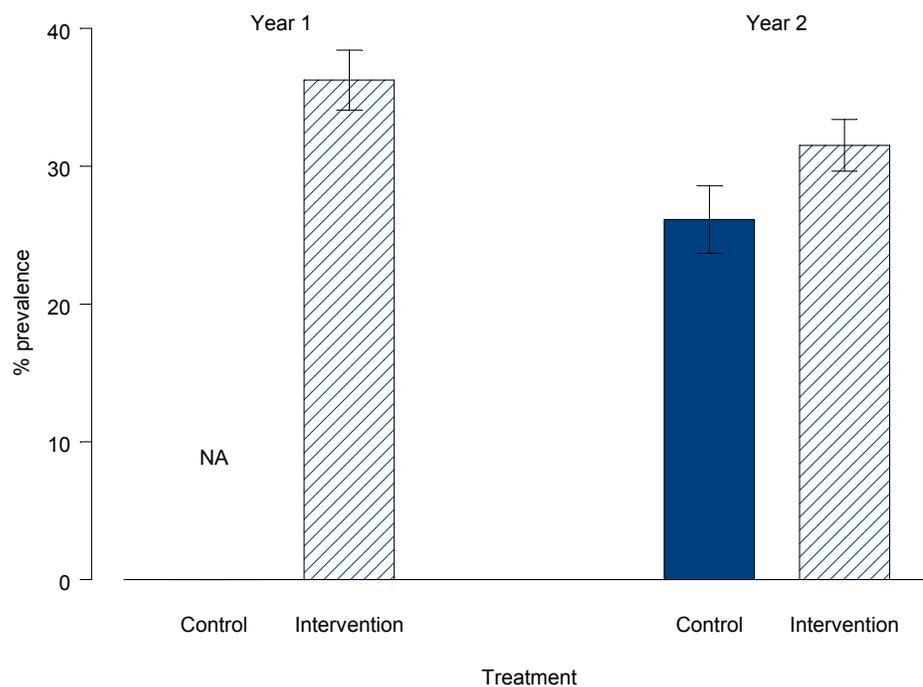
**Figure 15:** Mean haemoglobin level for each treatment group and year (error bars represent  $\pm 1$  sem).



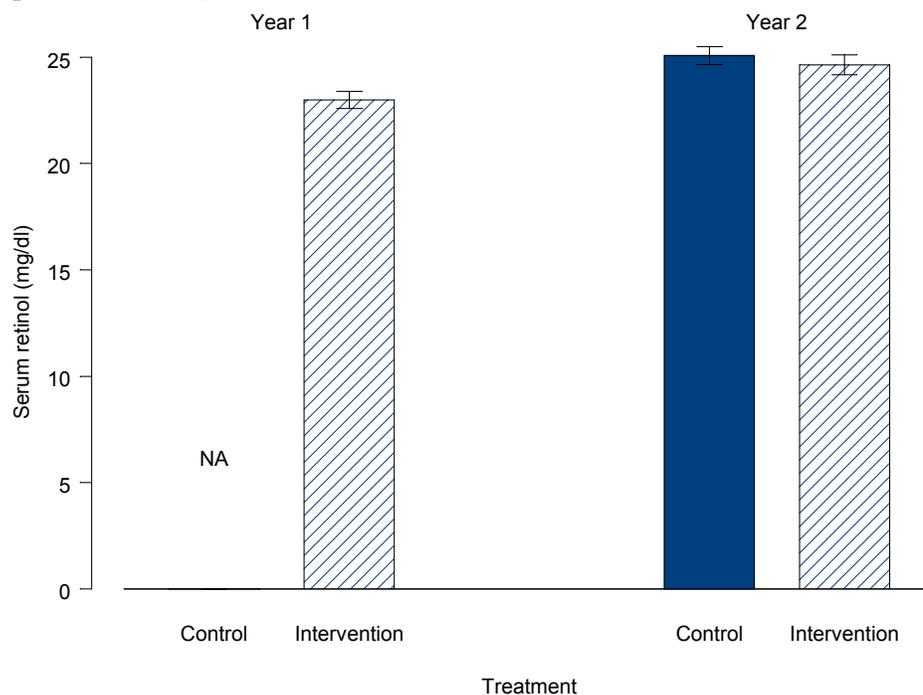
**Figure 16:** Mean soluble transferrin receptor level for each treatment group and year (error bars represent  $\pm 1$  sem).



**Figure 17:** Mean prevalence of vitamin A deficiency for each treatment group and year (error bars represent  $\pm 1$  sem).



**Figure 18:** Mean serum retinol level for each treatment group and year (error bars represent  $\pm 1$  sem).



## **Appendix B**

### **CARE International's Quarterly Report on the Small Grants Mechanism**

## **CARE INTERNATIONAL ZAMBIA, CHANGES GRANT COMPONENT QUARTERLY REPORT FOR JANUARY-MARCH 2004**

### **1.0 INTRODUCTION**

This report outlines activities for CARE INTERNATIONAL ZAMBIA CHANGES project undertaken under the sub grant component for the period January to March 2004. It also gives the current status of each organization funded from the 2001 to 2004 under the tasks outline below which were carried out in the two provinces namely Eastern and Southern Province of Zambia.

During the quarter ending March 2004, the major activities undertaken were to follow up on all the funded activities and ensure that at 95% were reconciled and those that had finished the projects closed.

### **2.0 SUMMARY OF OVERALL POSITION OF GRANTS**

	<b>SOUTHERN PROVINCE</b>	<b>EASTERN PROVINCE</b>	<b>TOTAL</b>
Number of new grants approved during the quarter	8	5	13
Number of existing grants receiving tranches of funds during the quarter	4	2	6
Total number of grants approved and funded to date	52	24	76
Number of grants closed out during the quarter	8	4	12
Total number of grants closed out to date	11	4	15

The following was the status of the funds disbursed, remaining balance and total disbursed as at 31<sup>st</sup> March 2004.

## 2.1 SUMMARY OF DISBURSEMENTS

	LOCAL CURRENCY	US DOLLAR
REMAINING TO BALANCES BE DISBURSED	K58, 548,000	\$123,694
TOTAL AMOUNT DISBURSED	K1, 709,887,186	\$359,976
TOTAL AMOUNT AWARDED	K2, 763,900,926.50	\$581,874

The dollar rate used was K4, 750 per \$1

## 2.2 RECIPIENT ORGANISATION AND NUMBER OF BENEFICIARIES AS AT 31<sup>ST</sup> MARCH 2004

The table below outlines the overall total number recipients and pupils benefiting from the projects funded under the basic education, the figure of beneficiaries will go up after all the projects have been completed.

TOTAL NUMBER OF RECIPIENT ORGANISATIONS	77
TOTAL NUMBER OF PUPILS BENEFITING	30,000

### 3.0 FORUM FOR AFRICAN WOMEN EDUCATIONALIST OF ZAMBIA-(FAWEZA)

The sub grant for FAWEZA was monitored from Head Office since it was catering for the national activities for the girl child advancement. It is worth to note that while the bursaries were meant for girls the organization identified 8 boys who they felt were needy and managed to sponsor them for their school requirements.

Name of Recipient	District	AMOUNT APPROVED	AMOUNT DISBURSED	Activity	Status of the project
Forum for African Women Educationalist of Zambia	National Chapter	\$86,790.39	\$86,790.39	Special needs scholarships, Workshop on Girls mentoring activities	The bursaries were given to 620girls and 15 boys were sponsored in 76 basic and secondary schools. a workshop was held for those that will be mentoring the girls. Finalizing the report for closure

### 4.0 EASTERN PROVINCE

**The Activity Task No. 3:** Sub-grant mechanism that provides support to schools and surrounding communities, NGOs and other non-profit making organizations to undertake innovative interventions that:

- Increase the participation of girls and other vulnerable children in education
- Support innovative interventions in SHN to improve learning, health and nutritional status of school-age children and
- Integrate HIV/AIDS awareness and prevention messages to promote life skills and appropriate behavior into on going community and district based basic education

The Major activities undertaken during the quarter under review were as follows

- New disbursement
- Monitoring of funded projects
- Follow up on reconciliations
- Closure of projects

#### 4.1 NEW DISBURSEMENT FOR RHE QUARTER MARCH 2004

Name of Recipient	District	AMOUNT APPROVED	AMOUNT DISBURSED	Activity	Status of the project
Kalovya basic school	Chama	22,110,000	11,055,000	Rehabilitation of storage room, HIV/AIDS workshop and Fish farming	Had purchased some of the materials
Chikondi home based care			11,082,500	HIV/AIDS awareness Psychosocial support	Workshop was held and the awareness has since started
Kanyanga basic school	Lundazi	40,989,500	20,494,500	Construction of 10 VIP latrines Rehabilitation of AIDS/SHN centre and of 1x3 classroom	Purchased some of the materials and started the rehabilitation, will still to buy more after second tranche is disbursed
Mphamba basic school	Lundazi	26,952,800	13,476,400	Feeding programme / poultry and Construction of VIP latrines HIV/AIDS awareness Rehabilitation of chicken run	Started with feeding and construction of VIP toilets

## 4.2 MONITORED SUB GRANTS

The table below outlines the status of the sub grants activities for projects monitored:

Name of Recipient	District	AMOUNT APPROVED	AMOUNT DISBURSED	Activity	Status of the project
Magwero school	Chipata	K35, 344,800	K35, 344,800	Rehabilitation of 5 fish ponds Construct 10 VIP latrines. HIV/AIDS awareness and School feeding Crop production Rehabilitation of 1x3 classroom block. Purchasing of sport kits.	All planned activities have successfully been completed and the reconciliations done. The grant is ready for close out.
Dzoole School	Chipata	K 35,717,000.	K 35,717,000.	Rehabilitation of 1X3 classroom block Construction of SHN/HIV/AIDS centre Crop production, Nutrition and Cattle rearing.	All activities were completed and reconcile, ready for closure.
Zambia Student Christian Movement	Chipata	K28,106,200	21,079,650	Create Awareness on girl child education Production of training materials and local language brochures for HIV/AIDS awareness.	So far 3 workshops have successfully been conducted. Waiting for Last tranche to be disbursed.
YWCA peer educators	Chipata	K 5,000, 000	K 5,000, 000	Urban and Peri-urban School Adolescent Reproductive Health Debate competitions in schools within Chipata.	The debates were successfully conducted, they have reconciled and ready for closure.
J.M Cronje School	Chipata	K33, 115,800	K33, 115,800	Rehabilitation of 1x2 classroom School, Cattle rearing and Crop production.	All project were implemented, currently reconciling for closure.

*Continued*

<b>Name of Recipient</b>	<b>District</b>	<b>AMOUNT APPROVED</b>	<b>AMOUNT DISBURSED</b>	<b>Activity</b>	<b>Status of the project</b>
Chipangali School	Chipata	K 67,510,000	K 67,510,000	Rehabilitate the bridge Rehabilitate a community hall into an HIV/AIDS center, Crop production and School Feeding program.	The project has completed the activities and reconcile. Ready for closure.
Chama Basic School	Chama	21,137,200	K15,852,850	Create HIV/AIDS awareness, Construct a counseling center Promote girl child education. Crop production and Feeding program.	Kanjiki counseling centre is still under construction. Waiting for last tranche.
Taferansoni Basic School	Chadiza	K 36, 240,000	K 36, 240,000	HIV/AIDS Awareness and construction of latrines.	Activities are in the process of completion.
Zemba Basic School	Chadiza	K45, 000,000	K33, 755,000	Rehabilitation of 1x2 classroom block and gardening.	Construction of the HIV/AIDS centre has been completed. Waiting for last tranche for last activity.
Women Against Aids and Poverty	Chadiza	K38, 202,000	K38,202,000	Production of chewa leaflets on HIV/AIDS. Formation of anti-AIDS in schools. Sensitization meetings. Strengthen/form Anti AIDS Clubs in schools HIV/AIDS workshops.	Most of the activities have implemented.
Chasef basic school	Lundazi	38,221,000	19,110,500	Construction of 5 VIP latrines. Rehabilitation of HIV/AIDS centre. Rehabilitation of 1x4 classroom block.	Purchasing of some materials was done and work had started.
Chadiza Youth Survival Programme	Chadiza	K24,725,000		Rehabilitation of hall peer education workshop Sporting activities.	Workshops was done and sports wear purchased, some of the rehabilitation material for the hall.

*Continued*

Name of Recipient	District	AMOUNT APPROVED	AMOUNT DISBURSED	Activity	Status of the project
Tisungane NHC	Chama	39,041,000	19,520,500	Create HIV/AIDS awareness. Train peer educators in school health and nutrition, OVC support at Kamphemba basic school and Income generating activities.	Training of peer educator was conducted, support to OVC was given in form of school requirements.
CAFCHIN	Chama	21,358,000	10,679,000	Cattle rearing, crop production and continue with OVC support and HIV/AIDS awareness.	The first activities were finished waiting for second tranche.
CHAWA women's club	Chipata	16,919,000	16,919,000	Workshop on preparation of pigeon peas, HIV/AIDS club And Income generation.	Workshops were conducted, yet to start with awareness.
Chikoka basic school	Chipata	26,171,000	13,085,500	HIV/AIDS Workshop, Sensitisation, OVC Support, Piggery and construction of 5 VIP toilets.	The activities have started and progressing on well, yet to be given another tranche.
Kapatamoyo b. school	Chipata	41,056,000	20,528,000	Rehabilitation of roof for a classroom block, purchase of desks and tables, and Anti AIDS club.	Purchased rehabilitation material and work yet to start.
Nsadzu basic school	Chadiza	27,071,000	13,535,500	Construction of 8 VP toilets HIV/AIDS awareness, and school nutrition project.	Started with the workshop Construction yet to started.
Mphamba basic school	Lundazi	26,952,800	13,476,400	Feeding programme/ poultry, Construction of VIP latrines HIV/AIDS awareness Rehabilitation of chicken run.	Started with feeding and workshop on HIV/AIDS.
Chanida basic school	Chadiza	29,786,000	14,893,000	Construction of 13 VIP toilets and sensitization on HIV/ADIS.	Purchasing of the materials had started.
Lutembwe b. school	Chipata	43,151,000	21,575,500	HIV/AIDS awareness, construction of information centre and piggery and cattle rearing.	Construction the centre almost completed.

### 4.3 RECONCILIATION AND CLOSURE

In Eastern province 80% of grants disbursed were reconciled, thought most of them still have remaining tranches that will need to be disburse. Four (4) out of the Twenty-three (23) organizations completed the projects fully and has since been closed out.

Fifteen (15) organizations still has trenches to be disbursed.

### 5.0 SOUTHERN PROVINCE

Activity Task No. 3: Sub-grant mechanism that provides support to schools and surrounding communities, NGOs and other non-profit making organizations to undertake innovative interventions that:

- Increase the participation of girls and other vulnerable children in education.
- Integrate HIV/AIDS awareness and prevention messages to promote life skills and appropriate behavior into on going community and district based basic education.

### 5.1 NEW DISBURSEMENTS IN THE QUARTER

ORGANISATION	DISTRICT	APPROVED	DISBURSED	ACTIVITIES	STATUS
Sichimwa Neighbourhood Health Committee	Kalomo	K12, 300,000	K12,300,000	Adult literacy classes, HIV/AIDS sensitization, Goat rearing, Home based-care.	Some activities have started Literacy education has started, goats have been bought.
Nkandabbwe Basic School	Sinazongwe	K42,812,688	K42,812,688	Rehabilitation of girls dormitory, Purchase of desks, peer education.	Had started purchasing materials for rehabilitation work.
Halumba Basic School	Choma	K38,435,000	K38,435,000	Rehabilitate 1x2 classroom block and paint other blocks, Purchase of desks and repair, Practical skills for girls.	Rehabilitation work has started Purchased of project materials, work has started.
Kauwe Basic School	Kazungula	K27, 375,000	K27, 375,000	Purchase of desks, Rehabilitation of borehole, construction of toilets.	Purchasing building materials for rehabilitation

*Continued*

ORGANISATION	DISTRICT	APPROVED	DISBURSED	ACTIVITIES	STATUS
Kakuba Basic School	Choma	K31, 050,000	K31, 050,000	Rehabilitation of toilets (16), practical skills, Rehabilitation of storeroom.	Rehabilitation work was in progress, advised to construct new toilets, as the old ones were not in good condition for rehabilitation.
FAWEZA	Livingstone	K130, 4 50,000	K130, 4 50,000	Peer education, Create girl's clubs, mentor training, skills centers, gender sensitization.	Workshops for peer educations held, skill training equipment bought.
LIWASE	Livingstone	K11, 620,000	K11, 620,000	Sensitization through drama.	Poems, songs and sketches has so far been presented .
Cheshire Homes	Livingstone	K33, 107,380	K33, 107,380	Chicken rearing, Purchase aids and other recreation facilities.	Purchase all the materials and chicks for poultry.

## 5.2 MONITORED DURING THE QUARTER MARCH 2004

Mbabala Basic School	Choma	K36, 500,000	K36, 500,000	Electrification of classroom blocks, Rehabilitation of H.E room and purchase of utensils, completion of toilets.	Rehabilitation works done, waiting for ZESCO to install power.
Chili Basic School	Kazungula	K26, 443,000	K26, 443,000	Construction of girls dormitory, purchasing solar panels and HIV/AIDS.	Work on the girl's dormitory had progressed. The HIV/AIDS activities are also taking place.
Malimba Basic School	Kazungula	K26, 747,000	K26, 747,000	Rehabilitation of girls dormitory and construction of VIP toilet. HIV/AIDS awareness.	The construction of toilets is almost complete. Rehabilitation work on girl's dormitory had reached window level.
Nyawa Basic School	Kazungula	K25, 059,000	K25, 059,000	Construction of girl's dormitory Provision solar, desks and HIV/AIDS sensitization.	Closed out.

Popota Basic School	Choma	K42, 824,000	K42, 824,000	Rehabilitate 2x2 classroom blocks, Construction of toilets, Rehabilitate a borehole, HIV/AIDS center, Rehabilitate girls' dormitory.	Rehabilitation of 2x2 classroom blocks still going on. Though school faces water problem.
Ngoma Basic School	Sinazongwe	31,200,000	15,600,000	Electrification and Construction of toilets.	Electrification work was done. The school had since started enrolment for girls, boys, men and women for night school students.
Mukuni YWCA Sub-Branch	Kazungula	15,970,500	15,970,500	Skills training, Poultry, Tailoring and Carpentry.	Progress was delayed by the Lwindi tradition ceremony.
Nga'ndu Basic School	Kazungula	K15, 681,000	K15, 681,000	Construction of toilets Peer education training.	The project has been completed and is ready for closure.
DAPP	Livingstone	55,575,300	K27, 787,650	Basic Business training, Tailoring Carpentry and gardening.	Work in tailoring and carpentry has centers while waiting for rehabilitation of new centre.
Nazilongo Basic School	Kalomo	K15, 593,500	K15, 593,500	Construction of toilets and bath shelter. Purchase of H.E and industrial arts equipment.	The project close down report was written.
Lets Build Together	Kalomo	K7, 265.000	K7, 265.000	HIV/AIDS Community Facilitators training.	Training has so far been done.
Mayoba Basic School	Kalomo	7,320.00	7,320.00	Construction of toilets, home and economic utensils. HIV/AIDS and sports.	There is progress on the constructing of toilets.
Chawila Basic School	Kalomo	28,104,960	14,052,480	Rehabilitation of 1 by 3 classroom block HIV/AIDS peer education.	The renovation programme had reached roof level.

Sisters of St. Francis	Kazungula	K39,700,000	K29,775,000	sensitization on HIV/AIDS, training peer education, skills training in carpentry, tailoring and psychosocial training.	Activities still going on.
MAWOMADI	Kazungula	K10,300,000	K10,300,000	Poultry and tailoring and HIV/AIDS sensitization.	Tailoring is taking place and the group had paid for 60 layers.
Nakowa Basic School	Kazungula	K16, 000,000	K16, 000,000	Peer education training Construction of toilets and bath shelters.	Grant closed out.
Siamankuli Basic School	Kalomo	K39, 032,120	K29, 274,090	Rehabilitation of 1x2 classroom block Construction of toilets HIV/AIDS activities.	Rehabilitation and construction of toilets was completed.
Sichikwalula Basic School	Kalomo	K60, 738,000	K30, 896,000	Rehabilitation of 1x3 classroom block Construction of a bridge.	Rehabilitation of the school was completed.
Anglican Church	Livingstone		K24, 377.500	Rehabilitation of Kids center Training of Care givers, materials for skills training Sensitization of HIV/AIDS.	The project is going on well. Rehabilitation of the kid's center has reached roofing level.
Nakeempa Basic School	Choma	K24, 749,000	: K18, 561,750	Rehabilitation of HIV/AIDS information center Rehabilitation of 1x2 classroom block Gardening and Animal rearing.	The project activities are going on well. Rehabilitation work has begun.
St. Mulumba School of the Hand capped	Choma	K20, 397,000	K15, 298,125	Poultry.	The school paid for the chicks and is waiting for the delivery.
KARA CTT	Choma	K155, 714,740	K77, 857,370	Home based care training School HIV/AIDS programmes Skills training (Tailoring and Carpentry) Nutrition and cooking demonstrations.	CTT project activities are doing fine and progressing well.
New Kachege Basic School	Choma	K31, 505,000	K15, 752,500	Rehabilitation of girl's dormitory Construction of toilets HIV/AIDS activities.	Rehabilitation is almost complete

Halumba Uboe Club	Choma	K5, 009,000	K5, 009,000	HIV/AIDS sensitization and Civic awareness on gender equity in education.	Twelve schools have been sensitized.
Cheelo Basic School	Choma	K26, 895,000	K13, 447,500	Rehabilitation of 1x2 classroom bloc, HIV/AIDS.	Rehabilitation work had started.
Batoka Basic School	Choma	K29, 974,000	K14, 987,000	Rehabilitation of 1x2 classroom block HIV/AIDS sensitization through drama, girl's performance through debates and quiz Purchase desks.	Rehabilitation work has started.
Siachidinta Basic School	Choma	K34, 572,200	17, 86,100	Rehabilitation of 1x2 classroom block Skills training HIV/AIDS activities.	Rehabilitation of 1x2 classroom block Skills training HIV/AIDS activities.
Pemba Basic School	Choma	K21, 852,500	K10,926,250	Construction of toilets ,l skills to pupils HIV/AIDS sensitization through drama etc.	The school had purchased materials for HIV/AIDS uniform and activities.
Jembo Basic School	Choma	K35, 100,000	K17, 550,000	Rehabilitation of H.E block HIV/AIDS activities Gardening Electrification.	The community members had brought in more up front materials but work had not yet started.
Youth Alive	Sinazongwe	K49, 367,000	K24, 683,500	Mobilize people for drama and sports Training of youth in HIV/AIDS, leadership skills etc.	All the six.
Chili Basic School	Kazungula	K26, 443,000	K26, 443,000	Construction of toilets and construction of girls dormitory.	The construction of toilets is almost complete. Rehabilitation work on girl's dormitory had reached window level.

### 5.3 CLOSED SUB GRANTS

Moonde school	Kalomo	2,106,000	2,106,000	Production Unit, grew maize cow peas, sweet potatoes and vegetables	Project closed
Mubanga school	Kalomo	6,442,000	6,442,000	13 VIPs and bath shelter Peer Education	Project Closed
Mayoba school	Kalomo	7,320,000	7,320,000	School Production Unit, grew ground nuts and training peer educators	Project Closed
Nakowa School	Kalomo	16,000,000	8,000,000	Construction of the toilet and bath shelter, Peer educators training	Project Closed
Siamasimbi School	Kazungula	17,017,000	17,017,000	Rehabilitation of teachers house and construction of VIP toilets.	Project Closed
Makoli School	Kazungula	5,883,000	5,883,000	Peer editors training in HIV/AIDS	Project Closed
Mukuni B. School	Kazungula	15,970,500	15,970,500	Water and sanitation Project	Project Closed
Chooma School	Kazungula	3,110,000	3,110,000	Purchasing of garden tools and inputs	Project Closed

### 5.4 OVERALL POSITION ON RECONCILIATION

As at 31<sup>st</sup> March 2004, In Southern Province the total amount disbursed was K1204, 668,821 (\$253,614.50) and out of this figure K971, 676,177 (\$204,563.50) was reconciled. KK232, 992,344 (\$49,051) is yet to be reconcile. This means that 80% of the money disbursed was reconciled.

### 5.5 CHALLENGES

Heavy down pours of raining characterized this quarter being rainy season, movements from one place to another was made difficulty. In some areas such as Sinazongwe the bridge was swept off, the visits to these places were only made once. In some cases the projects temporally came to a stand still.