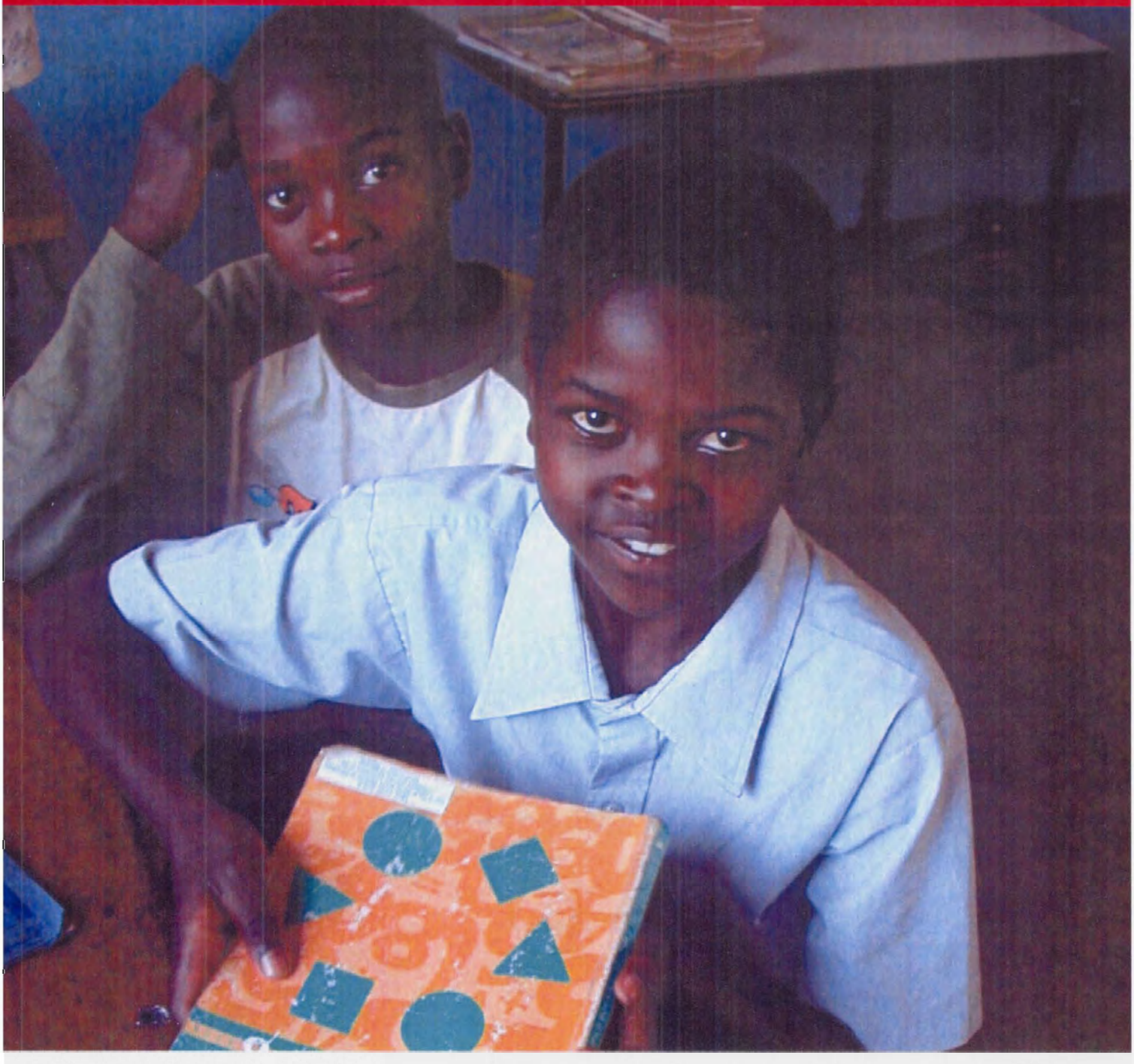
USAID
FROM THE AMERICAN PEOPLE

THE CHANGES PROGRAMME:

QUARTERLY REPORT: JANUARY - MARCH 2005

ANNUAL REPORT: APRIL 1, 2004 - MARCH 31, 2005



Contract No. HNE-I-00-00-00038-00

April 2005

This publication was produced for review by the United States Agency for International Development. It was prepared by Creative Associates International, Inc.

The CHANGES Programme

Quarterly Report No. 16: January – March 2005

and

Annual Report (April 1, 2004 – March 31, 2005)

Prepared by:

Edward Graybill, Chief of Party
The CHANGES Programme
Zambia

Prepared for:

Creative Associates International, Inc.
Basic Education and Policy Support (BEPS) Activity
US Agency for International Development
Contract No. HNE-I-00-00-00038-00

April 2005

CONTENTS

I. EXECUTIVE SUMMARY iv

II. ANNUAL REPORT (APRIL 1, 2004 – MARCH 31, 2005) 1

III. UPDATE OF INDICATORS AND SUMMARY OF ACHIEVEMENTS BY FUNDING EARMARK 5

A. Community Sensitization and Mobilization Campaign (CSMC) 5
1. CHANGES/CSMC 5
2. AEI (African Education Initiative) 7
3. PEPFAR (President's Emergency Program for AIDS Relief) 11
4. USAID (SO6) 14
B. School Health and Nutrition (SHN) 17
1. AEI 17
2. PEPFAR 18
3. USAID (SO6) 22
C. Ambassador's Girls Scholarship Program (AGSP) 25
1. AEI 25
2. PEPFAR 26
D. Ministry of Education HIV/AIDS Activities 29
1. PEPFAR 29
E. Small Grants Mechanism 31

IV. ISSUES IN PROGRAMME IMPLEMENTATION 33

A. CSMC 33
B. SHN 33
C. AGSP 34
D. Small Grants Mechanism 34

V. RESEARCH STUDIES OR EVALUATIONS CONDUCTED 35

VI. SPECIAL EVENTS/VISITORS AND THEIR OUTPUTS 36

VII. PRIORITIES FOR NEXT QUARTER (APRIL-JUNE 2005) 37

A. CSMC 37
B. SHN 38
C. AGSP 38
D. Small Grants Mechanism 38

VIII. SUCCESS STORIES 39

A. CSMC 39
B. SHN 40
C. AGSP 43
D. Small Grants Mechanism 44

APPENDICES 45

A. CSMC District Advocacy Meetings Report 46
B. SHN Field Monitoring Report 56
C. SHN/MIS Final Report 59
D. Lusaka SHN Team's Progress Reports 60
E. Ministry of Education's HIV/AIDS in the Workplace Policy Document 77
F. CARE International's Small Grants Progress Report 100
G. Executive Summary from the Draft CHANGES Evaluation Final Report 114

I. EXECUTIVE SUMMARY

The end of the present quarter, March 31, 2005, coincides with the completion of the CHANGES Programme's fourth full year of implementation. Therefore, this report also contains a brief Annual Report for the period April 1, 2004 through March 31, 2005. This executive summary highlights the progress attained during the recently completed quarter, the details of which are contained in the body of the report and in the appendices. The Annual Report follows this summary.

In light of the fact that the CHANGES Programme will wind up its operations at the end of July this year, a major activity that was carried out this quarter was a **summative evaluation** to assess the impact as well as the challenges faced by the Programme during its four-year period of operation. A four-person evaluation team, comprised of two Zambian and two expatriate consultants, worked for approximately seven weeks collecting information and data from both national and field-level stakeholders, and compiled their findings in a draft report that will be finalized by the end of April. In mid-March a meeting of national-level stakeholders was held to present the main findings and recommendations from the evaluation.

As in previous quarters, the **Community Sensitization and Mobilization Campaign (CSMC)** for girls' education and HIV/AIDS, which is being implemented in Southern Province (SP), made good strides during the reporting period. As part of the ongoing campaign, many more people in schools and communities were sensitized and mobilized about girls' education and HIV/AIDS. Much of the work done in this regard was reflected in the 1,118 school and community action plans that were developed during the reporting period, 836 of which were implemented. And, in zonal-level review meetings, the capacity of 2,184 School Focal Point Persons (SFPPs) and 2,912 Community Focal Point Persons (CFPPs) to sensitize stakeholders in schools and communities on issues related to girls' education and HIV/AIDS was strengthened. In terms of teacher training, 190 in-service teachers were trained on policy issues related to girls' education and HIV/AIDS (including life skills) by District Resource Center staff who themselves had been trained on the same topics by the CSMC team last quarter. An additional 186 teachers and head teachers were trained in the same content areas by local NGOs who also had been previously trained by the CSMC team.

An important dimension of the CSMC during the extension phase of the CHANGES Programme has been the facilitation of advocacy meetings for local leaders (chiefs, village headmen, local business people, etc.) during which the participants are briefed on the findings from the CSMC research on girls' education and HIV/AIDS, and formulate resolutions for action that will address the issues and challenges raised. During this quarter, five such district advocacy meetings were held, in Siavonga, Itezhi Tezhi, Mazabuka, Namwala, and Monze Districts, in which 222 key stakeholders participated. As part of the same advocacy effort, the production and dissemination of IEC (Information, Education, and Communication) materials continued, including the recording and broadcasting of 12 radio programmes on local radio stations, and the production of 1,350 copies of the Mazabuka District Profile. Finally, as part of the

ground laying for possible expansion of the CSMC to provinces adjoining Southern Province, one-day orientation meetings were held in Central, Lusaka, and Western Provinces during which the CSMC team presented the rationale for the CSMC, its design, its achievements, and challenges to a total of 29 senior-level officers from the Ministry of Education (MOE), Ministry of Health (MOH), and Ministry of Community Development and Social Services (MCDSS). In each meeting, the participants expressed enthusiasm for implementing a similar multi-sectoral programme in their provinces.

Meanwhile, the **School Health and Nutrition (SHN)** component, which is being implemented in both Eastern Province (hereafter EP) and SP, also achieved notable gains during the reporting period. Much of the focus during the quarter was on HIV/AIDS activities. Forty-one (41) teachers, who are Anti-AIDS Club patrons, were trained in issues related to HIV/AIDS and how to more effectively manage their clubs. In addition, 283 pupils (144 girls, 139 boys) from among the SHN schools in EP were trained in life skills and in how to be effective HIV/AIDS peer mentors in their schools and communities. Further, 41 teachers who are involved in guidance and counseling at the school-level were trained to enhance their skills in psychosocial counseling, particularly as it relates to HIV/AIDS, and 843 pupils (493 girls, 350 boys) have been benefiting from their services. Also, during the reporting period, another HIV/AIDS motivational meeting was held, this time for 67 teachers, of which 40 agreed to be tested (six of which were positive). Following the motivational meeting, 60 teachers were trained in positive living and advocacy, and another Positive Living Support Group was formed, this time in Petauke District.

In terms of more mainstream SHN activities, two SHN technical drug administration workshops were held for teachers (87), health workers (19), and community development assistants (2)—total 108—from Gwembe, Siavonga, and Sinazongwe Districts of Southern Province. As a result, all schools in those three districts are now participating in the SHN programme. Meanwhile, in EP, 97 zonal in-service providers, who are part of the ZEST (Zonal Educational Support Team) system, were trained in SHN technical drug administration, the aim being that they will, in the future, train teachers in their zones in the same content areas. As such, SHN training and capacity building will now be able to be carried out through the government's institutionalized in-service training system. Lastly, 35 community members in Katete District were trained in food diversification and processing using inexpensive, locally available foodstuffs, in order to better implement feeding programmes in their schools.

The **Ambassador's Girls Scholarship Program (AGSP)** also registered significant progress during the quarter. A total of 1,235 bursaries were awarded to mostly female pupils in grades 8-12; 414 of the bursaries were funded with AEI (African Education Initiative) funds while 821 were provided through PEPFAR (HIV/AIDS) funds. In addition to this, with the PEPFAR support CHANGES provides to its local implementing partner, FAWEZA (Forum of African Women Educationalists of Zambia), FAWEZA brought the total number of SAFE (Student Alliance for Female Education) Clubs launched to 78 and has now trained a total of 59 SAFE Club overseers, with the remaining 19 overseers to be trained soon. All SAFE Clubs were also provided with

materials and support for conducting girl education and HIV/AIDS activities. In addition, 104 scholarship recipients were trained as peer mentors and are now conducting peer mentoring in their schools and surrounding communities.

Finally, the **Small Grants Mechanism**, which is being implemented by CARE International under a sub-contract with the CHANGES Programme, enjoyed a very productive quarter. A total of 46 new grants were awarded during the reporting period, 30 in SP and 16 in EP, most awards being made to schools rather than to local NGOs. This brings the total number of small grants awarded during the lifetime of the CHANGES Programme to 130—81 of which have been awarded in SP and 49 in EP. The types of activities funded through the grants this quarter included construction of toilets in schools, rehabilitation of classroom blocks, OVC support, and HIV/AIDS training. Also, work was nearly completed on the grants manual, which outlines CARE's approach to implementing the small grants scheme, and which will be made available to interested stakeholders. It is anticipated that much of next quarter will focus on reconciling all outstanding disbursements and closing out the small grants component of the CHANGES Programme.

II. ANNUAL REPORT (APRIL 1, 2004 – MARCH 31, 2005)

On March 31, 2005, the CHANGES Programme completed its fourth full year of operations; the Programme will close down on July 31st of this year. This section of the present report summarizes progress made during the period from April 1, 2004, when the extension period started, through the end of the current quarter, which represents a full programme year.

Having completed the research and verification in all 11 districts of SP and set in motion the myriad elements of its social mobilization model, the **Community Sensitization and Mobilization (CSMC)** component of the CHANGES Programme focused its efforts this year on several key dimensions: strengthening the overall CSMC campaign in terms of upgrading the skills of the Zonal-level Community Facilitators (ZCFs), School Focal Point Persons (SFPPs), and Community Focal Point Persons (CFPPs); building the capacity of local NGOs, especially in HIV/AIDS service delivery; training teachers—both in-service and pre-service; and advocacy amongst local leaders in each district of the province. The following enumerates the progress made during the past year on several key indicators; the full slate of indicators tables can be found in the body of the report:

Schools and Teachers:

- 728 schools (661 basic, 67 community) are now involved in the CSMC to strengthen girls' education and to mitigate the effects of HIV/AIDS.
- 5,000 teachers (950 pre-service, 4,050 in-service) were sensitized and now participating in activities focusing on HIV/AIDS prevention and mitigation, and girls' education; this figure includes 2,184 teachers trained as CSMC School Focal Point Persons (SFFPs).
- 76 lecturers from two teacher training colleges (Charles Luanga and David Livingstone) were trained to incorporate government policy guidelines on equity and gender and HIV/AIDS in their training of teachers.
- Staff of 13 Teacher Resource Centers (2 provincial, 11 district) were trained to train in-service teachers in modules prepared on equity and gender, HIV/AIDS, and life skills.
- Four (4) local NGOs' capacity was developed to train in-service teachers in issues relating to girls' education, HIV/AIDS, and life skills.
- 517,794 pupils were sensitized and mobilized to take action on issues related to HIV/AIDS prevention and enhancing girls' education.
- 1,162 school action plans were developed, of which 919 were implemented.

Communities and Community Leaders:

- 2,912 Community Focal Point Persons (CFPPs) were trained to sensitize and mobilize community members to take action on issues related to girls' education and HIV/AIDS.
- 4,368 communities (villages in school catchment areas) were sensitized and mobilized to take action concerning girls' education and HIV/AIDS.
- 519,567 community members were sensitized and mobilized to take action on girls' education and HIV/AIDS.

- 497 influential elected and community leaders (chiefs, village headmen, business leaders) were sensitized and mobilized to take action within their sphere of influence on issues related to girls' education and HIV/AIDS.
- 7,073 individuals were trained in implementing programmes/activities related to HIV/AIDS stigma and discrimination reduction.
- 2,525 community action plans were developed, of which 1,542 were implemented.

IEC (Information, Education, and Communication) Materials:

- One 30-minute television documentary on the CSMC was developed and broadcast three times on Zambian national television.
- 5,000 copies of a CSMC Success Stories booklet were printed and distributed.
- 10,000 copies of two CSMC newsletters (5,000 each) were printed and disseminated to key stakeholders.
- Twelve (12) radio programmes were produced and broadcast on local radio stations.
- 12,539 copies of CSMC district profiles were printed and distributed.

The primary foci of the **School Health and Nutrition (SHN)** component of the CHANGES programme during the past year were: to strengthen implementation of the SHN programme in all eight districts of Eastern Province (EP); to expand SHN to three districts (Gwembe, Siavonga, and Sinazongwe) of Southern Province; and to support national-level SHN activities, such as the MOE's expansion of the SHN programme to Central and Lusaka Provinces, and to strengthen the GRZ's recently launched Schistosomiasis Control Initiative (SCI). The following represents the most noteworthy gains made during the year in terms of the key SHN indicators:

School Health and Nutrition:

- 1,169 pre- and in-service teachers, head teachers, health workers, and community development assistants were trained to implement the SHN programme in schools.
- 138 zonal, district, and provincial Teacher Resource Center were staff trained to train in-service teachers in SHN technical drug administration.
- 608 basic schools are now participating in the SHN programme in Eastern, Southern, Central, and Luska Provinces.
- 127,584 new pupils were brought into the SHN programme; the cumulative total over four years is approximately 243,200 pupils in 608 schools receiving deworming medications and micronutrients.
- 48 teams were trained in participatory techniques and leading SHN activities in their communities.
- 402 school and community action plans were developed and implemented.

HIV/AIDS and OVCs:

- 632 teachers were trained and provided with anti-AIDS materials for use in their teaching.

- 283 pupils were trained as HIV/AIDS peer educators, with a focus on abstine and being faithful.
- 977,500 people were reached with abstinence and being faithful messages through the mass media.
- 41 providers/caretakers were trained in caring for OVCs.
- 843 OVCs are currently being served by programme interventions.
- 70 people were trained to implement programmes/activities related to HIV/AIDS stigma and discrimination reduction.

IEC Materials:

- A 12-part SHN radio series—in both English and Nyanja—was produced and aired in EP.
- 1,000 T-shirts bearing the SHN logo and messages were printed and disseminated to key stakeholders.
- 500 audiotapes with 10 SHN and HIV/AIDS songs, featuring a well-known Zambian musician, were produced and distributed to SHN schools.
- Short SHN and HIV/AIDS radio spots were produced the Education Broadcast Service (EBS).
- 10,000 SHN posters were printed and distributed.

During the reporting year, the **Ambassador's Girls Scholarship Program (AGSP)** is being supported through two different funding earmarks: the African Education Initiative (AEI) and the President's Emergency Plan for AIDS Relief (PEPFAR). While AEI funds mostly scholarships, PEPFAR funds are utilized to award scholarships and to integrate HIV/AIDS activities throughout the programme. During the reporting period, a total of 2,007 scholarships were awarded to mostly girls, all of them OVCs, in Grades 8-12; 480 girls graduated from Grade 12 in 2004 due to the scholarships they received through the AGSP. In addition, the following HIV/AIDS-related activities were incorporated into the AGSP and carried out during the reporting year:

- A total of 78 SAFE Clubs have been established and 59 SAFE Club overseers were trained, with the remaining 19 overseers to be trained soon.
- All SAFE Clubs that have been launched were resourced with materials required for carrying out girls' education and HIV/AIDS activities.
- 108 scholarship recipients (two each from the original 54 AGSP schools) were trained as HIV/AIDS peer mentors, and are undertaking peer education activities in their schools and communities.
- Although at the time of writing the figures are incomplete due to different reporting cycles, 33,590 young people in the schools catchment areas surrounding AGSP schools were reached with HIV/AIDS activities emphasizing abstinence and/ore being faithful, and a total of 3,821 OVCs are being reached through the programme. (These figures will increase dramatically in the near future when the 2005 Term 1 reports from the field are received and recorded by FAWEZA).

During the extension phase of the CHANGES Programme, a relatively small amount of funds were earmarked to support the **MOE's HIV/AIDS initiatives,** particularly those

BEST AVAILABLE

that follow from, or build upon, the HIV/AIDS impact assessment CHANGES had supported during 2003-2004. The following were achieved in support of the MOE's HIV/AIDS activities during the reporting year:

- 122 MOE officials and staff were trained as peer educators and counselors as part of the MOE's HIV/AIDS in the Workplace initiative. The staff trained were from districts in Northern and Lusaka Provinces.
- Since each of the above trained 122 peer educators are expected to mentor 20 colleagues on a regular basis, 2,440 MOE staff are now being reached through this initiative.
- 24 senior-level MOE officers participated in a week-long workshop to finalize the MOE's HIV/AIDS in the Workplace Policy Guidelines. This document has not become the official MOE policy statement on its workplace programme.

The CHANGES Programme's **Small Grants Mechanism**, which continues to be overseen by CARE International through a sub-contract, achieved solid progress during the previous year. A total of 54 small grants were awarded in SP and EP, bringing to 130 the total number of small grants awarded over the past four years. Approximately 40 of the grants have been closed and the remaining 90 will be closed by July of this year. In addition, CARE International has completed a manual on its approach to grant-making, which is currently being printed. When the manual is available, it will be distributed to all interested stakeholders.

Finally, as the CHANGES Programme entered it last year of operations, planning was done for conducting a summative evaluation of the programme. Creative Associates International, Inc., CHANGES' prime contractor, selected a firm in Washington, DC that is well-known for its work in programme evaluation, Aguirre International, to conduct the evaluation. A Statement of Work was drafted and approved by the MOE, a four person consultant team was recruited (comprised of two Zambians and two expatriates), and the team started work in-country in late January 2005. The team spent approximately one month interviewing stakeholders and gather data from Lusaka, EP, and SP, and completed a draft final report in mid-March. On 17 March 2005 a meeting was held in Lusaka for national-level stakeholders during which the consultant team presented their main findings and recommendations. Similar meetings will be held in Chipata and Livingstone near the end of the programme. The evaluation Final Report will be received from Aguirre International at the end of April 2005 and will be disseminated to interested stakeholders.

III. UPDATE OF INDICATORS AND SUMMARY OF ACHIEVEMENTS BY FUNDING EARMARK

A. Community Sensitization and Mobilization Campaign (CSMC)

1. CHANGES/CSMC

Priority or Category	Indicator	Means of Verification	Gender	Target	Actual as of 3/31/05	Achieved this Quarter
1. Sensitization and mobilization.	Number of schools, mobilized to take action concerning HIV/AIDS and girls/vulnerable children's education.	Zonal-level Community Facilitator action plans and field reports.		728	728	0
	Number of communities mobilized to take action concerning HIV/AIDS and girls/vulnerable children's education.	Zonal-level Community Facilitator action plans and field reports.		4,368	4,368	0
	Number of teachers sensitized and participating in activities concerning HIV/AIDS and girls/vulnerable children's education at community level.	Zonal-level Community Facilitator action plans and field reports.	Males	3,331	3,331	0
			Females	1,669	1669	0
	Number of community members sensitized and mobilized to take action concerning HIV/AIDS and girls/vulnerable children's education at community level.	Zonal-level Community Facilitator Action Plan and Field Reports	Males	240,240	223, 108	36, 698
			Females	240,240	296, 459	40, 904
	Number of pupils sensitized and mobilized to take action concerning HIV/ AIDS and girls/ vulnerable children's education	ZCF action plans and field reports	Male	248,130	276, 557	18, 536
			Female	248,130	241, 237	17, 958

	Number of influential elected and community leaders sensitised through Advocacy workshops	Attendance registers	Males	200	345	165
			Females	200	152	86
Indicator 1. The CSMC is now covering all 661 basic schools and 67 community schools in Southern province, for a total of 728 schools. The 728 CSMC schools have a total of 260,000 pupils and 5,000 teachers. All the pupils and teachers will be sensitized. Six (6) communities will be sensitized in each of the 728 school catchment area, for a total of 4,368 communities. Each community has approximately 110 people, for a total of 480,480 people. The ratio of men to women is estimated at 1 to 1.						
2. SHN	Number of community members present to verify the research and sensitization drama performances.	Head-count by researchers.	Males	6,000	7,226	0
			Females	6,000	7,518	0
	Number of Theatre for Development performances for research verification.	Researchers' field reports.		60	59	0
Indicator 2. Twenty (20) schools will be targeted for SHN research and drama performances in each of the three SHN districts of Siavonga, Sinazongwe and Gwembe, for a total of 60 schools. One drama presentation will take place in each school catchment area to sensitize the communities on SHN issues, for a total of 60 drama performances. It is anticipated that approximately 200 community members will attend the performances at each of the 60 schools, for a total of 12,000 people attending, divided equally between males and females.						
3. Small grant proposals.	Number of community-level entities (NGOs, CBOs, and faith-based organizations) developing proposals for small grant awards to support community-level HIV/AIDS and girl child interventions.	Count of community level proposals		364	288	0
	Number of schools developing proposals for small grant awards to support their school-based action plans.	Count of school-based action plans		364	529	0
Indicator 3. At least half of the 728 communities developing community-based action plans will develop proposals for small grants to support activities in their action plans, and at least half of the 728 schools developing actions plans will develop proposals for small grants to support activities in their action plans.						

Notes on Achievements

Indicator 1: Sensitization and Mobilization
Sensitization and mobilization of communities are ongoing activities on the CSMC, and the figures this quarter increased in this regard by 77,602 (36,698 male, 40,904 females) for communities and by 36,494 for pupils in schools (18,536 boys, 17,958 girls).

Indicator 2: SHN
SHN activities involving the CSMC team were completed by the end of 2004 and, therefore, no further progress is reported here. The Lusaka SHN team continues to monitor and support SHN activities in SP.

2. *AEI (African Education Initiative)*

Priority or Category	Indicator	Means of Verification	Gender	Target	Actual as of 3/31/05	Achieved this Quarter
1. Sensitization and mobilization.	Number of teachers sensitized and mobilized to take part in actions concerning HIV/AIDS and girls/vulnerable children's education.	District and zonal-level monthly reports	Males	3,331	3,331	0
			Females	1,669	1,669	0
Indicator 1. The CSMC is now covering all 661 basic schools and 67 community schools in Southern Province, for a total of 728 schools. The 728 CSMC schools have a total of 5,000 teachers. All teachers will be targeted for sensitization and mobilization. It is estimated that one-third of the teachers are women while two thirds are men.						
2. HIV/AIDS and Gender and Equity training.	Number of teachers (school-based focal point persons (SFPPs) trained to implement HIV/AIDS and girl child education activities at the school level.	Community workshop attendance figures. District and zonal-level monthly reports.	Males	1,456	1,456	0
			Females	728	728	0
Indicator 2. Two teachers plus one head teacher will be trained in 728 schools in Southern Province, total 2,757. Its estimated that one third of the teachers will be women while two thirds will be men.						

3. Information, Education, and Communication (IEC) interventions.	Use of a variety of communication media focused on promoting girls' and other vulnerable children's education, and on sensitizing community members (including teachers, children) about HIV/AIDS proliferation and its mitigation.	TV programme (Series)	1	2	1
		Success stories (copies)	2,000	5,000	0
		Advocacy resolutions (Copies)	1,000	0	0
		CSMC newsletter (copies)	5,000	10,000	0
		Radio Programmes	-	12	12
		District Profiles	-	12,539	1,350
	Advocacy	Advocacy Workshops	12	11	5
	Number of influential people trained in policy issues related to girl child education and HIV and AIDS	Males	220	294	142
		Females	220	123	63
	Number of Provincial & District Resolutions booklets		12	0	0
Indicator 3. A total of four IEC products will be developed, comprised of one TV programme for HIV/AIDS and girls' education, one success stories booklet, one advocacy resolution reports and one CSMC newsletter.					

4. Support for training of pre-service teachers in HIV/AIDS and girl child education.	Number of pre-service teachers trained by CSMC in HIV/AIDS, life skills, and gender, and oriented to use related manuals.	Teacher Training College (TTC) records.	Males (Pre-service)	637	441	0
			Females (Pre-service)	318	509	0
	Number of Teacher Training College (TTC) staff trained by CSMC in HIV/AIDS, life skills, and gender, and oriented to use related manuals.	TTC records.	Males	59	50	0
			Females	27	26	0
	Number of manuals provided to TTC libraries by CSMC.	Count of manuals delivered to the two training colleges.		120	160	0
Indicator 4. There are two teachers colleges with 86 instructors and a combined student population of 955. A one-day orientation for the staff and students will be provided for each college, and manuals will be provided at 10 copies by 6 publications by two colleges = total 120 copies distributed for which training is also provided.						

5. Support for training of in-service teachers in HIV/AIDS and girl child education through contracted NGOs.	Number of head teachers and teachers trained in HIV/AIDS, life skills, and gender, and oriented to use related manuals.	Consultancy reports from commissioned NGOs; workshop attendance figures.	Male (In-service)	373	230	145
			Female (In-service)	187	74	41
Indicator 5. There are 728 CSMC schools in the province, and about one third of them will each have the head teacher and one teacher receive specialized training in HIV/AIDS, life skills, and girl child education. Approximately 485 people will be trained (243 head teachers and 242 teachers). This training will be provided by contracted NGOs under the small grants mechanism.						
6. In-service teachers accessing and using HIV/AIDS modules.	Number of teachers and head teachers oriented on use of HIV manuals, life skills manuals, and girl child manuals in schools by District Resource Centres (DRCs)	District records and reports. (In-service)		639	606	190
	Number of provincial Teacher Resource Centers (TRCs) provided and oriented on HIV/AIDS .	Count of Memorandum of understanding with TRCs.		2	2	0
	Number district TRCs supported and oriented.	Count of Memorandum of understanding with TRCs.		11	11	0
	Number of HIV/AIDS modules implemented.	Count of modules distributed to TRCs.		780	360	0
	Number of life skills modules implemented.	Count of modules distributed to TRCs.		780	360	0
	Number of gender modules implemented	Count of modules distributed to TRCs.		780	130	0
Indicator 6: There are 2 provincial TRCs and 11 district TRCs. These will all be provided with manuals, along with an orientation for their staff on their use. Training to deliver the following modules will be provided to each TRC: 3 HIV/AIDS modules, 2 life skills modules, and 1 gender module. In addition, two-thirds of 728 head teachers (485) will be oriented in the use of these modules at their schools. The orientation will be done by the districts, who would have been oriented on this by the CSMC team. Also, a copy of one manual (HIV Guidelines for Educators) will be given to each of the 5,000 serving teachers who does not have one. The figure of 780 modules is calculated on the basis of: six modules, 10 copies of each, for the 13 TRCs.						

Notes on Achievements

Indicator 1: Sensitization and Mobilization
The initial sensitization of teachers was completed during the first phase of the CHANGES programme, but continued during the present quarter in various forms such as head teacher and teacher capacity building to enhance their understanding of policy matters relating to girls' education and HIV/AIDS. Both School and Community Focal Point Persons (SFPPs and CFPPs) benefited from review workshops this reporting period in which girls' education and HIV/AIDS were the main topics of discussion. In addition, all zones in SP hosted zonal workshops to foster increased understanding of similar policy issues. In all, 376 in-service teachers were reached by these approaches this quarter.

Indicator 2: HIV/AIDS and Gender and Equity
See preceding on progress on this indicator.

Indicator 3: Information, Education, and Communication (IEC) Interventions
During the present quarter, the following progress was made regarding IEC materials:
12 radio programmes, six on Mazabuka FM and six on Radio Chikuni, were broadcast. The programmes focused on girls' education and HIV/AIDS issues.
Shorter radio spots about the work of the CSMC have been running twice a day on SKY FM for the past two months.

As outcomes of the district advocacy meetings the CSMC team has been facilitating, all districts have articulated resolutions for actions that address issues related to girls' education and HIV/AIDS. The resolutions are being printed for distribution to district stakeholders. For details on the advocacy meetings held in five districts during the present quarter, see Appendix A.

1,350 copies of the CSMC Mazabuka District Profile were printed and distributed.
Throughout the quarter, the CSMC and CHANGES programme received considerable positive media coverage in print and electronically, including in *The Post*, *Daily Mail*, *Times of Zambia*, and several radio stations.

Indicator 4: Support for Training of Pre-service Teachers in HIV/AIDS and Girl Child Education
The pre-service training of teachers in SP was largely completed during the July-September 2004 quarter. Plans were made to train the intake of new pre-service teachers this quarter, but due to scheduling conflicts, this activity was postponed until next quarter. New teacher candidates will be oriented on girls' education and HIV/AIDS issues during 7-8 April at Charles Lwanga College, and the same will be done at David Livingstone College during 11-12 April.

Indicator 5: Support for Training In-service Teachers in HIV/AIDS and Girl Child Education

The training of in-service teachers in issues related to girls' education, HIV/AIDS, and life skills continued during the present reporting period. A total of 186 teachers (145 male and 41 female) were trained from five districts of SP.

Indicator 6: In-service Teachers Accessing and Using HIV/AIDS Modules

During this quarter, the in-service training of teachers by staff of the District Resource Centers was completed. A total of 190 teachers (143 male, 47 female) were trained in the following districts: Siavonga (36), Namwala (42), Monze (43), Livingstone (32), Kazungula (8), and Itezhi Tezhi (29). An additional 190 in-service teachers were trained in the same content areas through local NGOs.

3. *PEPFAR (President's Emergency Program for AIDS Relief)*

Priority/ Category	Indicator	Means of Verification	Gender	Target	Actual as of 3/31/05	Achieved this Quarter
1. Prevention/ Abstinence and Being Faithful.	Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful.	Zonal – level Community Facilitator action plans and field reports.		5,199	5,233	14
	Number of individuals reached with community outreach HIV/AIDS programs that promote abstinence and /or being faithful.	Zonal – level Community Facilitator reports of actually sensitized individuals.	Male	374,527	209,859	3,781
			Female	371,994	270,876	1,942

Mass media community outreach programs that have as their primary behavioral objective the dissemination of abstinence and/or being faithful messages. Mass media programs could include national and/or sub-national programs that involve radio and/or television address and/or any other mass-scale dissemination of information and behavior change communication (BCC) messages to promote abstinence and/or being faithful. Community outreach programs could include community mobilization, peer education, classroom, small group and/or one-on-one information, education, and communication (IEC) and BCC messages/programs to promote abstinence and/or being faithful. If program content primarily addresses being faithful messages (i.e., a program for married men) it would count here.

Notes on target calculations:

(1) The 5,199 community outreach programs/activities is comprised of: 103 zones, 728 CSMC schools, and 4,368 communities.
(2) The 746,521 individual reached with outreach programs/activities is comprised of: 260,000 pupils (gender ratio 1:1), 5,000 teachers (2:1), 480,480 community members (1:1), 86 college staff (2:1), and 955 pre-service teacher trainees (1:1).

2. Strategic Information.	Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS).	Actual count of trained stakeholders at the provincial, district and zonal levels.	Male	325	4,086	3,763
			Female	109	2,095	1,931

Activities related to HIV/AIDS surveillance, HMIS and M&E, including development of improved tools and models for collecting, analyzing, and disseminating HIV/AIDS behavioral and biological surveillance and monitoring information; facility surveys; other monitoring and health management information systems; assisting countries to establish and/or strengthen such systems; targeted program evaluations (including operations research); developing and disseminating best practices to improve program efficiency and effectiveness; planning/evaluating national prevention, care and treatment efforts; analysis and quality assurance or demographic and health data related to HIV/AIDS; and testing implementation models (e.g., to support the development or implementation of Global Fund proposals).

Notes on target calculations:

(1) The total of individuals trained (434, gender ratio 3 males: 1 female) is comprised of: 13 provincial stakeholders, 112 district stakeholders, and 309 Zonal-level Community Facilitators.

3. Other/policy analysis and system strengthening.	Number of HIV service outlets / programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination.	Actual count of service outlets/ programs.		5,114	5,128	14
	Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs.	Count of individuals trained in policy implementation issues.	Male	1,827	4,716	3,781
			Female	623	2,357	1,942

Other HIV/AIDS-related activities including strengthening policies and systems to address stigma and discrimination, and to support national prevention, care, and treatment efforts; other activities to strengthen systems or build capacity to combat HIV/AIDS, including activities to support the implementation of national and/or multilateral programs. Could include the provision of technical assistance through small grants or assistance with proposal development, organizational management, network or coalition building, advocacy, and/or public/private partnership building.

Notes on target calculations:

(1) The total number of 5,114 service outlets provided with technical assistance is comprised of: 5 local NGOs, 11 district Teacher Resource Centers, 2 provincial TRCs, 728 schools, and 4,368 communities.

(2) The number of individuals trained to implement policy related issues (total 2,450) is comprised of 18 NGO staff (gender ratio of 2 males: 1 female), 86 college staff (2:1), 37 district and provincial resource center staff (3:1), district stakeholders (3:1), 13 provincial stakeholders, 728 head teachers (3:1), and 1,456 School Focal Point Persons (teachers) (3:1).

Notes on Achievements

Indicator 1: Prevention/Abstinence and Being Faithful
The target of 5,199 community outreach and prevention programmes/activities were attained during the first phase of the CSMC/CHANGES programme, and an additional 20 programmes were added during the preceding two quarters. During the present quarter, five district advocacy meetings for district stakeholders were held (adding to the six advocacy meetings held last reporting period) from which 11 District Advocacy Networks, which will be permanent entities in the districts of SP, were formed to promote girls' education and to fight HIV/AIDS. In addition, three orientation workshops with senior officials of the MOE, MOH, and MCDSS were held in Lusaka, Western, and Central Provinces. A total of 5,723 people were reached during the quarter through HIV/AIDS outreach programmes.

Indicator 2: Strategic Information
The target figures in this section of the indicator table have been vastly exceeded, especially through work this quarter, because, after conducting a budget realignment, excess funds were allocated for more training of SFPPs and CFPPs on HIV/AIDS monitoring. In addition, 222 district-level stakeholders were trained in advocacy meetings in five districts of SP. In total, 5,694 people, including SFPPs, CFPPs, in-service teachers, advocacy meeting participants, and GRZ officials from the three cooperating line ministries, were trained during the quarter.

Indicator 3: Other/Policy Analysis and System Strengthening
Here also, the target figures of have been considerably exceeded, for the same reason as above: a budget analysis and realignment allowed for excess funds to be utilized for further training in policy matters related to HIV/AIDS. During the quarter, a total of 5,723 people were trained in HIV/AIDS policy issues, the bulk being 5,096 SFPPs and CFPPs, who were trained in zonal and district planning and review meetings.

4. USAID (SO6)

Priority or Category	Indicator	Means of Verification	Gender	Target	Actual as of 3/31/05	Achieved this Quarter
1. Sensitization and mobilization.	Number of teachers (in-service) sensitized and mobilized (to take action) concerning HIV/AIDS and girls/vulnerable children's education.	District and zonal-level monthly reports.	Male	3,331	3,331	0
			Female	1,669	1,669	0
Indicator 1. The CSMC is now covering all 661 basic schools and 67 community schools in Southern Province, for a total of 728 schools. The 728 CSMC schools have a total of approximately 5,000 teachers. All the teachers will be targeted for sensitization and mobilisation. (This relates to the USAID indicator for number of teachers trained with AEI funds.)						

2. Capacity building in HIV/AIDS and education for girls and OVCs.	Number of provincial officials trained to manage CSMC activities.	Actual count of trained officers active in CSMC work.	Males	6	10	0
			Females	4	5	0
	Number of district officials trained to manage CSMC activities.	Actual count of trained officers active in CSMC work.	Males	73	84	0
			Females	37	41	0
	Number of zonal officials (ZCFs) trained to manage CSMC activities.	Actual count of trained officers active in CSMC work.	Males - # of in-service teachers	206	218	0
			Females - # of in-service teachers	103	109	0
	Number of school-based focal point persons (SFPPs) trained to manage CSMC activities.	Actual count of trained officers active in CSMC work.	Males (In-service)	1,225	1,456	0
			Females (in-service)	613	728	0
	Number of community-based focal point persons (CFPPs) trained and facilitating HIV/AIDS and girls/vulnerable children's education activities in their communities.	District and zonal reports.	Males	1,941	1,941	0
			Females	971	971	0

Indicator 2. There will be 10 provincial officers trained, consisting of six Ministry of Education, two Ministry of Health, and two Ministry of Community Development and Social Services. District officers are 10 from each of the 11 districts, for a total of 110 trained. Zonal officials are three in each of the 103 zones, total 309 trained. Three (3) teachers in each of the 728 school catchment areas will also be trained (total: 2,184); the male to female ratio is estimated at 2 males to 1 female.

3. Multi-sectoral teams	Number of provincial multi-sectoral teams formed	Actual count of existing teams.		1	1	0
	Number of district multi-sectoral teams formed.	Actual count of existing teams.		11	22	11
	Number of Zonal level multi-sectoral teams formed.	Actual count of existing teams.		103	103	0

Indicator 3. There will be one provincial multi-sectoral team and a multi-sectoral team in each of the 11 districts. There will also be a multi-sectoral team in each of the 103 zones in the province. All multi-sectoral teams will consist of Government officers from the Ministry of Education, Ministry of Health, and Ministry of Community Development and Social Services. (Note: most of the multi-sectoral teams were formed during the first phase of the CSMC.)					
4. Action Plans.	Number of action plans developed by district teams.	Actual count of action plans filed at district offices.	11	28	0
	Number of action plans developed by zones (ZCFs).	Actual count of action plans filed at district, zonal and CSMC offices.	103	256	0
	Number of community action plans developed that have HIV/AIDS and girl child education related activities.	Actual count of action plans filed at district, zonal and CSMC offices.	728	2,525	791
	Number of community action plans implemented.	District and zonal reports.	364	1,542	556
	Number of school action plans developed that have HIV/AIDS and girl child education related activities.	Actual count of action plans filed at district, zonal and CSMC offices.	728	1,162	327
	Number of school action plans implemented.	District and zonal reports.	546	919	280
Indicator 4. All 11 district teams will develop action plans for monitoring of zones; all 103 ZCF teams will develop action plans for sensitization and mobilization in their zone. It is anticipated that at least one community in each of 728 - school catchment areas will develop a community action plan and that 50% of community action plans developed will be implemented. It is also anticipated that all of the 728 schools will develop school action plans and that 75% of the action plans developed will be implemented. Both school and community action plans will contain a minimum of one HIV/AIDS activity and one girl child education activity.					
5. Capacity-building for NGOs.	Number of NGOs given capacity building assistance.	Memoranda of Understanding; district reports	4	5	Completed
Indicator 5. Four NGOs will be identified for capacity building in different districts of Southern Province. Modules to be implemented are three on HIV/AIDS, two on life skills, and one on gender.					

Notes on Achievements

Indicator 3: Multi-sectoral Teams

As explained under PEPFAR Indicator 1 (above), it was thought that, with the formation of a district multi-sectoral CSMC management team during the first phase of CHANGES, no further multi-sectoral teams would be formed by the CSMC. However, an outcome of the district advocacy meetings that are prominent in the extension phase, has been that "Advocacy Networks," comprised of local leaders and other key stakeholders in each district of SP, have been formed to carry forward advocacy work in girls' education and HIV/AIDS in every district. Because these networks are expected to be permanent bodies in each district, they are counted here as 11 additional district multi-sectoral teams, bringing to 22 the total number of such teams at the district level in SP.

Indicator 4: Action Plans
791 community action plans and 327 school action plans (total: 1,118) were developed during the quarter of which 836 (556 community, 280 school) were implemented.

B. School Health and Nutrition (SHN)

1. AEI

Priority/ Category	Indicator	Means of Verification	Target	Actual as of 3/31/05	Achieved this Quarter
1. Teachers trained (pre- and in-service).	Number of teachers trained in SHN and basic management skills and implementing SHN program effectively.	Training reports and databases; review of records; observation and monitoring.	950 by 2005 (510 male and 440 female)	1,169 (716 male and 453 female)	87 (76 male and 11 female)
Indicator 1. This indicator will include 400 teachers trained in drug administration and basic nutrition. In addition, some teachers will receive training in data analysis and management, and some teachers will receive on the job training in SHN data collection. Two days of administration/managerial training is also provided for managers (some of whom are teachers). The target of 400 includes six districts in Eastern Province and three districts in Southern Province. Eastern Province has one official Teacher Training College. A training of trainers course will be provided to 15 lecturers who will in turn train 550 pre service teachers attending the college, for a total of 950 teachers trained.					
2. Support to zonal, district, and provincial resource centers.	Number of resource center staff trained and conducting cascade training in their respective areas.	Training reports and databases; site visits; and monitoring reports.	80 (56 male and 24 female) by July 2005	138 (100 male and 38 female)	97 (76 male and 21 female)
Indicator 2. This indicator includes 10 Zonal Coordinators from each of the eight districts in Eastern Province.					

Notes on Achievements

Indicator 1: Teachers Trained (Pre-service and In-service)
In SP, two training workshops were conducted for teachers, health workers, and community development assistants from Gwembe, Siavonga, and Sinazongwe Districts in the technical aspects of drug administration. Of the 87 teachers trained, 76 were male and 11 were female. In addition, 19 health workers (10 male, 9 female) were trained, as were two community development assistants (one male and one female).

Indicator 2: Support to Zonal, District, and Provincial Resource Centers
During the reporting period, 97 Zonal Educational Support Team (ZEST) members (76 male and 21 female) participated in a Training of Trainers (TOT) workshop in technical aspects of the SHN programme. This concluded the training of all zonal, district, and provincial in-service providers in EP as per the CHANGES extension workplan, and it is anticipated that in the future SHN technical training will be managed through the ZEST system in all the zones of EP.

2. *PEPFAR*

Priority/ Category	Indicator	Means of Verification	Gender	Target	Actual as of 3/31/05	Achieved this Quarter
1. Prevention/ Abstinence and Being Faithful.	Number of community outreach HIV/AIDS prevention programs that promote abstinence.	Progress reports.		63	77	34
	Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence.	Training reports; school records; school visit reports.	Male	224	139	139
			Female	96	144	144
	Number of mass media HIV/AIDS prevention programs that promote abstinence and /or being faithful.	Audio tapes produced; progress reports; audience research; quiz feedback/ response.		5	5	3
	Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful.	Audience participation research by broadcasters.	Male	687.250	687,250	341,250
			Female	201,000	290,250	146,250

Mass media community outreach programs that have as their primary behavioural objective the dissemination of abstinence and/or being faithful messages. Mass media programs could include national and/or sub-national programs that involve radio and/or television address and/or any other mass-scale dissemination of information and behavior change communication (BCC) messages to promote abstinence and/or being faithful. Community outreach programs could include community mobilization, peer education, classroom, small group and/or one-on-one information, education, and communication (IEC) and BCC messages/programs to promote abstinence and/or being faithful. If program content primarily addresses being faithful messages (i.e., a program for married men) it would count here.

Notes on target calculations:

(1) Programs will be implemented in 63 schools and their catchment areas in Eastern Province.
(2) 40 pupils in each of eight districts of Eastern Province will be trained (total: 320); gender breakdown is 70% male and 30% female.
(3) HIV/AIDS messages will be broadcast by five (5) radio stations.
(4) The 670,000 person listening audience receiving mass media messages is an estimate of the range of local radio station in Eastern Province. The gender breakdown is 70% male and 30% female.

2. Orphans and Vulnerable Children.	Number of OVC served by OVC programs.	Progress reports and school visits.	Male	1,260	350	350
			Female	540	493	493
	Number of providers / caretakers trained in caring for OVC.	Progress reports and school visits.	Male	21	21	21
			Female	9	20	20

Activities aimed at improving the lives of children and families directly affected by AIDS-related morbidity and/or mortality. The emphasis is on the strengthening communities to meet the needs of orphans and vulnerable children affected by HIV/AIDS, supporting community-based responses, helping children and adolescents meet their own needs, creating a supportive social environment. Activities could include training caregivers; increasing access to education; economic support; targeted food and nutrition support; legal aid; medical, psychological, or emotional care; and/or other social and material support. Institutional responses would also be included. Orphans are defined as children under 18 who have lost either a mother or father. Vulnerable children are those affected by HIV through the illness of parent or principle caretaker. If an HIV+ OVC is receiving ART treatment as well as care in an OVC program, the OVC should be counted both under treatment ***and*** under OVC. However, an HIV+ OVC receiving palliative care services among other services within an OVC program should ***only*** be counted under OVC to avoid double counting under the total care count.

Notes on target calculations:

(1) The total figure of 1,800 OVCs served by programs is based on the 30 trained psychosocial counselors (see 2 below) working with 10 different pupils every month for six months. The gender breakdown is 70% male (1,260) and 30% female (540).
(2) 30 psychosocial guidance counselors will be trained, 21 male and 9 female.

3. Other/ Policy Analysis and System Strengthening.	Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs.	Training reports.	Male	28	26	26
			Female	12	34	34

Other HIV/AIDS-related activities including strengthening policies and systems to address stigma and discrimination, and to support national prevention, care, and treatment efforts; other activities to strengthen systems or build capacity to combat HIV/AIDS, including activities to support the implementation of national and/or multilateral programs. Could include the provision of technical assistance through small grants or assistance with proposal development, organizational management, network or coalition building, advocacy, and/or public/private partnership building.

Notes on target calculations:

(1) 40 teachers (28 male and 12 female) will be trained in Eastern Province in HIV/AIDS advocacy and positive living.

Notes on Achievements

Indicator 1: Prevention/Abstinence and Being Faithful

The figure of 34 community outreach programs/activities that promote abstinence refer to 34 of the 63 targeted schools that reported on progress implementing the HIV/AIDS abstinence activities this quarter.

During the quarter, a series of HIV/AIDS peer education training workshops were conducted targeting two pupils (a boy and a girl) from 20 SHN schools in each of the seven districts reached this quarter. See the following table for the figures per district that account for the figures of 139 males and 144 females (total 283) in the indicator table who were trained to provide HIV/AIDS prevention programmes:

Date/Period	District	Number Trained		Total
		Boys	Girls	
14th to 16th February 2005	Nyimba	20	20	40
16th to 19th February 2005	Chama	22	27	49
19th to 22nd February 2005	Petauke	20	20	40
19th to 22nd February 2005	Lundazi	20	20	40
23rd to 26th February 2005	Katete	23	23	46
2nd to 3rd March	Chadiza	14	14	28
	Chipata	20	20	40
Total		**139**	**144**	**283**

The main objectives of the workshops were to equip pupils with knowledge and skills needed to implement school-based HIV/AIDS prevention initiatives upon returning to their schools.

The three mass media activities in the indicator table refer to: first, a positive, lengthy article about the SHN programme that appeared in the newspaper, *Daily Mail*, during 28 February-1 March, and reached approximately one million readers; second, the contracting of two radio stations—Radio Maria and Radio Breeze—to broadcast CHANGES-produced HIV/AIDS prevention messages through radio drama. It is estimated that approximately 341,250 males and 146,250 females (see figures in the indicator table) were reached through the radio programmes.

Indicator 2: Orphans and Vulnerable Children
During the quarter, 41 teachers (21 male, 20 female) were trained in HIV/AIDS psycho-social counseling techniques. The purpose of the training was to equip the teachers with the knowledge and skills required to provide psychological and social support to pupils, especially those infected with or affected by HIV/AIDS. The trained teachers, in turn, are directly supporting 843 pupils in their schools—350 male and 493 female—who benefit from the services provided.

Indicator 3: Other/Policy Analysis and System Strengthening
In terms of the number of individuals trained in implementing programs/activities related to stigma and discrimination reduction, 60 teachers (26 male and 34 female) were trained in positive living strategies. The aim of the training was to encourage those who know their status to avoid contracting the HIV virus or, if already positive, to avoid passing the virus on to others. They were also trained to disseminate on HIV/AIDS prevention strategies to colleagues. Forty (40) of the workshop participants had previously participated in a VCT motivational workshop in Petauke District and had been tested, out of which six tested positive.

3. *USAID (SO6)*

Priority/Category	Indicator	Means of Verification	Target	Actual as of 3/31/05	Achieved this Quarter
1. Biomedical interventions for pupils.	Number of pupils receiving micronutrients and de-worming interventions in targeted schools according to established protocols.	Treatment records; teachers' reports; monitoring reports; and district and provincial reports.	83,000 (58,000 males and 25,000 females) pupils by July 2005.	127,584 (66,259 male and 61,325 female)	58,474 (31,315 male and 27,159).
Indicator 1. "Established protocols" refer to (1) administration of micronutrients and de-worming interventions by trained teachers; (2) correct dosage and number of times as described in SHN treatment protocol (Albendazole for worms and Praziquantel treatment for bilharzia); and (3) accurate treatment records maintained at the school level. Currently 47,489 pupils are receiving SHN drugs; this will continue, and additional 36,000 pupils will be added during the extension period.					
2. Districts implementing the SHN programme according to the model developed in Eastern Province.	Number of districts with SHN programme.	District and provincial reports; district and provincial inspectorate data; central MOE reports.	20 new districts in four provinces.	29 new districts	0
Indicator 2. This indicator attempts to establish the expansion and ripple effect of the Pilot SHN programme and model developed in Eastern Province. The MOE will be expanding SHN to additional districts using the lessons learned and process model from Eastern Province. The definition of a SHN intervention school is one that follows Health Promoting School Guidelines as outlined by FRESH (Focusing Resources on Effective School Health). These include the following: improved sanitation and hygiene, access to health services, health policy, and skills-based health education. During the extension, the CHANGES programme will expand the SHN programme to three further districts in Eastern Province and to three districts in Southern Province; in addition, the MOE will expand the programme to 14 districts in two provinces yet to be determined.					
3. School and Community Action Plans.	Number of HIV/AIDS related action plans implemented. (Peer education, drama, community sensitisation, etc.)	Proposals analysis report; district and provincial monitoring reports; site visits; PTA minutes and action plans.	400 action plans implemented by July 2005	402 action plans implemented.	41 activities
Indicator 3. All SHN target schools must be supported by their surrounding communities. The school-based action plans that are developed will include an HIV/AIDS component and must have community approval. Communities seeking small grants are encouraged to include HIV/AIDS related activities. Every SHN school based action plan will include as an activity the sensitisation of the community on HIV/AIDS. 190 school action plans will be developed and approximately 210 community action plans will be developed for a total of 400 action plans. Some schools use their drama groups to sensitise communities on HIV/AIDS issues. CHANGES is adopting the use of Theatre for Community Action (TCA) whereby teachers and communities work together to sensitise communities, which is a cost-effective and sustainable approach.					

4. Access to HIV/AIDS materials.	Number of teachers with access to anti-AIDS materials and are providing messages to pupils.	Teacher's reports; monitoring reports; and district and provincial reports.	570 (399 male and 171 females) teachers by July 2005.	632 (439 male and 193 female)	41 (26 male and 15 female)
Indicator 4. SHN encourages the establishment of SHN/HIV resource corners in all SHN schools so teachers have access to materials stocked in the resource corners. MOE has distributed HIV/AIDS materials to all SHN schools. The programme assists in the distribution of these materials. All teachers in 190 schools in Eastern Province (existing 130 schools plus 60 new during the extension) with approximately 570 teachers are targeted in this exercise. It is envisaged that most of the schools will have established the resource corners by the end of 2005. A corner is defined as small space in the school, not necessarily a dedicated building.					
5. Communities and community-based groups supporting SHN.	Number of community based SHN teams trained in participatory techniques and taking part in SHN activities in the community and at respective schools	Teacher's reports; monitoring reports; district and provincial reports; PTA minutes and action plans.	20 teams of minimum of 5 persons each or 100 trained from 20 selected school catchment's areas by July 2005	48 teams trained or (270 members)	1 team (2 male and 33 female)
Indicator 5 In order to establish links between communities and schools and thereby strengthening the SHN programme teams of persons (minimum of 5 people) in communities surrounding schools will be trained in basic community participation and ways to work with and support the school. The training includes health workers and others in the communities. The team is trained in drama techniques, participatory techniques and other SHN issues.					

Notes on Achievements

Indicator 1: Biomedical Interventions for Pupils

As a result of the expansion of the SHN programme to cover all schools (beyond the initial 20) in Gwembe, Siavonga, and Sinazongwe Districts, an additional 58,474 pupils (31,315 male and 27,159 female) pupils are now receiving deworming and micronutrients. At present, a total of approximately 243,200 pupils are part of the SHN programme.

Indicator 3: School and Community Action Plans

Forty-one (41) additional action plans were developed and implemented, bringing the total number of action plans implemented in EP to 402.

Indicator 4: Access to HIV/AIDS Materials

During the reporting period, 41 Anti-AIDS Club patrons (26 male, 15 female) from schools in Katete and Nyimba Districts participated in a three-day training centered on the importance of HIV/AIDS prevention in the SHN programme. The participants were also updated on information regarding accessing ARVs.

Indicator 5: Communities and Community-based Groups Supporting SHN
During the current reporting period, a group of 35 (33 female, 2 male) members of Chisomo Group, a community-based organization supporting Kafumbwe Basic School in Katete District were trained in food preparation and diversification. The aim of the training was to introduce (mostly) women to the benefits of maximizing the use of highly nutritious locally available foodstuffs and to prepare a variety of nutritious snacks for pupils to carry with them to school.

Other Developments
The SHN team continued to monitor as many schools as possible throughout EP during the reporting period. For detailed information on the schools monitored, see Appendix B.

The health technical advisor of Plan International in Chipata has requested training of Plan's staff in SHN, and discussions are underway as to the best time to conduct the training.

In terms of IEC materials, 3,500 CHANGES calendars and 1,000 T-shirts carrying SHN promotional messages were distributed to teachers, health workers, and community members.

The consultant, Ms. Wendy Heard, who has been taking the lead in the SHN/MIS (Management Information System) pilot, submitted her final report, which appears as Appendix C in this quarterly report.

Finally, many SHN activities that are not reflected or accounted for in the SHN indicator tables, were carried out in Lusaka during the present reporting period, especially as they related to policy development, supporting the GRZ's Schistosomiasis Control Initiative (SCI), and building SHN capacity at the national level. Details of these activities are captured in the individual reports submitted by Dr. Paul Freund, SHN Regional Advisor, and his colleague, Mr. Delphin Kinkese, SHN Technical Officer. Their reports appear in Appendix D.

C. Ambassador's Girls Scholarship Program (AGSP)

1. AEI

Priority/Category	Indicator	Means of Verification	Target	Actual as of 3/31/05	Achieved this Quarter
1. Scholarships.	Number of scholarships awarded to OVCs during 2004.	FAWEZA reporting.	635	772	NA
	Number of scholarships awarded to OVCs) during 2005.	FAWEZA reporting.	332	414 (1,235 with PEPFAR)	414 (821 PEPFAR)
	Total number of scholarships awarded to OVCs during 2004-2005.	FAWEZA reporting.	967	1,186 (2,007 with PEPFAR)	414 (821 PEPFAR)
Indicator 1. During 2004-2005, through AEI/AGSP funds FAWEZA will award 967 scholarships, 635 during 2004 and 332 during 2005; most of the actual recipients will be duplicated from the first year to the next in order to provide continuity in their schooling. The baseline for calculating the total number of scholarships awarded since 2003 will be 635, which was the number awarded during the 2003 school year.					
2. Retention.	Number of OVCs retained in school from 2003 to 2004 due to receiving scholarships.	FAWEZA reporting.	635	686	NA
	Number of OVCs retained in school from 2004 to 2005 due to receiving scholarships.	FAWEZA reporting.	332	280 (480 with PEPFAR)	280 (200 PEPFAR)
Indicator 2. The assumption is that the retention in school of the OVCs (girls) is due largely to having received a scholarship. The retention figures are therefore nearly the same as the scholarship figures in Indicator 1.					
3. Grade 12 completion.	Number of Grade 12 OVCs receiving scholarships who graduated in 2004.	FAWEZA reporting.	179	229	NA
	Number of Grade 12 OVCs receiving scholarships who graduated in 2005.	FAWEZA reporting.	255	NA	NA (until end of 2005)
Indicator 3. The target figures are derived from the projections in the AEI/AGSP design document. For 2004, it is projected that a total of 179 Grade 12 girls will receive scholarships and, hence, graduate (78 day + 101 boarding). For 2005 the projected figure is 255 (129 day + 126 boarding).					

Notes on Achievements

Indicator 1: Scholarships
During the quarter, 414 scholarships were awarded utilizing AEI funds, while 821 scholarships were awarded with PEPFAR funds (below), for a total of 1,235 scholarships this reporting period.

280 pupils were retained in school from 2004 to 2005 due to receiving AEI scholarships, while an additional 200 were retained due to receiving PEPFAR-funded scholarships, bringing the total to 480.

Grade 12 completion figures for 2005 cannot, of course, be submitted until the end of the 2005 school year in December.

2. *PEPFAR*

Importantly, there is a time-lag in reporting on the PEPFAR (HIV/AIDS activities) indicators because Term 1 of the 2005 school year ended on 8 April, one week after the end of the CHANGES reporting period. As of the time of writing, much of the end-of-term data had not yet reached FAWEZA, meaning the figures entered in the indicator tables (below) are, in many cases, considerably lower than the actual figures. Also, since the first term ended in April, FAWEZA end of Term 1 report will be included as an appendix in CHANGES' next quarterly report.

Priority/ Category	Indicator	Means of Verification	Gender	Target	Actual as of 3/31/05	Achieved this Quarter
1. Prevention/ Abstinence and Being Faithful.	Number of community outreach HIV/AIDS prevention programs that promote abstinence.	FAWEZA reports; SAFE Club Overseer reports; end of school term reports.		162	92	62
	Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful.	FAWEZA reports; SAFE Club Overseer reports; end of school term reports.	Male	35,100	16,339	1,287
			Female	35,100	17,251	2,631

Mass media community outreach programs that have as their primary behavioral objective the dissemination of abstinence and/or being faithful messages. Mass media programs could include national and/or sub-national programs that involve radio and/or television address and/or any other mass-scale dissemination of information and behavior change communication (BCC) messages to promote abstinence and/or being faithful. Community outreach programs could include community mobilization, peer education, classroom, small group and/or one-on-one information, education, and communication (IEC) and BCC messages/programs to promote abstinence and/or being faithful. If program content primarily addresses being faithful messages (i.e., a program for married men) it would count here.

Notes on target calculations:

(1) The 162 programs/activities are comprised of 54 SAFE Clubs and the work they do in schools (=54) plus the two outreach activities the 54 SAFE Clubs will conduct in their school catchment areas (=108). Combined, the total is 162 programs/activities.

(2) Each of the 54 SAFE Clubs will reach approximately 1,000 pupils in their schools (=54,000). Also, each of the 54 SAFE Clubs will reach approximately 300 children and adults in their communities (=16,200). Combined, the total number of individuals reached through outreach is 70,200. A 50/50 gender split is anticipated, for a total of 35,100 males and 35,100 females.

2. Orphans and Vulnerable Children.	Number of OVC programs.	FAWEZA reports; SAFE Club Overseer reports; end of school term reports.		162	242	146
	Number of OVC served by OVC programs.	FAWEZA reports; SAFE Club Overseer reports; end of school term reports.	Male	10,530	769	533
			Female	11,063	3,052	1,858
	Number of providers /caretakers trained in caring for OVC.	FAWEZA reports; SAFE Club Overseer reports; end of school term reports.	Male	43	9	6
			Female	171	73	7

Activities aimed at improving the lives of children and families directly affected by AIDS-related morbidity and/or mortality. The emphasis is on the strengthening communities to meet the needs of orphans and vulnerable children affected by HIV/AIDS, supporting community-based responses, helping children and adolescents meet their own needs, creating a supportive social environment. Activities could include training caregivers; increasing access to education; economic support; targeted food and nutrition support; legal aid; medical, psychological, or emotional care; and/or other social and material support. Institutional responses would also be included. Orphans are defined as children under 18 who have lost either a mother or father. Vulnerable children are those affected by HIV through the illness of parent or principle caretaker. If an HIV+ OVC is receiving ART treatment as well as care in an OVC program, the OVC should be counted both under treatment ***and*** under OVC. However, an HIV+ OVC receiving palliative care services among other services within an OVC program should ***only*** be counted under OVC to avoid double counting under the total care count.

Notes on target calculations:

(1) *The 162 OVC programs/activities are comprised of 54 schools with pupils receiving scholarships, 54 SAFE Clubs operational in those 54 schools, and 54 SAFE Clubs conducting outreach in communities.*
(2) *An estimated 30% (21,060) of the 70,200 individuals reached through school and community outreach (above) will be OVCs, divided equally between females and males (=10,530 males and females). Additionally, 533 girls who are OVCs will receive scholarships, bringing the total of female OVCs to 11,063 (=10,530+533).*
(3) *The total number of individuals trained is 214, which is comprised of 54 SAFE Club overseers, two mentors trained in each of the 54 AGSP schools, 6 Provincial Focal Point Persons, 6 Supervisors of Provincial Focal Point Persons, and 40 peer educator trainers (from colleges and universities). It is estimated that 80% of these individuals (171) will be female and 20% (43) will be male.*

3. Other/Policy Analysis and System Strengthening.	Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs.	FAWEZA reports; SAFE Club Overseer reports; end of term reports.	Male	6	6	0
			Female	60	66	0

Other HIV/AIDS-related activities including strengthening policies and systems to address stigma and discrimination, and to support national prevention, care, and treatment efforts; other activities to strengthen systems or build capacity to combat HIV/AIDS, including activities to support the implementation of national and/or multilateral programs. Could include the provision of technical assistance through small grants or assistance with proposal development, organizational management, network or coalition building, advocacy, and/or public/private partnership building.

Notes on target calculations:

(1) *The total of 66 persons trained to implement programs is comprised of 54 SAFE Club Overseers, 6 Provincial Focal Point Persons, and 6 Supervisors of Provincial Focal Point Persons. It is anticipated that 90% (60) of these will be female and 10% (6) will* be male.

Notes on Achievements

It is worth repeating the many of the figures in the preceding indicator tables—particularly the ones on PEPFAR—will increase considerably when all Term 1 reports from the schools are received by the FAWEZA National Secretariat.

Indicator 1: Indicator 1: Prevention/Abstinence and Being Faithful
The 62 community outreach program figure is lower than the actual, as explained above; in this case only 48 of the established 78 SAFE Clubs had reported. The figures for the second sub-indicator (1,287 males and 2,631 females) are also correspondingly underreported.

Indicator 2: Orphans and Vulnerable Children
The same underreporting is true in this indicator as well; actual figures will be considerably higher when all schools report on their activities for Term 1. The providers trained (in the third sub-indicator) refer to seven males and six females who attended the SAFE convention in Lusaka and, while they were in Lusaka, were trained in OVC care at SOS Village.

Indicator 3: Other/Policy Analysis and System Strengthening
The activities associated with this indicator were completed last quarter; therefore, no further progress is reported here.

D. Ministry of Education HIV/AIDS Activities

1. PEPFAR

Priority/ Category	Indicator	Means of Verification	Gender	Target	Actual as of 3/31/05	Achieved this Quarter
1. Prevention/ Abstinence and Being Faithful.	Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and /or being faithful.	MOE activity final reports; MOE field reports.	Male	840	1,585	220
			Female	840	953	260
	Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence.	MOE activity final reports; MOE field reports.	Male	840	1,585	220
			Female	840	953	260

Mass media community outreach programs that have as their primary behavioral objective the dissemination of abstinence and/or being faithful messages. Mass media programs could include national and/or sub-national programs that involve radio and/or television address and/or any other mass-scale dissemination of information and behavior change communication (BCC) messages to promote abstinence and/or being faithful. Community outreach programs could include community mobilization, peer education, classroom, small group and/or one-on-one information, education, and communication (IEC) and BCC messages/programs to promote abstinence and/or being faithful. If program content primarily addresses being faithful messages (i.e., a program for married men) it would count here.

Notes on target calculations:

(1) The CHANGES programme will (hopefully) support four MOE-led HIV/AIDS workplace peer educator workshops in the provinces. Each workshop will have 20 participants (=80 total), with an even gender split (= 40 males and 40 females). Each of the 40 male and 40 females trained in the initial workshops will, in turn, train 20 further MOE officers, for a total of 800 males and 800 females. The grand total in each case, therefore, is 840. This is true for both indicators.

2. Other/ Policy Analysis and System Strengthening.	Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs.	MOE activity final reports; MOE field reports.	Male	20	15	0
			Female	20	9	0

Other HIV/AIDS-related activities including strengthening policies and systems to address stigma and discrimination, and to support national prevention, care, and treatment efforts; other activities to strengthen systems or build capacity to combat HIV/AIDS, including activities to support the implementation of national and/or multilateral programs. Could include the provision of technical assistance through small grants or assistance with proposal development, organizational management, network or coalition building, advocacy, and/or public/private partnership building.

Notes on target calculations:

(1) CHANGES is also supporting a workshop to finalize the MOE's HIV/AIDS workplace policies. 40 key stakeholders (20 male and 20 female) will participate in the workshop and will be the "policy leaders" when the policies are implemented.

Notes on Achievements

Indicator 1: Prevention/Abstinence and Being Faithful

On 27 January, the MOE, with support from the CHANGES Programme, conducted a one-day HQ Workplace Peer Educator workshop for 24 national-level MOE employees, comprised of 13 females and 11 males. The objectives of the workshop were to review MOE HIV/AIDS workplace policies, to review peer education activities conducted during the previous year, and to draw up an action plan for HIV/AIDS workplace activities for 2005. Since each of the peer educators who were trained will be working

with 20 other MOE employees on a regular basis, the gains, according to the definition of the indicator, are 260 females trained and 220 males trained.

Indicator 2: Other/Policy Analysis and System Strengthening
Although the workshop to finalize the MOE's HIV/AIDS in the Workplace policy document was carried out with CHANGES support last November and was reported on last quarter, the document became available during the present reporting period, and is therefore included in Appendix E.

E. Small Grants Mechanism

There are no indicators associated with the small grants mechanism, which is being overseen by CARE International. For a summary of progress during the present reporting period, see the two tables below. A total of 46 new grants were awarded during the quarter, 30 in SP (three to local NGOs and 27 to schools) and 16 in EP, all to schools, bringing to 130 the total number of small grants funded during the lifetime of the CHANGES Programme. Sixty-four (64) different types of activities related to SHN, girls' education, and HIV/AIDS are being implemented with the funds from the grants. In addition, 40 previously started projects/grants were closed out during the quarter, 30 in SP and 10 in EP.

STATUS	PROVINCES		TOTALS
	SOUTHERN	EASTERN	
Total Amount disbursed	418,492,120	252,256,600	K670,748,720
Total balance not disbursed	K83,324,355	K 9,220,000	K92,544,355
No. of projects funded	32	32	64
No. of NGO s funded	3	0	3
No. schools funded	27	16	43
No. of CBOs funded	0	0	0
Projects closed	30	10	40
Accumulative Total Disbursed. (to date)			K3,354,475,404
Accumulative total reconciled			K2,616,470,248

ACTIVITIES FUNDED THIS QUARTER	SOUTHERN	EASTERN	TOTAL
Toilet Construction	9	13	**22**
Fish Farming	0	1	**1**
Rehabilitation of classroom block	9	9	**18**
Water points rehabilitation	1	4	**5**
Provision of desks	2	3	**5**
HIV/AIDS	0	2	**2**
OVC Support	1	0	**1**
Poultry	1	0	**1**
Electrification	1	0	**1**
Skills training (carpentry and tailoring)	4	0	**4**
Teacher training in gender and HIV/AIDS	4	0	**4**
TOTAL	**32**	**32**	**64**

For more detailed information on progress achieved on the Small Grants Mechanism during the quarter, see CARE International's quarterly report in **Appendix F.**

IV. ISSUES IN PROGRAMME IMPLEMENTATION

In this section, issues related to implementing the CHANGES Programme are briefly highlighted. Relevant issues include staff turnover and recruitment, technical and administrative challenges in implementing the programme, and any other aspects related to implementing the programme that do not fit neatly into other sections of the report.

A. CSMC

- Due to the CSMC's implementing partners being overloaded with duties from other programs and projects, a number of CSMC activities that were planned to be implemented this quarter had to be postponed, including:
  - ➢ District stakeholders meetings in Kazungula, Livingstone, Kalomo, and Choma Districts.
  - ➢ Orientation workshops for pre-service teachers at Charles Luanga TTC and David Livingstone TTC.
  - ➢ Capacity building for school guidance and counseling teachers from Siavonga, Mazabuka, Itezhi Tezhi, Namwala, and Monze Districts.
  - ➢ District and zonal monitoring of ongoing activities.
  - ➢ Collection of success stories from the zones.

- Poor communication between the districts and zones, and the absence of ZCF supervisors (district officials), contributed to the abovementioned delays and postponement of activities.

- As reported last quarter, the limited amount of funds available for small grants during the extension has demoralized communities who failed to be awarded a grant, causing them to lose interest in the CSMC.

- Delays in reporting and reconciliation of funds on the part of zones and districts hampers successful implementation of the CSMC.

- Considerable strides have been made in achieving a change in attitudes towards education in general and towards girls' education in particular. However, a good number of girls keep dropping out of school because of forced early marriages and pregnancies, which are attributed largely to poverty and the breakdown of discipline in schools and families.

B. SHN

There were no serious issues in implementing the SHN component of CHANGES this quarter. However, the interface and integration with the SCI (Schistosomiasis Control Initiative) will continue to require care and attention.

C. AGSP

Turnover in staff at the FAWEZA National Secretariat during the reporting period, and delays in placing new people into positions vacated, caused delays in programme implementation and the ability to provide timely reporting. Fortunately, however, these issues were resolved by the end of the reporting period and should not pose challenges in the future.

D. Small Grants Mechanism

No serious issues were encountered in implementing the small grants dimension of the programme; it was, in fact, a very productive quarter.

V. RESEARCH STUDIES OR EVALUATIONS CONDUCTED

The CSMC team, in an effort to bring a more analytical dimension to its work, produced a document entitled *"Gender and Equity in Basic Education in Zambia: Beyond Advocacy to Action."* The purpose of the document was to summarize the key findings on girls' education from the district profiles the CSMC team had previously produced (based on the research and verification process carried out earlier in the programme), and, on that basis, to make recommendations for future programming by USAID, other donors, and the MOE in the area of gender and equity. Copies of the paper were given to USAID, the Gender and Equity component at the MOE/HQ, and to the CHANGES Programme evaluation team (see below).

The long-awaited CHANGES programme summative evaluation was started on 28 January, and the data collection phase continued for approximately one month. The team fielded by Aguirre International (a Washington, DC based firm)—Dr. Richard Kraft (Team Leader), Dr. Catherine Mukuka (MOH), Mr. Francis Sampa (MOE), and Dr. Stephen McLaughlin—spent the first week in Lusaka finalizing their work plan and interviewing national-level stakeholders. They spent the second week in EP where they focused on the SHN component of the programme, accompanied by Mr. Christopher Milupi of the national-level MOE SHN team, as a "Resource Person." The team then traveled to SP during the third week where they focused primarily on the CSMC side of the programme, accompanied by Mr. Alex Kaba of the national-level MOE Gender and Equity Team, as also a "Resource Person." The subsequent approximately two weeks, the team was in Lusaka checking their findings and writing a draft of the evaluation report, which they submitted on 2 March. The draft report was circulated to key stakeholders in the MOE/HQ and to the CHANGES field teams for comment, and the final report will be received at the end of April.

On 17 March, a meeting was held at the Taj Pamodzi Hotel in Lusaka during which the evaluation team briefed a group of approximately 30 national-level stakeholders on the evaluation's major findings and recommendations. Although the presentations by the evaluation team were not as analytical as had been hoped, the meeting, facilitated by Mrs. Catherine Phiri, the MOE's Chief Education Standards Officer, was useful for highlighting the achievements and challenges of the CHANGES programme. For a preview of the main findings and recommendations from the evaluation report, see the draft Executive Summary of the report in **Appendix G.**

As a complementary activity to the all-programme evaluation, the CSMC team completed the data collection and analysis process for its own documentation of the impact of the CSMC. This report, when it is completed, will supplement the findings of the external evaluation that was conducted and will aid in the production of the CHANGES final technical report.

VI. SPECIAL EVENTS/VISITORS AND THEIR OUTPUTS

Both the SHN and CSMC components of the programme received favorable press in the newspapers, the SHN programme being highlighted in *The Daily Mail* on 28 February and the CSMC on the same day in *The Post.*

The CSMC team attended the Provincial HIV/AIDS Task Force meeting during which it resolved to give priority to the promotion of VCT and the translation of HIV/AIDS IEC materials into local languages.

The EP and SP Coordinators and the SHN Regional Advisor participated in the Annual Meeting of the Comparative and International Education Society (CIES) held at Stanford University, California during 22-26 March. They presented in a panel on SHN and one on HIV/AIDS, in both cases highlighting the work of the CHANGES Programme in Zambia.

VII. PRIORITIES FOR NEXT QUARTER (APRIL-JUNE 2005)

A. CSMC

- All ongoing activities in schools and communities will be monitored and supported.
- CSMC internal data analysis and writing will be completed and fed into the CHANGES Final Technical Report.
- Capacity building of guidance and counseling teachers by District Resource Center staff will be conducted.
- Final District Stakeholders' Meetings will be held in all districts of SP to give closure to the work of the CSMC team.
- Orientation of pre-service teachers on policy issues related to gender in education, HIV/AIDS, and practical guidelines for teaching life skills at Charles Luanga and David Livingstone Teacher Training Colleges will be conducted.
- A final Provincial Stakeholders' Meeting will be held.
- A provincial advocacy workshop will be held.
- A children's symposium will be facilitated to enable children from different districts and schools to share their experiences as part of the CSMC/CHANGES programme.
- Strenuous efforts will be made to encourage all zones to retire outstanding funds before the close of the programme.
- All not as yet completed IEC materials (eg, a second TV documentary, advocacy resolution booklets) will be completed.
- An end of programme meeting will be held in Livingstone for key provincial and district stakeholders during which the main findings of the CHANGES evaluation will be presented and discussed, and the achievements of the CSMC will be highlighted.
- The CSMC team will assist with the task of compiling data and writing the CHANGES final technical report, which will be submitted to USAID in July.

B. SHN

- A refresher SHN technical drug administration training which targets teachers from schools that entered the SHN programme earliest in EP will be conducted. Approximately 55 teachers will participate in the workshop.

- A Theatre for Community Action (TCA) workshop will be conducted for community volunteers from Chama, Mambwe and Lundazi Districts of EP.

- Malaria prevention training of teachers will be conducted in EP.

- SHN schools in both EP and SP will be monitored and supported.

- The distribution of the last SHN IEC materials, especially T-shirts, will be completed. If time permits, a SHN TV documentary will be produced and aired.

- The SCI (Schistosomiasis Control Initiative) will be officially launched in Siavonga.

- ZCFs from the CSMC in SP (Gwembe, Siavonga, and Sinazongwe Districts) will be trained in SHN technical drug administration, which will enable them to monitor the SHN programme in their zones and to train teachers in SHN.

- An end of programme meeting will be held in Chipata for key provincial and district stakeholders during which the main findings of the CHANGES evaluation will be presented and discussed, and the achievements of the SHN component will be highlighted.

- The EP and Lusaka SHN teams will assist with the task of compiling data and writing the CHANGES final technical report, which will be submitted to USAID in July.

C. AGSP

Implementation of the AGSP will continue as usual with a focus on launching all remaining SAFE Clubs, training SAFE Club Overseers, training scholarship recipients as HIV/AIDS peer mentors, and monitoring all HIV/AIDS outreach activities both in schools and surrounding communities.

D. Small Grants Mechanism

Few, if any, new small grants will be awarded next quarter; instead, key activities will center on closing out all active grants, reconciling outstanding funds, updating figures on the total number of beneficiaries from all small grants awarded, and distributing the Grant Manual that is currently being printed.

VIII. SUCCESS STORIES

The success stories that are included below have undergone minimal editing in order to retain their original "field flavor":

A. CSMC

Laurine in School Once More

Laurine Mwiinga was in Grade 8 at Njase Secondary School, when she became pregnant in November in 2002. She got married to a Mr. M. Michelo of Moonga Village within the Ngweezi M. Basic School catchment area.

Upon learning that the girl had been married off, Mrs. Sikapoto Mwangala, a CSMC Zonal–level Community Facilitator (ZCF) advised her uncle about the importance of girl child education.

As the campaign to persuade the girl to go back to school intensified, Mrs. Mwangala was joined by Mr. Ackim Sikapoto, a CSMC School Focal Point Person (SFPP) for Ngwezi Basic School.

In December 2003, the girl's mother traveled from Lusaka with a view to finding a solution to the problem. After family discussion between the two CSMC community workers and the girl's mother, uncle, and other the relatives, it was agreed that the girl should be re-enrolled in school starting in January 2004. Laurine was re-enrolled in Grade 9 at Chivuma Basic School in January 2004.

Many challenges were faced in the quest to get Laurine back to school. Not only did her husband refuse to allow her to go back to school, Laurine also resisted the pressure for her to go back to school. The impasse was broken when the marriage was dissolved by Chief Hanjalika's court: The chief ordered that the girl should go back to school.

Submitted by: Mrs. Sikaputo Mwangala (ZCF), Mr. Evans Muneku (ZCF), and Mr John Kachalu (ZCF)

B. SHN

From Vision to Reality: A Heathy Child in Healthy School Environment

Eleven year-old Esther Banda of Kalolo village in Chief Zingalume's area in Chadiza District of Eastern Province, walks down a small bush path clutching a water bucket on her way to the village borehole.

A few years ago, Esther could not perform even the most basic household chores following a long history of severe abdominal pains. It later turned out that the pains were due to a worm infection.

Her father, Alfred, did not understand that his daughter's abdominal pains and stunted growth were linked to worms. "My daughter is very dull and a slow learner," he told a School Health and Nutrition (SHN) monitoring team that recently visited the village, "I had to spend so much time teaching her myself."

In her fourth grade at Bwanunkha Basic School, after repeating some grades due to poor health, Esther's class teacher Peter Ngubo says, "Her performance and that of many children in the class has tremendously improved following the school's drug administration and feeding programmes that are being supported by SHN."

Esther is one of thousands of pupils in Eastern Province whose health and school life has been changed by the SHN Component of the Community Supporting Health, HIV/AIDS, Nutrition, Gender and Equity Education in Schools (CHANGES) programme which is supported by the United States Agency for International Development (USAID).

Like Esther Banda, many other children have benefited from the SHN/CHANGES programme initiative. Since the project started in 2001, nearly a quarter million school children have been de-wormed and have received micronutrients supplements both in Southern and Eastern provinces. At the same time, more than 1,200 teachers and one million community members have been trained in SHN concepts.

The communities appreciate their in role in supporting the SHN initiative, Teachers can now administer SHN drugs to their pupils while health workers provide technical support.

A web for the promotion of good health of a school child has been created. Having "A Healthy Child In a Health School Environment" is no longer just a vision but a tangible reality.

School Managers Lead the Way

"As school managers, we have decided to lead even in the fight against HIV/AIDS, especially work related to stigma and discrimination," remarked one school manager at the Voluntary Counselling and Testing (VCT) Motivation Talk organised by CHANGES, as one of the initiatives to support the Ministry of Education in its quest to fight the pandemic.

Testing for HIV is no longer news, at least in the Ministry of Education (MoE) in the Eastern Province of Zambia.

On 8th March 2005, the CHANGES Team conducted another VCT motivation session where 49 teachers from Petauke district attended. In response, 40 teachers (11 male and 29 female) were tested for HIV. Among those tested were 7 (6 male and 1 female) school managers, including the District Education Standards Officer (DESO).

The CHANGES team has continued supporting the Ministry of Education (MoE) in mitigating the impact of HIV/AIDS.

Since the motivation talks were introduced, more than 60 teachers have been tested while 6 have declared their HIV positive openly and are assisting in encouraging other teachers to be tested.

This web of interest is slowly spreading to other districts.

Teachers Start Accessing Anti-Retroviral Drugs

In the last week of February 2005, a workshop on School Health and Nutrition was held in Monze for Gwembe and Siavonga Districts. Participants were drawn from the three line ministries of Health, Community Development and Social Welfare, and Education. The Ministry of Education with funding and collaboration held the workshop with support from the CHANGES programme. Facilitators were drawn from Ministry of Education both from headquarters and Southern Province and also from the CHANGES office.

Many issues were discussed at the workshop and among them was a topic on "the impact of HIV/AIDS on Education" which was presented by an officer from the Southern Province Education Office. The presentation was followed by a lively discussion on the ministry's policy of free anti-retroviral treatment (ART) for all Ministry of Education staff.

The following day, one of the participants approached the facilitator and said, "Madam, we have been discussing the issue of ART for the Ministry of Education staff. The problem is that teachers are afraid that the PEO will know their status and this might affect their chances of promotion and professional advancement".

This made the facilitator realize that there was still a gap in information flow and asked for some time to talk more on ART during the day. At the end of the day, the facilitator explained the modalities of accessing the money/ART and assured the teachers that the PEO did not even see test results but only approved the payments, and thus confidentiality was assured.

At the end of the day, one teacher approached the facilitator saying, "Madam, I was touched by what you said today". He went on to explain that he had already tested positive and was currently on ART. He expressed a desire to be put on the free ART scheme because it was proving to be too expensive to pay for the drugs from his salary.

When asked by the facilitator how the ART had assisted him, the teacher responded, "Actually madam, by November last year, I was bedridden but now I am better. The only problem is that there is itching in my legs". The facilitator assured the teacher that side effects are normal during ART but they might subside with time. The teacher then gave the facilitator all the receipts showing expenses he had already incurred.

As this report is being written, The Ministry of Education, Livingstone has already processed a cheque for payment of ART to the Hospital of his choice for one year. The refund of his expenses is awaiting the teacher so that modalities for the refund can be discussed with the teacher to assure confidentiality.

From this, we have learnt that we can never talk too much about HIV/AIDS. It is important that at every forum, issues of HV/AIDS are discussed. The more we talk about them, the more information will be disseminated and the fears will be overcome. This will help teachers take more responsibility for their health. Let us all act to save lives.

Mweemba School's Success Story on DAD (Drug Administration Day)

Mweemba School conducted SHN Drug Administration Day (DAD) in January 2005. By 08:30 food racks were already loaded with baskets, lunch tins, and various containers packed with food.

The Head Teacher, SHN FPP, the Health Worker and other Teachers welcomed all the parents and guardians. The Head Teacher and the SHN Team addressed the parents and the pupils and explained the benefit of the SHN DAD. Health Education was conducted using a flip chart on intestinal worms and schistosomiasis.

The Head Teacher thanked both the parents and guardians for coming and participating in the DAD. This was very encouraging mainly to the children who would be very confident

now to take SHN drugs. The head teacher also praised parents for bringing food to the school and ensuring that every pupil got something to eat before the DAD. Most pupils brought some food from home that was then stored on the food racks. Moreover parents and guardians had come with the necessary requirements and prepared local foods such as Nshima, Chibwantu, Samp, Fresh Maize and a lot more…

Children were assessed to exclude those who were on other medications. Those were very few in number. During the drug administration programme, high standards of hygiene were maintained and children were encouraged to eat food before administering drugs to them. Pupils and parents witnessed the administration of the drugs. The Tablet Poles were correctly used and the right drugs were given to right pupils. The drugs administered were recorded on the treatment form. Observations for side effects were made. Only minor effects were experienced such as nausea and abdominal discomfort.

This was massive treatment so we ended at about 15:30 hours. Thereafter, we had a short discussion involving the school health team, the health worker and members of staff to assess the programme and what improvements have been made since the SHN programme was revamped in schools. As we went around the school, the surroundings were clean and free from litter. Pit latrines were maintained, handwashing facilities were present, the water source was protected and periodically, waste paper boxes were checked for quality control. Each pupil was inspected for personal hygiene on a daily basis. The Anti-AIDS Club has been re-activated and most pupils have knowledge on prevention of intestinal worms and bilharzia.

In conclusion, I would say that the DAD programme was successfully done and the community participated fully.

This school may become a model school in SHN in the Southern province. The Health worker has been well inspired together with the community and they are supporting SHN activities very well.

C. AGSP

Nothing to report this quarter.

D. Small Grants Mechanism

Sichikwalula Lower Basic School

Sichikwalula Lower Basic School,, 75 kilometers west of Kalomo District in Southern Province, is a typical school that was constructed by the community in 1991. The school had a 1 x 3 incomplete block - only the head teachers office was roofed, while the 3 blocks were not, no floor, no windows and the school was not plastered.

The total enrollment rate was 32 pupils, 12 girls and 20 boys. The school goes up to grade 4 and had only one teacher who is at the same time a head teacher.

With all these problems the school faced, the few pupils who managed to attend school were de-motivated and school attendance was very poor as parents discouraged their children from going to school. The performance of pupils was also very poor as not a single child progressed to grade five to nearby full basic schools.

The school head teacher, CSMC Zonal Community Facilitator, and the community came together to develop an action plan after CHANGES sensitization in 2002. Among the many problems the school had, poor infrastructure, impassable river (mostly in rainy season) and lack of teachers, were among the few issues the community prioritized.

Against this background, the school wrote a proposal and requested a total of K30,369,000 from the CHANGES Programme to renovate and complete the 1x 3 classroom block. The school was given a grant in April 2003. The Community members also built a grass-thatched hut for a community schoolteacher who was employed and is being paid by the community.

After receiving the funds, the school project committee employed a builder and together with the MOE buildings officer, and the community renovated and completed the 1x3 classroom block. It took about 9 months to complete the project. The community members provided unskilled labor like drawing water, bringing sand and mixing cement.

One of the biggest successes that the school has recorded is the high enrolment rate, which has shot up from 32 pupils to 185 pupils- 100 girls and 85 boys. The school has now a total of two teachers, and absenteeism among pupils has dropped considerably.

APPENDICES

A. CSMC District Advocacy Meetings Report

TABLE OF CONTENTS

1. Introduction.....48

2. Workshop Objective.....48

3. Workshop Management.....49

4. Target Group.....49

5. District Coverage.....49

6. Participants by their Designation/Organizations 50

7. Resolutions.....52

8. Media Coverage.....52

9. Distribution of IEC Materials..... ..52

10. Workshop Out Puts 53

11. Observable Challenges in Namwala 53

12. Orientation of Lusaka, Western and Central Provinces.....54

13. Conclusion.....55

14. Challenges.....55

15. The Way Forward.....55

1. Introduction

The Community Sensitization and Mobilization Campaign (CSMC) of the Communities Supporting Health, HIV/AIDS, Nutrition, Gender and Equity Education in Schools (CHANGES) Program in Southern Province conducted advocacy workshops for the five more districts during the first quarter of 2005. The workshops were conducted for a day in each of the following districts: Siavonga, Itezshi-tezhi, Mazabuka, Namwala and Monze. This round of District Advocacy workshops completed the coverage of all the 11 districts in Southern Province.

This is a consolidated report for the five District Advocacy Workshops. Reports for individual districts have been compiled, and will be printed and form a basis for developing concrete advocacy action plans for the respective districts.

The Report also covers the proceedings of the orientation meetings on the CHANGES-CSMC achievements and Challenges presented in Lusaka, Western Central Provinces.

2. Workshop Objective

The overall objectives of the Advocacy workshops were to equip the participants with the basic advocacy skills and techniques pertaining to:

- Redressing the identified factors that hinder the education of girls, orphans and vulnerable children and;
- those factors that promote the spread of HIV infection in the respective districts.

2.1 The specific Objectives of the Advocacy workshops were to:

- create a platform for sharing, discussing and reaching a consensus on the factors reported to be contributing to hindering the education of girls and OVCs , and contributing to the spread of HIV infection so that the respective districts will have a shared understanding and appreciation of the problems ;

- enlist both individual and collective commitment from the participants towards redressing the identified, discussed and agreed upon factors through workshop resolutions;

- create an opportunity for various gender, HIV and AIDS activists in the district to meet and know each other, thereby create a continuous working relationship in addressing factors hindering the education of girls and promoting the spread of HIV infection;

- create District Advocacy Networks (DANs) on CHANGES CSMC objectives from a cross section of society representing the Communities, Schools, Churches, NGOs, the Media, Traditional Leaders and Farmers

3. Workshop Management

The CHANGES-CSMC provincial team in conjunction with the CHANGES-CSMC district teams conducted the workshops. The District Education Board Secretaries (DEBS) in their respective districts led the District teams. The DEBS's office presented the district situation analysis of the education of girls and OVCs while in other districts, Heads of Departments in the Ministries of Health and Ministry of Community Development and Social Services chaired the workshop deliberations.

District Commissioners who are heads of government departments in the respective districts made official opening remarks or District Chairpersons (Itezhi-Tezhi) opened on behalf of District Commissioners. Closing remarks were either made by District Education Board Secretaries (DEBS), Senior Education Standards Officers (SESOs) representing the Provincial Education Officer or Members of Parliament (MP) (Mazabuka). The officials in their closing remarks urged the participants to be action-oriented in redressing the factors inhibiting the education of girls and OVCs, and those that promote the spread of HIV infection

4. Target Group

The target groups were deliberately targeted based on their public influence and authority because of either their positions, institutions, organizations, credibility or respect they held and enjoyed. In other words, target groups were those considered to be opinion - makers in their respective communities. These were:

- Senior government officials such as District Commissioners, District Education Board Secretaries, District Education Standards Officers, District Community Development Officers, District Directors of Health, Town Clerks or District Council Secretaries and Police Officers;
- Traditional Leaders such as Chiefs and/or their Representatives and villages headmen and women;
- Civil Society Leaders and Representatives from the Church, NGOs and the Media
- Elected political leaders such as Councilors/Members of Parliament and

  CHANGES-CSMC Zonal Community Facilitators (ZCF) and School Focal Point Persons (SFPPs).

5. District Coverage

The workshops have since been conducted in all the 11 districts of Southern Province. We are only remaining with the Provincial Advocacy Workshop for Stakeholders. The

indicator for this activity was the compilation of workshop resolutions, which have since been compiled awaiting printing and distribution.

During the first quarter of January 2005, Advocacy Workshops were conducted in the following five (5) districts of Southern Province:

No	District	No. of Participants			Month/Date
		Female	Male	Total	
1	Siavonga District	10	27	37	February 18th, 2005
2	Itezhi-Tezhi District	11	26	37	February 20th, 2005
3	Mazabuka District	28	55	83	February 21st, 2005
4	Namwala District	12	20	32	February 23rd, 2005
5	Monze District	14	19	33	February 25th, 2005
TOTALS		75	147	222	February, 2005

Therefore, under the Advocacy Program, a total number of **222** participants were trained in the eight districts covered, out of which **75** were female while **147** were male. The disparity between the number of female and male workshop participants reflects the inherent deep social inequalities in positions and institutions of authority and influence in government, political and community structures. In total, **468** influential people were trained during the 11 District Advocacy Workshops.

Apart from producing resolutions, the participants identified themselves as District Advocacy Networks (DANs). It was hoped that such a network, with continuous stimulation of interest and coordination, could implement the workshop Resolutions. The Provincial Advocacy Workshop, which was scheduled for March 2005, has been deferred to April 2005 to allow for the completion of District Advocacy Workshop Resolutions as a basis for discussion by the CSMC Provincial Stakeholders.

6. Participants by their Designation/Organizations

Categories Trained During First Quarter of 2005

No	Category	Total
1	Ministry of Education	63
2	Ministry of Community Development and Social Services	27
3	Ministry of Health	31
4	Ministry of Local Government and Housing	15
6	Traditional Leaders	21
7	The Church	11
8	NGOs	19
9	United Nations Volunteer (UNV)	4
10	The Media	8
12	Elected Political Leaders	18

13	Office of the President	5
Total		222

Categories Trained During Last Quarter of 2004

No	Category	Total
1	Ministry of Education	85
2	Ministry of Community Development and Social Services	23
3	Ministry of Health	27
4	Ministry of Local government and housing	5
5	Ministry of Sports, Youth & Child Development	1
6	Traditional Leaders	31
7	The Church	13
8	NGOs	22
9	The Media	16
10	The Police Victim Support Unit	1
11	Elected Political Leaders	15
12	Office of the President (District Commissioners)	7
Total		246

Total Number of People Trained by Category

No	Category	4th quarter, 2004	1st quarter 2005	Total
1	Ministry of Education	85	67	152
2	Ministry of Community Development and Social Services	23	27	50
3	Ministry of Health	27	31	58
4	Ministry of Local government and housing	5	15	20
5	Ministry of Sports, Youth & Child Development	1	0	1
6	Traditional Leaders	31	21	52
7	The Church	13	11	24
8	NGOs	22	19	41
9	The Media	16	8	24
10	The Police Victim Support Unit	1	0	1
11	Elected Political Leaders	15	18	33
12	Office of the President (District Commissioners)	7	5	12
Total		**246**	**222**	**468**

7. Resolutions

After protracted discussions and brainstorming, the participants, herein collectively referred to as District Advocacy Networks (DANs), pledged to act on the factors hindering the education of girls and vulnerable children, as well as those promoting the spread of HIV infection. The resolutions will be compiled in booklets, which will be used as bases for action.

8. Media Coverage

The Advocacy Workshops served as an entry point of media publicity about the CHANGES-CSMC Program. There were Newspaper hard news stories, in-depth features articles and Radio News Bulletin in private, community and government media organizations. The publicity was sufficient enough to put the CHANGES-CSMC Program on the national scene and attracted a lot of public interest and attention from those who had never known or heard about the Program before.

The positive publicity about the CHANGES-CSMC program was indicative of the positive impact of mutual collaboration with the media as an integral and deliberate strategy of effective advocacy work.

9. Distribution of IEC Materials

During advocacy workshops, District Profiles, which resulted from the CHANGES-SCMC research on factors affecting the education of girls and other vulnerable children, as well as those promoting the spread of HIV infection, were distributed.

More than 2,000 Profiles were distributed to all the districts. Those districts whose profiles were not yet out from the printers were given a summary of the factors contained in their respective District Profiles.

The District Profiles served as a basis for discussing the factors affecting the education of girls and OVCs, as well as those promoting the spread of HIV infection.

Hand outs on *Basics About Advocacy Work*, basic information about HIV and AIDS, the overview of the education of girls and OVCs as well as information about the CHANGES-CSMC program, were also distributed.

Hard news and features articles in National Newspaper and Radio News Bulletins, both in Private and government media were written, published and/or broadcast, thereby disseminating information about the CHANGES-CSMC objectives and campaign goals to a mass audience.

10. Workshop Outputs

There were various out comes from the five District Advocacy workshops. Notable among them were:

- The training and creation of loose District Advocacy Networks, representing various interest groups, that pledged to spearhead the campaign towards achieving the CHANGES-CSMC objectives;

- The consensus building around factors identified to be affecting the education of girls and OVCs, as well as those promoting the spread of HIV infection, which resulted in formulation of advocacy resolutions;

- The bringing together of senior district government, NGOs and Church officials, and traditional leaders to discuss and reach a consensus on factors affecting the education of girls and OVCs, as well as those promoting the spread of HIV infection, was quite remarkable for two reasons:

- Firstly, it demonstrated the unanimous commitment by various stakeholders to redressing the factors effecting the education of children and promoting the spread of HIV infection.

- Secondly, it worked as a barometer for gauging the cordial relationship the CHANGES-CSMC Program enjoys with the public, which is critical for effective community mobilization.

11. Observable Challenges in Namwala District

In almost all the district, the impact of CHANGES-CSMC was noticeable with regards to enrolment, retention/progression and achievement of pupils in school. However, Namwala District was outstanding in terms of school drop outs. In fact, Namwala District was leading in the number of pupils dropping out of school in the whole country.

This was mainly because the Illa people of Namwala are pastoralists. As a result, children were more interested in herding cattle than going to school. This situation was worsened by the apparent lack of discernible benefits from the quality of education the children were getting compared with a cattle children were given at the end of every year as a token of appreciation for herding cattle.

This situation affects both girls and boys, as the former follow the boys in the plains to cook for them and also for money since the boys herding cattle are privileged to have money from sale of milk.

It should be noted that Namwala District is one of the last five districts to be covered by the CHANGES-CSMC Programme in Southern Province. Hence, it would appear that the impact of the Programme had not yet deepened.

12. Orientation of Lusaka, Western and Central Provinces

CHANGES-CSMS conducted meetings with Provincial and District Officials from the Ministries of Education, Health and Community Development and Social Services in Lusaka, Western and Central Provinces during the month of March, 2005.

The following were the number of participants trained in each of the Provinces:

No	Province	Male	Female	Totals
1	Central	4	6	10
2	Lusaka	6	3	09
3	Western	8	2	10
Totals		**18**	**11**	**29**

12.1 Participants' Expectations

The participants in all the provinces had expected that the meetings were signaling the impending scaling up of the CHANGES Programme to their respective Provinces. However, the CSMC team explained to them that the purpose of the meetings was to share the CHANGES-CSMC Model, Achievements and Challenges so that they may utilize the best practices should their provinces happen to have a similar programme.

12.2 Participants' Observations

Central Province indicated that through *Special Issues*, the Ministry of Education was already addressing the issues being addressed by the CHANGES Programme. What was lacking was the multi-sectoral approach and the Research Component that were unique to the CHANGES-CSMC Model.

Lusaka Province Complained that almost all the cooperating partners were by-passing the province in terms of programme support, yet the province was facing complex problems regarding the promotion of the education of children and preventing the spread of HIV and AIDS.

Just like all the provinces, **Western** Province said the factors affecting the education of children and promoting the spread of HIV and AIDS in Southern province were also prevalent in their Province.

All the provinces expressed satisfaction with the meetings and expressed confidence that if a similar programme was to be introduced, they would rely on the CHANGES-CSMC knowledge and experience to effectively implement the programme.

13. Conclusion

The Advocacy workshops were highly successful, and reinforced the appreciation of a multi-sectoral approach to redressing special issues. It was hoped that the participants who resolved to implement the CHANGES-CSMC campaign goals, would utilize the advantage of their varied backgrounds and professions to provide checks and balances against each other and keep the campaign momentum going.

The platform and basis for continued campaign was formed through the various resolutions passed by the participants and the agreement to form District Advocacy Networks aimed at promoting the achievement of the objectives of the CHANGES-CSMC program in their respective districts.

14. Challenges

From the CHANGES-CSMC experience, a multi-sectoral approach to redressing issues requires effective and efficient coordination. Lack of such coordination may render all the efforts worthless as stakeholders are usually overwhelmed with varied responsibilities and tasks within their line of their respective employment or mandate.

15. The Way Forward

As earlier stated, the way forward perhaps could be working towards nurturing and encouraging such District Advocacy Networks to facilitate the turning of their resolutions into practical actions on the ground. If well coordinated, the multi-skilled networks that cover almost all key institutions and organizations in their respective districts, could achieve the CHANGES-CSMC objectives in different ways.

B. SHN Field Monitoring Report

SHN Monitoring in Eastern Province During January-March 2005

Mambwe District:

#	NAME OF SCHOOL	OBSERVATIONS	SUGGESTIONS
1	MPHOMWA	Scored 101 the school improved from the last visit in 2003 the hard ware in term of the buildings	▪ Revitalise the SHN drug protocol. ▪ Distributing` the health cards. ▪ Conduct visit and training
2	YOSEFE	Scored 96 surprisingly the school has good infrastructures but soft ware very poor. It is like the school SHN focal point person is de-motivates he like s	▪ Need to train other teachers at the school. ▪ Distribute the health cards. ▪ Conduct visit and training
3	KAPHASA	Scored 123.5 but did badly on the core because the purpose of the drug administration was not understood. The school can do better than the current status; no treatment forms and health cards and until this exercises the utilisation of the Bilharzias Questionnaire was still a grey area.	▪ Need to emphasis that health record keeping is part of a vital component of SHN. ▪ Distribute health cards and initial treatment form. ▪ From this mambwe experience why not just compile a treatment form into a booklet to make life easy for the rural teachers like mambwe ▪ Conduct visit and training
4	CHISENGU	Despite not a wining school a brief orientation visit indicates that the forms as is the case at other schools in the district are not used. Not might SHN activities has been implemented.	▪ The health cards and treatment forms need to be distributed. ▪ Conduct visit and training

Chipata District:

#	NAME OF SCHOOL	OBSERVATIONS	SUGGESTIONS
1	Kabvumo	▪ Most of the SHN activities in place ▪ Pupils alert with evidence of being fed on HEPS porridge ▪ The orchard doing fine with big field of maize ▪ No adequate Toilets ▪ No water in the containers for hand washing facilities.	▪ Keep on with the good works
2	Naviruli	▪ No evidence of local resource mobilization ▪ Teachers and pupils not aware of the SHN policy ▪ No waste baskets ▪ The source of water not protected	▪ Sensitise teachers/pupils on school SHN policy ▪ Provide waste baskets/boxes in the classes ▪ Protect the water sources.
3	Nsadzu	▪ No SHN resource corner ▪ Maintenance of the school poor ▪ No school garden/ no feeding programme	▪ Establish SHN resource corner ▪ Improve surroundings of the school

C. SHN/MIS Final Report

Republic of Zambia
Ministry of Education

School Health and Nutrition
Education Management Information Systems

SHN EMIS

Project Close Out Report
March 2005

The CHANGES/Zambia programme,
in collaboration with PCD

Partnership for Child Development

Acknowledgements

The piloting of the School Health and Nutrition Education Management Information System was a collaborative endeavour involving several people from beginning to end.

Many thanks are due to Dr Edward Graybill (Chief of Party) and Dr Paul Freund (Lead Specialist for the SHN Programme) of CHANGES for their extensive guidance and assistance. Much of the work contained in the documents prepared for the programme builds extensively on their experiences and information they willingly shared. Thanks are also due to others from the Chipata and Chadiza districts, who through the pilot phase, contributed to the development of all the SHN EMIS material – particularly Mr Josias Zulu, Mr Benedicto Phiri and Ms Catherine Chirwa.

The USAID provided support to the CHANGES programme and the School Health and Nutrition initiative. The USAID funded programme strengthening the Zambian Ministry of Education's EMIS, also contributed to this SHN EMIS project by working collaboratively. Thanks are due to Dr Drake Warrick, Chief of Party, for his assistance. Members of the Ministry of Education EMIS division, Head Quarters, also added value to the programme and contributed their time and expertise. A special word of thanks to Mr Bupe Musonda as well as Mr Charles Ndakala and Mr Kennedy Siputume for their assistance and support.

The efforts of all schools that completed the SHN EMIS survey form and those involved in the pilot are greatly appreciated, thank you for your support and the great interest shown. The tasks allocated to schools were undertaken with due importance and commitment. Thanks are also due to all the schools involved in the evaluation, thank you for the warm reception received when visiting your school and to all who freely shared their views and experiences.

Prepared for the CHANGES/Zambia Programme and USAID/Zambia by EduAction, Durban South Africa, under contract to the Partnership for Child Development, UK, March 2005.

Table of Contents

Introduction **1**
Background 1
Intended scope of Work 1
The School Health and Nutrition EMIS 2
Methodology employed 3
Implementation components of the SHN EMIS Pilot **5**
System investigation 5
System Design 6
System implementation 7
System evaluation and review 8
Implementation Achievements of the Pilot **9**
Impact of the Pilot 9
Lessons Learnt 10
Closing remarks **12**
Recommendations with regard to future SHN EMIS developments 13

Tables and boxes

Box 1: Scope of Work described in the Agreement 2
Table 1: Implementation Plan for SHN EMIS Pilot 4
Table 2: Field trips and site visits undertaken 4
Table 3: Composition of the SHN EMIS Manual 7
Box 2: Responses received when reviewing the implementation processes 8
Table 4: Focus areas for the two evaluations conducted 9
Table 5: Attainment of SHN EMIS Objectives 10
Box 3: Responses received when questioned about the SHN EMIS expansion to other districts 14

Annexures

Annexure

SHN EMIS Survey form used during the Pilot 1
Specification document (prepared by PCD) 2
Field visits and Trip reports
- August 2002 3
- September 2002 4
- June 2003 5
- September 2003 (report prepared by PCD)
- November 2003 6
- May 2004 7
- July 2004 8
- November 2004 9

SHN EMIS Manual
- A guide for training Head Teachers and District Education Officers in SHN EMIS 10
- A guide for ensuring data quality 11
- A guide to the SHN EMIS data capture and analysis tool 12

Report containing an analysis of submission of the survey forms 13
Computer training manual
- MS Access Guide 1: Introduction 14
- MS Access Guide 2: Intermediate 15
- MS Access Guide 3: A database design course for the education sector 16

User Evaluation Report 17
School Evaluation Report 18

Acronyms and Abbreviations

BESSIP	Basic Education Sub-Sector Investment Programme
CHANGES	Communities supporting Health, HIV/AIDS, Nutrition, Gender Equity and Education in Schools
EMIS	Education Management Information Systems
EP	Eastern Province in Zambia, Chipata is the provincial Head Office
PCD	Partnership for Child Development
MIS	Management Information System
MOE	Ministry of Education, Zambia
MoU	Memorandum of Understanding, guiding the SHN programme entered into by the Ministry of Health and the Ministry of Education of Zambia
SHN	School Health and Nutrition
USAID	Unites States Agency for International Development

Introduction

Background

School Health and Nutrition (SHN) is one of the components of the Basic Education Sub-Sector Investment Programme (BESSIP). BESSIP is intended to improve the social status of Zambians through economic and public sector reforms. As such it is the cornerstone plan for education reforms to achieve the goal of improving and reinforcing areas on interventions:

- Infrastructure
- Teacher Development, Deployment and Compensation
- Education Materials
- Equity and Gender
- School Health and Nutrition
- Curriculum Development
- Capacity Building and Decentralization
- HIV/AIDS

BESSIP is also intended to optimise the use of resources to reinforce the decentralization of education systems management to local services delivery points. The SHN programme, supported by policy and strategies, is critical in improving not only the health and nutrition of school children, but also enhancing academic achievement and acquisition of life skills. The CHANGES programme supports aspects of the BESSIP, with a particular focus on School Health and Nutrition and related activities.

As part of the SHN activities introduced under the CHANGES programme, supported by USAID, the Zambian Ministry of Education requested that a SHN programme specific EMIS (Education management Information System) be developed and piloted in the Eastern Province. This document aims to report on the SHN EMIS pilot conducted and aims to serve the following functions:

- Document the activities implemented as part of the pilot
- Provide a basis for an archive of all the materials developed as part of the programme
- Understand and internalise the lessons leant through the pilot project
- Provide some guidance of the further development of the SHN EMIS

Intended scope of Work

Under the USAID funded CHANGES Programme, the Partnership for Child Development were contracted to provide technical support. An agreement was reached between Wendy Heard of EduAction (South Africa) who was contracted to provide support to the *USAID/Zambia: Development and Implementation of a School Health and Nutrition Program and a Community Participation Program with Cross-Cutting Activities for the Mitigation of HIV/AIDS* by dealing with "The Design and

Implementation of a Management Information System". Following a meeting with the CHANGES management team and consultations with the School Health and Nutrition component of the Zambian Ministry of Education, Head Office in August 2002, a scope of work was agreed to which included the following activities:

- reaching consensus on the data collection tool to be used
- development of a data tool to assist with data capture and analysis at the district level
- the data tool to have a reporting format to support the drug requisition process as well as policy reporting requirements
- the proposed data collection process and system implementation to be piloted with 8 schools in the Eastern Province, including the district offices of Chipata and Chadiza.

Scope of Work as described in the Agreement

The Design and Implementation of a Management Information System.

The MIS will be developed, tested and implemented in the two selected Eastern Province districts of Zambia during the three-year pilot phase of the SHN programme. The stages of work during this period will include:

1) carrying out a comprehensive needs assessment/data model construction,
2) DBMS design,
3) prototyping and pilot deployment, (in the two districts of Chipata and Chadiza in the Eastern Province) and finally
4) full implementation.

Based on the experience gained, particularly in relation to deployment strategy (via physical storage material or over the World Wide Web), staff training and hardware requirements, and client usage specificities/statistics, a strategy for expanding and scaling up the MIS to cover the planned Program expansion will be developed.

The work will be carried out in close coordination with other SHN partners to ensure that all the data requirements for Program implementation, monitoring and evaluation are successfully met as set out in the report of meetings held in Lusaka 19th-23rd August 2002. It will also be carried out in close collaboration with the data and database administrators of the EMIS system to ensure compatibility and operational linking of the two systems. A comprehensive training manual for using the system (data entry, database maintenance, and report generation) will be developed during the DBMS design phase and field-tested during the period of pilot deployment. Training workshops of both trainers and end-users will be held prior to piloting the prototype in the two districts leading to full implementation by *early 2004*.

Box 1: Scope of Work described in the Agreement

The School Health and Nutrition EMIS

Given the importance of information to support decision-making and policy implementation, it was considered necessary that a specific Management Information System be designed to track and monitor the implementation of SHN activities. It was also considered important that the SHN EMIS be administered at a local district level, to build on the programme of decentralisation and also provide this level of management with the appropriate tools to manage the implementation of the SHN programme effectively.

The SHN EMIS was developed by building on existing and ongoing activities. Forms already known to and utilised by schools - such as the drug treatment form (Appendix H to the drug administration manual) and the drug request form (Appendix G to the drug administration manual) - formed the basis of the development of the SHN EMIS.

Through the implementation of the SHN EMIS, the following objectives were determined:

- Increase in access to, and utilisation of, SHN information
- Improvement in completeness and accuracy of SHN related data
- Tracking and monitoring of the SHN programme and policy implementation in schools

BEST AVAILABLE

The School Health and Nutrition policy and programme, introduced under the BESSIP programme with the support of the CHANGES programme, identified certain basic requirements for a health promoting school and these are the aspects that were to be tracked within the SHN EMIS:

- A functioning school Health and Nutrition Team
- A school policy that promotes positive health behaviour is developed and implemented
- Access to health services
- Active health promoting clubs
- Operational school health and nutrition resource centres
- Established school gardens or production units
- Provision of safe water and sanitary facilities

The School Health and Nutrition EMIS was developed using two important focal points, the data collection instrument (survey form provided as annexure 1) and secondly, the computerised data capture and analysis system.

Methodology employed

A phased approach was adopted with the development and implementation of the SHN EMIS. Some of the activities included field visits while others included district level workshops or Head Office meetings and consultations. Each of the phases resulted in the development of a comprehensive set of resources and it is hoped that these can be used with the expansion of the SHN EMIS or other MIS related activities.

The different phases and activities employed in the SHN EMIS pilot programme are played out below:

Phase	Activity and Location		Date	Deliverables
System Investigation	▪ Develop common understanding of MIS requirements. ▪ End User Needs Analysis ▪ Analysis of data and reporting requirements ▪ Consideration of system links ▪ Documenting of system recommendations required for approval	▪ Lusaka ▪ Eastern Province and Lusaka ▪ Lusaka ▪ Lusaka ▪ Home Base and Lusaka	September 2002 to January 2003	▪ Trip Report ▪ Document for presentation to MIT – including draft survey instruments and PowerPoint presentation
System Design	▪ Logical design ▪ Physical system design ▪ Database design ▪ Manual development ▪ System Testing ▪ System design report for approval	▪ Home Base ▪ Home Base ▪ Home Base ▪ Home Base ▪ Lusaka/Eastern Province ▪ Home Base/Lusaka	March 2003 to May 2003	▪ System Design report ▪ Data collection instruments ▪ Proto-type of Database ▪ Proto-type of System Manual
System Implementation	▪ Training – systems and database ▪ Site preparation ▪ Data Collection ▪ Data preparation ▪ Installation & Pilot	▪ Chipata and Chadiza (district office and Lusaka (HQ) ▪ Chipata and Chadiza (district Office & 20/80 schools) ▪ Lusaka (EMIS) ▪ Chipata and Chadiza (district office) ▪ Chipata and Chadiza (20/80 schools)	May 2003 to November 2003 Training to continue through to July 2004	▪ Training Manuals ▪ System Manual ▪ Database for implementation

Phase	Activity and Location		Date	Deliverables
System Evaluation and Review	▪ Database review ▪ Application review ▪ Personnel review ▪ Procedures review ▪ Systems Performance Measurement ▪ Agreement on amendments required ▪ System refinement ▪ System handover	▪ Chipata and Chadiza ▪ Chipata and Chadiza ▪ Chipata and Chadiza and Lusaka ▪ Chipata and Chadiza and Lusaka ▪ Chipata and Chadiza and Lusaka ▪ Chipata and Chadiza and Lusaka ▪ Home base ▪ Lusaka	*July 2004 to November 2004*	▪ Amended database ▪ Close out report with recommendations to take system to scale

Table 1: Implementation Plan for SHN EMIS Pilot

Over the period of the pilot, several field trips and site visits were undertaken. Following each of these visits a trip report was prepared and submitted to the Chief of Party and Lead Specialist for the SHN Programme, as well as PCD as contracting agent.

Date	Location	Reason for Visit	References to trip report
19th to 23rd August 2002	Lusaka	▪ Project design and system needs analysis	Trip report 1, refer to Annexures
20th to 27th September 2002	Lusaka and Eastern Province	▪ Observe fieldwork of cognitive and bio-medical teams ▪ Meet with critical stakeholders to conduct needs analysis to support EMIS design ▪ Project meetings with PCD and CHANGES	Trip report 2, refer to Annexures
11th to 20th June 2003	Lusaka and Eastern Province	▪ Consult with pilot schools ▪ Conduct first level of training in EMIS and also completion of the pilot survey instrument ▪ Project meetings with CHANGES and report back to MoE	Trip report 3, refer to Annexures
4th to 6th September 2003	Lusaka	▪ Dissemination meeting ▪ Meet with principles	PCD reported on this activity
10th to 21st November 2003	Lusaka and Eastern Province	▪ Consult with district teams ▪ Conduct second level of training in EMIS ▪ Conduct first level database training ▪ Installation of data tool ▪ Project meetings with CHANGES and report back to MoE	Trip report 4, refer to Annexures
2nd to 7th May 2004	Lusaka and Eastern Province	▪ Consult with district teams ▪ Conduct second level database training ▪ Review of data tool ▪ Project meetings with CHANGES and report back to MoE	Trip report 5, refer to Annexures
25th to 30th July 2004	Lusaka and Eastern Province	▪ Consult with district and HO teams ▪ Conduct third level database training ▪ Review of data tool ▪ Conduct User Evaluation ▪ Project meetings with CHANGES and report back to MoE	Trip report 6, refer to Annexures
1st to 5th November 2004	Lusaka and Eastern Province	▪ Consult with district teams and selected pilot schools ▪ Conduct school level evaluation ▪ Review of data tool ▪ Project meetings with CHANGES	Trip report 7, refer to Annexures

Table 2: Field trips and site visits undertaken

Implementation components of the SHN EMIS Pilot

In order to realise the development objective of the SHN EMIS pilot, implementation activities were focussed around four different phases; these being:

- System investigation
- System design
- System implementation
- System evaluation and review

Given the very practical nature of the activities undertaken in the SHN EMIS Pilot, the implementation components were not addressed in separate discrete phases. Every opportunity was used to evaluate aspects of the programme and the data capture and analysis tool. As implementation proceeded the activities suggested were adapted to the needs of the users and the principles.

System investigation

This component led to a common understanding of the SHN EMIS requirements and which aspects would be included in the pilot project.

Following on the end user needs analysis that was conducted amongst head office, provincial and district ministerial staff as well as with CHANGES programme staff and other principles of the project, in addition to observing the fieldwork undertaken to support the SHN activities and a review of materials available to guide the SHN programme, agreement was reached that the focus of the SHN EMIS would be on assisting the drug procurement process and tracking and reporting on the implementation of the SHN policy. While it was initially considered important that the SHN EMIS link to the district health offices it was agreed that the Health Ministry had their own MIS for drug procurement and stock control and according to the MoU the Ministry of Education accepted responsibility for the drugs once they were collected from the health centres. The SHN EMIS would therefore track the collection of and return of drugs to the rural health centres.

Another change made to the original concept of the design of the MIS was around the tracking of the cognitive development of students. It was agreed that the examination board was currently responsible for this and as long as the different systems, that is the SHN EMIS and Examinations Board administrative system, could be linked, if required, this was adequate.

During this phase constant consideration was given to ensure that the SHN EMIS activities related to the broader EMIS development and that system platforms

and processes complemented the extended EMIS reform underway in Zambia. It was agreed that the SHN EMIS pilot would support the EMIS reform programme since through the SHN EMIS pilot EMIS related activities were being decentralised to the district level, which was the ultimate aim of the EMIS reform programme.

System Design

This component focussed on largely technical issues required to ensure the success of the SHN EMIS pilot.

The first was to ensure that the required reports were detailed, referenced and agreed to in order to ensure that the data needed to develop the reports were included in data collection processes. The data collection tool was designed and reviewed by a number of people, including the school head teachers and SHN focal point persons who participated in the pilot.

A detailed SHN EMIS manual was designed and used as the basis for the training sessions conducted during the SHN EMIS pilot project. The manual was designed as different sections, to support the training session, but together provided an integrated reference for those involved in the programme.

Different Sections within the Manual	Components covered within the manual
A guide for training Head Teachers and District Education Officers in SHN EMIS	Introduction Background Who the manual is aimed at Design of the manual How the manual is arranged EMIS orientation Introduction What is EMIS? What is the purpose of an EMIS? The phases of EMIS The utilisation of information Summary The SHN EMIS Introduction The data collection instrument The importance and reliability on school record keeping The data capture and analysis tool Processes Roles and responsibilities Information flows Summary
A guide for ensuring data quality	The SHN EMIS Basic steps to ensure valuable data Data collection Data processing Data use Summary
A guide to the SHN EMIS data capture and analysis tool	Introduction Objectives Skills required to operate the system

Different Sections within the Manual	Components covered within the manual
	The structure of the SHN EMIS data capture and analysis tool "The edit and view" structure The "reporting" structure Features within the SHN EMIS system Components of the data capture and analysis tool Additional technical notes
Training material for the MS Access courses	MS Access Guide 1: An introductory course MS Access Guide 2: An intermediate course MS Access Guide 3: A database design course for the education sector

Table 3: Composition of the SHN EMIS Manual

The focus then shifted to the development of the SHN EMIS data capture and analysis tool. The system was developed using Microsoft Access software, and was purposely developed as a "point and click" application to minimise the dependence on database manipulation and data management skills. In design, the system was specifically aimed at the District Education Officer and the district-based SHN focal point person to assist them in the critical function of monitoring the implementation of the SHN programme in schools and also assist with the process of drug ordering. Within the data tool there is a pre-designed reporting interface, which assists with the analysis of the data and also provides a means for providing feedback and encourage the sharing and utilisation of the data collected.

It should be noted that the data tool developed was specifically designed as an 'open' system, without a source code, to ensure that the system could be used extensively and adapted to meet new needs.

The system was extensively tested before moving into the system implementation phase.

System implementation

During this component the emphasis moved to actual system implementation and considerable training was undertaken to ensure that there was adequate skills transfer to ensure that district and head office officials were comfortable with the system and software to gain full utilisation of the data collection and data processing steps as well as the SHN EMIS data capture and analysis tool.

Extensive training was conducted focussing on two complementary areas; firstly data collection, EMIS design, ensuring data quality and data processing practices and then secondly on a technical level ensuring that all were comfortable with the SHN EMIS data capture and analysis tool and that they had the necessary skills to work with the software used to design the database, to make changes to the data capture and analysis tool, run additional queries and reports and make changes to the tables if required.

The system was installed within the EMIS division at Head Office, at the provincial office both within the statistics section and also with the SHN Focal point person and then in the district offices of Chadiza and Chipata. Representatives of these different offices and divisions were all trained in using the SHN EMIS data capture and analysis tool and also MS Access training – at three levels.

The data collection forms were administered at school level, the completed forms submitted and captured by the district officials. The two district databases were merged at the provincial office and this integrated database was submitted to Head Quarters.

When those involved in the project were asked as part of the user evaluation to review the process of implementation and consider what should be done in a similar manner, or done differently, should the SHN EMIS to be introduced into other districts, they had the following to say:

DO IN THE SAME WAY

- The training sessions
- Train the appropriate stakeholders
- Yes, but increase the period of training and there should be one certificate showing courses covered and bearing MOE emblem
- Provide training to those districts
- Yes it must be done the same but head teachers need full training in record management
- To start training SHN EMIS management early. If districts have no computers, district staff need to be using provincial facilities
- Build capacity for people to handle the database
- The participants or implementers should be people that have interest both in computers and SHN
- Follow the same phases of training but with more days
- Training – modify length of forms. More on the job training for people to feel comfortable in collecting data
- MS Access training

DO DIFFERENTLY

- Since this will involve a bigger group, venues should be locally arranged
- Probably train a backup to the statistician at district and provincial level
- Train the people who you think are directly involved in data capture e.g. statisticians
- Head teachers, S/O planning officers and other stakeholders be fully trained in collecting, storing, analysing and dissemination of information so that information is well managed
- To consolidate the current process
- The training could be conducted for 2 weeks to cover phase two and three at the same time
- The Access training should have more days and preferably in Lusaka
- Training should be conducted once off and not in phases
- Allow the participants to practice on actual data given the district

Responses all provided verbatim

Box 2: Responses received when reviewing the implementation processes

System evaluation and review

Throughout the pilot, every opportunity was used to review and evaluate the MIS. The evaluation and review took on different forms; on every visit users were asked to provide feedback on the usefulness and limitations of the system as well report on their experiences in using the data capture and analysis tool – the feedback received was used to enhance the tool; two forms of formal evaluation were build into the programme – firstly a user evaluation was conducted in July 2004 and in November 2004, five of the eight schools included in the pilot were visited and one-on-one structured interviews and direct observation methodologies were employed for the evaluation.

Aspects addressed by the User Evaluation	Focus of the School level evaluation
Participation or involvement to-date	Level of involvement in the pilot project to date
Opportunity provided for professional growth	Whether the SHN EMIS form1 was completed
Quality of the intervention in terms of the training material, facilitation and suitability for the SHN Programme	Experience in completing the form
Degree of self-empowerment	School based records
Consider the utilisation of the data analysis and viewing system provided	Feedback received
The strengths and weaknesses	Ideas for continuation of SHN EMIS

BEST AVAILABLE

Aspects addressed by the User Evaluation	Focus of the School level evaluation
■ Participation or involvement to-date ■ Opportunity provided for professional growth ■ Quality of the intervention in terms of the training material, facilitation and suitability for the SHN Programme ■ Degree of self-empowerment ■ Consider the utilisation of the data analysis and viewing system provided ■ The strengths and weaknesses ■ Review of success and failures in terms of the implementation of the SHN EMIS pilot ■ Consideration as to whether the pilot should be extended	■ Level of involvement in the pilot project to date ■ Whether the SHN EMIS form1 was completed ■ Experience in completing the form ■ School based records ■ Feedback received ■ Ideas for continuation of SHN EMIS

Table 4: Focus areas for the two evaluations conducted

Two separate evaluation reports were made available (refer to Annexures).

Implementation Achievements of the Pilot

It is considered that the SHN EMIS pilot has enabled implementation achievements within, and of benefit to, the SHN programme and some are of widespread benefit to the Ministry of Education in a more general sense. Some of the implementation achievements include:

- An understanding and general consensus around what data is need to track the implementation of the SHN policy and programme
- The pilot has lead to an enhanced networking and partnership between the different offices and administrative levels working on SHN activities
- The pilot has shown that district offices have the capacity, with the necessary support, training and tools, to take on more functions and a greater role in the decentralisation of EMIS activities
- The SHN programme has a detailed but integrated pack of resources and tools to support future SHN EMIS activities
- Through the SHN EMIS pilot programme, the technical skills of a small cadre of people at national, provincial, district and school level, were enhanced and strengthened. These technical skills are fairly generic and can be applied across a broad spectrum of job requirements.
- It is hoped that the experiences and lessons learnt through the SHN EMIS pilot will contribute to the enhancement and refinement of ministerial systems and the training of personnel in the utilisation of the EMIS within the Ministry.

Impact of the Pilot

In reviewing the implementation processes and activities, together with the feedback received through the two evaluation processes, it is clear the SHN

EMIS pilot has achieved its developmental aim and specific objectives initially agreed to. This can be confirmed in the following way:

SHN EMIS Objective	Impact of Pilot
Objective 1: Increase in access to, and utilisation of, SHN information	■ Several school, district, provincial, national and SHN programme officials have been trained in the importance of information to support decision making and policy tracking ■ A data capture and analysis tool has been developed to meet the specific needs of the SHN programme ■ District, provincial, national and SHN programme officials have been trained in the SHN EMIS data capture and analysis tool
Objective 2: Improvement in completeness and accuracy of SHN related data	■ Several school, district, provincial, national and SHN programme officials have been trained in the importance and relevance of information ■ A data collection tool has been developed and piloted to support the SHN programme and policy ■ Schools have been trained in the importance of school record keeping to support EMIS initiatives.
Objective 3: Tracking and monitoring of the SHN programme and policy implementation in schools	■ A data capture and analysis tool has been developed to meet the specific needs of tracking and monitoring the SHN programme ■ District, provincial, national and SHN programme officials have been trained in the SHN EMIS data capture and analysis tool

Table 5: Attainment of SHN EMIS Objectives

Lessons Learnt

Within the context of the various aspects of the implementation phases and activities, lessons specific to that activity were recorded in trip reports or other documentation generated within the project, especially the evaluation reports. It is however important, as part of the project close out report, to indicate a number of generic lessons learnt and relate these to general implementation aspects to plan for future related initiatives:

1. *The importance of programme leadership from Head Quarters.* Unfortunately following the needs analysis there was a change in appointment in terms of the leadership of the SHN programme at Head Quarters and throughout the pilot the Ministry was undergoing restructuring. This severely impacted on the progress and general buy in and support offered to the SHN EMIS pilot.

2. *Continuity of individuals within the programme is critical in order to ensure sustainability and make systemic impact.* During follow up visits to schools it became very evident that school-based staff are extremely mobile. There is a huge turnover of staff and the impact is felt if there is no formal handover when someone leaves the school for another posting.

3. *The importance of succession training when considering capacity building programmes.* Given the high turnover of staff, succession training is critical and capacity building programmes need to allow for repeat of sessions and additional follow up support to induct new appointees.

4. *The importance of building capacity within an integrated manner.* The pilot again highlighted the fact that the education system is wider than formal ministerial structures, the system extends beyond these structures to include other role players, partners and stakeholders. These include, for the SHN programme, community members, other NGOs and FBOs, parents and the broader community being served by the school.

5. *The effect that personal attitudes have on the level of success of the programme.* The positive – or negative – attitude of individuals has a great impact of the achievement of the goals of the programme. Fortunately with the pilot, by far the majority of the people involved in the programme were extremely positive and motivated individuals who appreciated what was being done, but those who did not support the initiative impacted on the success of the programme.

6. *The need to cultivate an information culture and the value of the strategic use of information to support decision-making.* It became increasingly apparent during the course of the pilot that it is essential that a culture of using information strategically to make decisions and monitor implementation still needs to be enhanced within the Ministry, especially at Head Quarters level.

7. *The EMIS division's work is only to be sustained if planning and data skills are introduced and developed across various levels within the ministry.* Further efforts are needed to instil planning, data management and information utilisation skills and a general data awareness across all levels of the Ministry of Education.

8. *The importance of defining mechanisms to cascade planning and data management to district levels.* The SHN EMIS pilot provided an opportunity to test the district decentralisation of some of the EMIS activities and prepare the way for further decentralisation. While good progress was made in this regard, the areas of responsibility and influence are still very centralised. District level officials often felt compromised as they were required to multi task and while they had access to data affecting decisions they had no power to influence the decision itself.

9. *Enhancing the ministry's monitoring capabilities.* The introduction of the SHN EMIS, particularly the data analysis tool, clearly pointed to the fact that ministry officials need to have a clear understanding of the programmes and policies being implemented and their role in monitoring the implementation thereof. Understanding of their role in monitoring is particularly poor.

10. *There is a need to strengthen general management capacity within the Ministry.* Strengthened management capacity will maximise the involvement and commitment of officials to developmental projects and programmes of this nature. It would also go a long way to the development of an 'information culture' that a programme such as this is dependent on.

11. *Appreciating that the pace of development needs to take cognisance of and be in sync with the natural pace of development within the Ministry.* In order to ensure sustainability of development initiatives of this kind requires adopting the appropriate pace. Development initiatives that are "forced" through will have less chance of being accepted and systemically adopted within the ministry.

12. *Training materials developed should not be instructor dependent.* Throughout the programme the participants indicated how much they valued the training materials provided to them and the fact that they could be used as "Self-learn opportunities" too.

13. *Dependence on school records.* Not surprisingly the success of the MIS activities hinged very largely on the quality of school records. EMIS programmes should continue to focus on improving and strengthening this base.

14. *Schools reluctance to report on perceived failures.* It became apparent that often EMIS was viewed as a "record or score card" and schools expressed some reluctance and concern about reporting on the real situation versus what they know should be in place at schools. They felt they would be penalised and dealt with harshly since they had not met policy requirements – so they rather misrepresented facts in the hope they would not be caught out!

15. *Time frames within the SHN Programme need to be clearly defined.* At present schools are not required to adhere to any specific time frame when administering the drugs. However a critical component within the SHN EMIS is reporting on the drug administration programme together with drug stock control. This cannot be monitored if schools are at different stages of their drug administration programme when the SHN EMIS return has to be submitted. It is proposed that the drug administration programme be formalised more and schools administer drugs within a definite period and returns are submitted after this.

Closing remarks

It is generally recognised that EMI Systems evolve within a specific context, making them complex incentives that drive or impede the use of information. However there are some basic guidelines or steps that ensure the successful implementation of EMIS, be is programme specific MIS such as the SHN EMIS or broader EMIS reform practices:

1. Effective EMIS have specific users who demand specific data to inform decisions for which they are held accountable.

2. The sustained commitment of ministry leadership is directly tied to the sustainability of an EMIS system. As initial "champions" become distracted or disenchanted, the odds of the EMIS effort stalling increase.

3. Incentives to use objective information tend to be weak. Other criteria (e.g. securing funding, rewarding supporters) may be more important in determining a manager or policy maker's success. Frequently, the absence of reliable data can be to the advantage of the potential user.

4. EMIS users tend to contribute and use information when there are rewards for doing so.

5. Donors often overestimate client demand for EMIS. These misconceptions often take the form of: "The demand for a good MIS is always there – the only thing lacking are the means." or "If given the information, decision making will be rational."

6. In most cases, more information is collected than actually analysed and applied toward decision-making. EMIS reform should focus first only on information that directly informs priority decisions.

7. Effective systems tend to build-off of existing databases, taking advantage of current data collection routines. Maintaining familiarity while enhancing efficiency builds early wins for a more ambitious, long-term effort.

8. Most EMIS interventions – assessment, design, implementation - tend to focus on technical solutions created by technical teams, and tend to overlook the organizational processes and institutional incentives that drive information use.

9. Large scale EMIS efforts require stakeholder/user consensus. New information tends to create "losers" who may actively resist implementation. Broadening information use at all levels tends to increase the likelihood of ownership.

10. EMIS systems tend to have the greatest impact on planning and policy support – at that stage policymakers have the greatest latitude to act in response to new information.

These are drawn largely for the World Bank paper:
EMIS guidelines for putting information systems to work in Education

Throughout the implementation of the SHN EMIS, an attempt has been made to learn from these lessons and other country experiences and yet the programme again encountered some of the same problems, especially *"The sustained commitment of ministry leadership is directly tied to the sustainability of an EMIS system"*. In the case of the SHN EMIS the initial "champion" was moved into a new position and the SHN EMIS pilot struggled continuously to get the required buy in and support from the Head Quarters or SHN programme directors.

Recommendations with regard to future SHN EMIS developments

The schools and district officials involved in the pilot unanimously agreed that the SHN EMIS could be extended to other districts with relative ease.

In considering the experience of the pilot and the lessons learnt the following recommendations could be made to future SHN EMIS activities.

1. There needs to be greater involvement of the SHN Head Quarters officials – they need to see, recognize and agree to value of the SHN EMIS. Activities need to be led from this quarter.

2. It should be part of the activities of the SHN Head Quarters officials to report on progress made relating to the implementation of the SHN Policy. They need to specifically be tasked to take on effective monitoring functions. The SHN EMIS should be ***the*** source used for all reporting and monitoring functions.

3. There should be continued efforts to improve school record keeping. The current SHN programme, together with the teacher's drug administration manual has progressed well in this regard.

In the user evaluation, all the respondents indicated that they would recommend that the SHN EMIS expansion to other districts. When asked why, the respondents provided the following reasons (responses recorded verbatim):

- The districts (and schools) are a source of data – hence the need for training to empower them with (these) skills
- It would improve information storage and access – would lead to a more efficient system
- It will improve efficiency in data capture
- It facilitates easy capturing, analysis and reporting of SHN activities
- To have the same skills, format, system of capturing, etc
- This will improve data management in the country. Data used involves the entire MOE
- Schools and pupils will benefit health wise
- It is user friendly. It will enhance pupil information retrieval and processing
- Empowering the district to complete up-to-date data
- It is essential to be able to collect data on the SHN programme and for planning purposes
- The processing of data would be quicker

Box 3: Responses received when questioned about the SHN EMIS expansion to other districts

4. The role of the District Office in the SHN programme needs to be clearly defined and the related activities, tools and resources should be made available. Clear roles and function delegations need to be put in place.

5. If the EMIS function is to be decentralised, technical support needs to be made available to the district/provincial office. The offices need to know who to call with technical problems, which are inevitable, with programmes of this nature.

6. EMIS support needs to include a recurrent budget to provide funding for hardware, software, training and support.

7. It is important not to neglect the area of providing feedback to the providers of the data. In the SHN EMIS pilot this was an area that was neglected and the schools expressed their concern regarding this. Providing feedback plays a critical role in improving data quality and also adds to the sustainability of the MIS.

BEST AVAILABLE COPY

In terms of the Zambian context and the provision of the data required for the SHN programme it is suggested that consideration be given to the following. In making these recommendations various options have been narrowed down to two:

Option 1:

The shortcomings highlighted through the SHN EMIS pilot are addressed and a revised SHN EMIS is extended to other districts.

In doing this, it is imperative that and lessons learnt need to be dealt with, Head Office needs to take a more active role, the role of the district office is to be clearly defined and the survey form simplified. Should the data of the Annual Census be available in time and made available to the districts, the current survey form could be greatly reduced.

Option 2:

The data needs be divided into two categories and two processes be considered for the collection of the data:

a. Data for the Drug administration component

   It is suggested that existing school-based records be adapted to provide a routine submission to the district office – both health and education – to report on the drug administration programme and to include issues of drug stock control. This submission could build on the drug treatment form and the drug request form.

   A process and system then needs to be implemented to capture this data, analyse it and feed it back to the schools and to the provincial and Head Office, as required. The current SHN EMIS data capture and analysis tool can be amended to fulfil this function.

b. Data for the tracking of the implementation of the SHN policy

   The key areas of the policy that need to be closely monitored are fed into the existing Annual School Census and are processed accordingly. The SHN Component is then provided with the necessary data in an appropriate format and the EMIS division offers support to them.

   The existing SHN EMIS data collection tool could serve as a guide to the nature of the data that is to be collected, but will need to reduced.

This option is dependent on the close operation between the SHN Component and the EMIS division, as well as across the various levels of administration. The "drug administration" component will be dependent on the EMIS unit to provide learner numbers and the core EMIS data will be enhanced by the supplementary data contained with the drug administration module. The two systems must be totally compatible.

D. Lusaka SHN Team's Progress Reports

FIRST QUARTER 2005 – DELPHIN'S ACTIVITY REPORT

SHN Policy Review Workshop, December 29 – 31, 2004
The SHN Technical Officer attended the workshop that reviewed the final SHN Policy, the SHN guidelines and the SHN MoU inserts.

Trip report –Southern Province: SHN Monitoring Sinazongwe, Gwembe and Siavonga - Delphin SHN Technical Officer

Date: January 3, 2005

Traveled to Sinazongwe to deliver tablet poles, new SHN posters, SHN "Situation Analysis of School Health and Nutrition" in Eastern province, SHN a "Healthy Child in a Healthy School Environment" leaflets, BEPS books, 'A Healthy Child in a Healthy School Environment'.

After paying a courtesy visit to both the DEBS and the DDH, Seventy (70) tablet poles, 20 BEPS, most of SHN posters as well as SHN leaflets were given to the DEBS and fifteen (15) tablet poles, 10 BEPS, some SHN leaflet and 15 new SHN posters to the DDH.

While at the DEBS office I met the DEBS himself, the ESO special: Mr. Haric Muchindu, the Planner, Mr. Ambrose Milambo and the Head – Statistics' Officer: Mr. Mike Nzoolo. At the DHMT, I met the DDH: Mr. Emmanuel Khoma and the Manager Planning and Development: Mr. Mwita.

Visit to the "Fisheries Middle Basic School" and the DHMT Pharmacy

Date: January 4, 2005

When reaching the DEBS office in the morning, we arrived at the same time with, the PEO' SHN team led by SHFPP of Southern province, Mrs. Chulu. Mrs. Sakala, Mr. Mulenga (PHO), and Mr. Muyunda (MCDSS) accompanied her. They were on their own programme of monitoring CHANGES program. We combined the activities. We visited the "Fisheries Middle Basic SHN School" together. Mr. Mike Nzoolo (Head – Statistics' Officer escorted us from the DEBS office) The Head Mistress explained the SHN actives done so far. When compared to the action plan, 7 out of 15activies were accomplished. She complained that there were no drugs for them to carry out the drug administration and she regretted that the grade seven pupils closed without being de-wormed. She was informed that tablet poles were at the DEBS office and the drugs were also available now at the DHMT's pharmacy.

However, she was warned that the consignment of Vitamin A, might not be distributed because it expiring on January 31, 2005. However, she begged to have the pupils de-wormed before January 15, 2005 in order to administer Vit. A by January 31, 2005. She was advised to discuss that with the DDH who was already instructed to insure that no teacher administers expired drugs.

The following are activities done:

- Sensitization of teachers
- Sensitization of PTA executives
- Sensitization of the community
- Sensitization of the pupils
- Formation of a health promotion team
- Administration of the bilharzias questionnaire and requesting for SHN drugs.

We advised her to create a SHN resource corner, to avail SHN information materials to every pupil and teachers.

The Head Mistress had her own success story, she narrated that her school was the best for the grade nine results for 2004. 14 pupils passed and selected to go to secondary schools. 12 were girls and only 2 were boys. The team was concerned that boys failed to compete with the boys; she was advised to ensure that more boys are enrolled and they encouraged doing well to compete with the girls too.

The Head Mistress leads us in a conducted tour around the school. This is a newly built school though the ADB funds. The structures are new and sound. I is almost complete. There is a well, adequate toilets separated for bys and girls. There is a provision for a school garden too. The school will be connected to electricity main grid (ZESCO). The Head Mistress is happy and well motivated. Being a holiday no other staff was available at the time of the visit.

Visit to the DHMT Pharmacy

The Pharmacist briefed us that she received SHN drugs, i.e. Albendazole and praziquantel. When I inquired about ferrous sulfate and vitamin A, she said that there was also a consignment that was not labeled SHN drugs and she wondered who ordered them. We settled the matter that most probably they had forgotten to indicate SHN and she should distribute them as SHN drugs. Fortunately enough here she had Vit. expired in August 2008. We agreed that she distribute the Vit. A. That means that Sinazongwe district will administer all the four SHN drugs.

The DHMT was advised to meet with the DEBS and start the drug distribution before the schools open.

Monitoring School Health and Nutrition activities – Sinazongwe

Date: January 26, 2005

We reached Sinazongwe a day late because of a breakdown of the office Pajero. There was a major fault that necessitated the vehicle to be left in a Choma garage for major repair. The DEBS of Sinazongwe borrowed us his own vehicle form Choma for us to continue with monitoring.

As soon as we arrived around 13:00hrs, we paid courtesy to the DEBS office and we asked the SHN district team to lead us in the monitoring.

Sinazongwe basic school: They had just finished DAD at the school before our arrival of our arrival. The monitoring team comprised of Mr. Muchindu SHN FPP (SESO DEBS' office), Mr. Nzoolo, Statistics officer (DEBS' office), Mrs. Kamenda (DHMT), Mrs. Chulu SHN FPP Southern Province (PEO's office) and Delphin SHN Technical Officer Changes – Lusaka. There was no representative from the Ministry of Community and Social Services. The school has god records on SHN activities. However DAD protocols were not followed adequately. Three drugs were given at the same time, i.e. albendazole, praziquantel and ferrous sulfate. The reason according to them was that the term was short and they needed to finish treatment before the end of the term. Corrective measures were spelled out. DAD was conducted together with the Health worker. Bilharzia prevalence was 41%. There was mass treatment for schistosomiasis. Encouragement was given to build on the started good work. Nevertheless, more pit latrines were needed in the school to match with the higher number of school enrolment. The actual ratio was 1 pit latrine to 140 pupils.

Date: January 27, 2005

Mamba GRZ School conducted mass treatment in our presence. The exercise was well done. Few minor errors were corrected on spot, such as to ask pupils to first start chewing albendazole before giving praziquantel. The implementation of the action plan was partly done because of staff movement. A new Head Teacher was just brought in. Records on SHN activities prior to DAD were not well kept. Appropriate advice was given to the Head Teacher and the SHN FPP. General cleanliness of the school was poor starting from the Head Teacher's office that was found with cobwebs all over. Sanitation and washing facilities were inadequate. The monitoring Team spent more time re-discussing the involvement of the community in the running of SHN activities in the school. There was 1 to 162 pupils to a pit latrine. Few sampled pupils had little knowledge on the prevention of intestinal worms, bilharzias, and vitamin A and iron deficiency.

Sinakasili basic school: The monitoring Team arrived at the school after DAD. There was mass treatment. Bilharzia prevalence rate was 44%. SHN activities were in good progress at this school. The action plan was followed. The school had 13 pit latrines for a school, enrolment of 377. Pupils came into streams. Sanitation was relatively good. We found the wash hand facility not working at that time. Most of pupils brought food and many pupils were found wearing shoes. The School SHN team is well organized.

Kanchindu basic school: DAD was conducted the previous day. The SHN FPP explained that he had to divide the praziquantel tablet into three because the tablet had three demarcations. In actual fact the Shipong praziquantel had four demarcations and not three. Appropriate correction and advise was given. The Health Worker had two schools to supervise and in the process she missed that part of the DAD. She was present during the visit of the monitoring team.

A garden and an orchard have to be developed. Areas allocated to such activities were available. Most pit latrines have collapsed. Pit was found for new construction.
This school has provision for weekly boarding pupils. Standards to run such a school are very poor. Pupils sleep on the floor. Structures are dilapidated. There are no mosquito bed nets. There is no provision for bathing facilities. Teachers' houses are also in bad state of repair.

There is urgent need to assist the school to qualify to have " a Healthy Child in a Healthy Environment". There is a video produce to show sympathizers who could extend their hand to bring the school to a SHN school.

Date: January 28, 2005

Malima basic school: DAD was conducted. They informed us that mass treatment was conducted. However records did not tally with 36% as they alleged. Our calculation showed 24%.There is a feeding program by WFP washing hand facilities is available though not working at the time of our visit.

Monitoring School Health and Nutrition activities – Gwembe

Date: February 7, 2005

Courtesy visit was paid to the DEBS. The SHN monitoring team included Mrs. R. Chulu SHN FPP Southern Province, Dr. Paul J. Freund SHN Regional Advisor, one representative from the DEBS' office, Mr. Charles Nzala: the Planner, one representative from the DHMT, Mr. Clayton

Nachuma, one representative from CDSS, Mrs. Chiwomi Phiri and the SHN Technical Officer, Delphin. Additional SHN IEC materials were brought. It came to our notice that Gwembe was over supplied with tablet poles.

There was no programme made for the monitoring, instead a list of schools was presented to us to select where to start. The following were the SHN schools: Gwembe basic, Chabboboma basic, St. Patrict's basic, Sinafala basic, Lukonde basic, Buyete basic, Nyangwe basic, Jongola basic, Nakanjele basic, Makuyu basic, Bbondo basic, Chaamwe basic, Luumbo basic, Kalama basic, Sompani basic, Chipepo, Fumbo basic, Siampande basic, Mabula community school and Chisangano community school.

Other untrained SHN schools are: Chisanga basic, Kkoma basic, Ntaga basic, Kkole basic, Siabbamba basic and Nakasiika basic.

Gwembe basic school was found conducting DAD (Drug Administration Days).DAD was conducted very well. There was a SHN trained Health Worker and representatives from the parents. Records were written immediately. Prevalence of Bilharzia was found to be at around 46%. There was over use of the questionnaire forms. There was a form for every class instead of continuing on the same form up to reaching 70 required sample. Children had some kind of food before DAD. The time we were there was no pupil who experienced any visible side effect. The SHN action plan has most of the activities done. Advice was given to complete those activities that were still not completed, e.g. toilets facilities were inadequate at a rate of 1 pit latrine to 165 pupils. Garden and orchard were not available.

St. Patrick's basic school conducted DAD the week before. We checked on the records and found that they only treated for schistosomiasis those who were self reporting, because the prevalence of bilharzias was below 35%. Out of 70 pupils sampled only 6 were positive. The school is under renovation. Classrooms are being reconstructed. Records of treatment were kept on a draft paper waiting for the right form for entry. The management was utilizing any space available for all school activities. It was not easy to see all other records. The construction of pit latrines was not up to the required standards. Garden and orchard are being thought of. Apparently produce are usually stolen. Advise was given how to handle the matter.

There is a weekly boarding that is below human standards of living. More than twenty pupils, male pupils sleep in a dilapidated house without mattresses neither mosquito nets. This is defeating the policy of a "Healthy child in a healthy environment"

Date: February 8, 2005

Nakanjele basic school was found finalizing the Bilharzia questionnaire before DAD. The bilharzias prevalence was 44%. This entailed that mass treatment was required at this school. The SHN FPP was knowledgeable of the SHN drugs' protocol. We monitored DAD from the beginning and then administered the monitoring tool. It was well done.

Sanitary facilities are inadequate. 1 pit latrine to 127 pupils. The few latrines (3) are not labeled to indicate where boys and girls should go. Construction of the latrine is up hazard. There is a good orchard with grown orange trees and mango trees. Water samples for laboratory analysis are not regular.

Luumo basic school had conducted its DAD in stages. That was good. SHN records were well kept. We were very happy indeed. All children who had shown side effect were recorded. All

those who were absent were also recorded for follow up. The action plan was followed till the DAD. The school health policy statements were not yet written. Clarification was given how to do that.

The school has also embarked on a very ambitious orchard of various fruit trees. There is a borehole and a garden. Last year there was periodic water sampling. Results were OK.

Date: February 9, 2005

Lukonde basic school started DAD when we had just arrived. We immediately joined the team to guide where there was need. We advised the Health Worker to leave the drug distribution to pupils to Teachers so that they can gain confidence as this their program. Paul and Delphin concentrated on DAD while the rest of the team was administering the monitoring tool to the Head Teacher and the SHN FPP. DAD was done in two team concurrently. The exercise went on well. Bilharzia prevalence was 55%. There was full participation by all teachers. Community Health Workers were mobilized to participate in the DAD. World Food Program (WFP) is feeding the pupils.

The school surroundings were relatively clean. Pit latrines were inadequate at a ratio of 1:73 Wash hand facilities after visiting toilets is available. The school had resolved that they buy shoes (commonly known as tropicals) to be used by pupils when they visit the pit latrines. The idea was good. Pupils in the highest grades have some knowledge of on prevention of intestinal worms and Vit A as well as iron deficiency.

Jongola basic school had just finished DAD when we arrived. We found the Community Members present who came to see DAD being conducted. We administered the monitoring tool in their presence to the Head Teacher and his Deputy.

Jongola has no trained SHN FFP. We informed the Head Teacher. Bilharzia prevalence was 24 % School Enrollment was 266. Schistosomiasis drugs were administered only to self-reporting pupils. The SHN action plan was found misplaced. The borehole needed to be permanently fenced and regularly checked by Health workers for laboratory analysis. WFP is also providing feeding program to this school. They were advised to ensure local mobilization of resources to take over when WFP is out.

Date: February 10, 2005

Chabboboma basic school was found already in the middle of DAD. Paul and Delphin immediately joined the DAD to check on the procedures and any other issue needing guidance. School enrolment is 572. Bilharzia prevalence rate was 44%. There was full participation from the newly recruited Teachers. Correction was made on the taking of albendazole that was not chewed. Records were entered immediately. Other SHN records were fine. The action plan was followed. SHN policies were in place but not posted yet on the notice board. No side effects were noticed. Children had food before DAD. An orchard has only five plants for the moment. A garden is available too. Sanitary facilities are very inadequate and generally dirty: 1 pit latrine to 190 pupils.
Wash hand like tins were provided. Few selected pupils and interviewed on their knowledge on the prevention of worms infestation and prevention of Vit A and iron deficiency displayed average knowledge.

Monitoring School Health and Nutrition activities – Siavonga

Date: February 17, 2005

After paying curtsey visit to the DEBS – Siavonga, the monitoring team comprised of Mr. Makusa (ESO – Siavonga), Mr. Mwinga (DRCC – Siavonga), Mrs. Muleya (CDSS – Siavonga), Mr. Mumba (DHMT – Siavonga), Mrs. Chulu SHN FPP (PEO - SP) and Delphin visited Kariba basic school.

The SHN FPP briefed us on the position of drug distribution in the district. The DHMT vehicle broke down. The DEBS vehicle was also in the workshop for repairs. Most of the schools have not yet received drugs.

Kariba basic school: we found them during DAD. There was full participation from other school teachers Bilharzia prevalence rate was 28%. There was no mass treatment for schistosomiasis. They were found with very good SHN record keeping. Sanitation was good. They have been providing toilet paper in the VIP (ventilated improved pit latrines). Few more pit latrines are needed to achieve the required standards. School surrounding were found clean. The run off water from the stand pipe needs to be improved. There is a good attempt to have a garden and an orchard. They have planted mangoes and guava trees.

Bbakasa basic school: DAD was not yet done. We reviewed their records and went through the monitoring tool went them. SHN activities are in progress. There is also a WFP feeding program at the school. The school surroundings were4 not tied up by the time we were there. They have embarked on pit latrine construction that need the intervention of the DEBS' office to ensure that they are up to required standards. Appropriate advice was given to them to ensure that their DAD done successively.

Date: February 18, 2005

Syangwembu basic school: at this school, no SHN activity has been started. The appointed SHN FFP has too many assignments. The Head Teacher forgot to remind the SHN FFP. We immediately requested the appointment of an other Teacher who shall attend the next SHN Technical Training workshop. However, we reviewed all the SHN activities that they were supposed to have done and we recommended that DAD is done after the new SHN FFP has been trained. The school environment was very dirty. Domestic animals were found in the school area i.e. goats, cows and chicken etc.. Animal droppings were all over. We spent more time teaching SHN here.

Mandenga basic school: The school has not yet conducted DAD. The SHN FPP and the Deputy Head who attended the SHN Technical training have not briefed the Head Teacher yet. The Head Teacher got the opportunity of our monitoring trip to learn more on SHN. There is neither a garden nor an orchard. There is an ablution block that has maintenance problem and receive water at intervals.

The water being pumped to the school is from a river directly without going any process of treatment. Advice was given to treat water with chlorine and to build more pit latrines than relying on the defective ablution block.

The SHN FFP was also advised to follow the SHN action plan to start organizing the School Health and Nutrition Promotion Team that will assist them in being successful with SHN

activities. We through the SHN drug protocol to instill more confidence in the Teachers who will be conducting DAD. Other Teachers who were very grateful of this visit. They learnt more to ensure their full participation.

NB: Generally every school is in need of more Health cards. The new school enrolment has been generally high, mostly on grade ones.

Delivery of SHN Logistics to Sinazongwe and Checking on SHN drugs delivery by Medical Stores Limited

January 3-5, 2005

Tablet poles, New SHN posters, SHN/PHASE brochures and SHN manuals were taken to DEBS Sinazongwe. The monitoring program for SHN was discussed. We met with the Southern Province CHANGES Monitoring Team. It included the SHN FPP. We combined the visit to Fisheries basic school to check on both SHN and CSMC progress. Under SHN, the School had already formed a SHN Health Promoting Team, created a SHN corner and the school environment was well kept. There were new pit latrines built to the specified standards and there washing facilities provided for pupils after visiting pit latrines.

Launch for the SCI MoU by both MoE and MoH –

January 7, 2005

At last the Memorandum of Understanding between the Ministry of Health, the Ministry of Education and the Imperial College of Science Technology and Medicine was launched at the Cresta Golf view Hotel on the 7th of January 2005 from 14:00hrs to 17:00hrs. This MoU relates to the Control of Schistosomiasis and intestinal helminthes in Zambia.

Michael Beasley and Fiona Fleming – SCI visitors

January 10, 2005

At this meeting, Michael and Fiona were provided with the SHN data that they wanted. There was also a particular concern on the ZIPs structure in Eastern Province. The SHN Technical Officer gave data to them.

School Feeding Meeting at MoE

January 11, 2005

The SHN Technical Officer attended the meeting before proceeding to Livingstone with the CHANGES Chief of Party. During the Meeting it was observed that the formation of the National SHN Steering committee was vital. The SHN FPP person was reminded to follow up the matter with the MoE relevant authorities

Visit to CSMC CHANGES office – Livingstone

January 12 – 13, 2005

The SHN technical Officer, Delphin accompanied the Chief of Party on his supervisory trip to the CHANGES Office of Southern Province. Delphin took the opportunity to familiarize himself with the CSMC staff and the operations of the office. The visit gave a chance to review the SHN profiles. Researchers promised to send some of the data that were not included in the first draft.

Delphin also visited the SP PEO's and met the SHN FPP, Mrs. R. Chulu who later introduced him to the rest of the PEO' Staffs.

This trip was also combined with delivery of SHN logistics to Kalomo and Gwembe DEBS' offices ie: New SHN posters, BEPS books, brochures, Management and Technical manuals, tablet poles etc.... Moreover, we paid a visit to the DHMT to check whether the SHN drugs were received and they are well stored pending "Drugs Administration Days (DAD)" from the SHN schools. Gwembe Basic school was visited the same day to check on progress made on SHN activities with reference to their action plan. The Head Teacher ably explained what was carried out. They were anxiously waiting for the SHN drug for DAD.

During the meeting with the DESO, Mr. Mwinga, we learnt that Gwembe had only 26 basic schools in the district. Twenty schools were already trained as SHN schools. The Chief of Party advised that the remaining schools be also trained to remove some kind of stigma that the other six schools might be falling prey to.

Third National Health Research Conference, Lusaka

January 20 – 22, 2005

Delphin attended the Third National Health Research Conference (Third NHRC) as a delegate and he presented a scientific research paper entitled "In Vivo Study on Efficacy of Artesunate + Sulfadoxine / Pyremethamine and Sulfadoxine / Pyrimethamine". The presentation was an Oral Presentation under the theme, Malaria Drug Use and Resistance. This was projected on power point. The Conference will be held at Mulungushi International Conference Centre from January 20 – 22, 2005.

Technical Assistance to FAWEZA

February 2, 2005

The SHN Technical Officer was also assigned to give technical assistance to FAWEZA in the running of the school bursaries programme under FAWEZA. Delphin. Issues discussed were on the launch of SAFE (Students' Alliance for Female Education) clubs in 64 schools, the process of receiving schools' work plans for funding, distribution of bursaries and the SAFE National Convention. During the National Convention FAWEZA children are also given opportunity to live with FAWEZA members in their home for a day and night for them to observe life style both at work and at home.

AGUIRRE Consultants' Meeting at CHANGES

February 2, 2005

Edward, Paul and Delphin met the Aguiire Consultant to brief them on the CHANES programme at it is run on the National level and in the pilot areas in Eastern province (SHN) and Southern province (CSMC). An overview of SHN and CSMC was detailed to the Consultants, the major achievements, challenges and the way forward.

Meeting with Peer Educators at FAWEZA February 4, 2005
Delphin meet the Peer educators to discuss their program. Discussions concerned the FAWEZA bursaries distribution in various schools in Zambia, SAFE clubs, Youth Friendly corners

SCI Task Force Meeting at Serenity Lodge

February 11, 2005

The meeting was called to discuss further on the SCI Launch. It was agreed that the launch could be held either in Siavonga or at Taj Pamodzi hotel to the convenience and the prerogative of the Republican President or his Ministers. The meeting considered individuals who must be invited, their roles and their active participation and all protocols to be observed; the activities to be included and their respective leaders and also identified roles of MoH, CBoH and Task Force as well as the respective district.

SCI TOT training at River Motel – Kafue

February 22 – 23, 2004

The first workshop to train TOT in SCI was conducted at River Motel Kafue. Fiona of Imperial College London attended the training too. Participants were drawn from four district of Eastern province and three district from Southern province. The manual used was adopted from the SHN manuals. Paul and Delphin attended the SCI TOT training as Facilitators. They also proposed amendments to the Zambian SCI manual. Participants were asked to draw budgets for the ZIPs (Zonal Inset Providers) training. A time table was adopted to train Zonal teams from the first week of April (April 4 – 8, 2005). The training of Teachers to started from April 25 to May 7, 2005. The bilharzia questionnaire to be returned by May 20, 2005. The CHWs (Community Health Workers) training should be started on May 30, to June 4, 2005. Fiona recognized the assistance CHANGES gave to SCI and she sent a letter of appreciation after she got back to the UK.

Debriefing by Project Evaluation Consultants

February 25, 2005

Delphin attended the preliminary debriefing meeting by the Consultants at CHANGES office. Areas where there was little or no research at all were pointed out to Consultants. They promised to revisit their notes and make the valuable inclusion as they are writing their first report.

Meeting with the Mission Director USAID

March 7, 2005

The Chief of Party, Dr. Edward Graybill, briefed the Director on the running of the CHANGES programme as well as the evaluation exercise that was being undertaken by external Evaluators. Edward, Rick Henning, Paul and Delphin attended to the meeting. The Director wanted to know what will be the way forward after CHANGES. He was informed that SHN was scaling up to other provinces and SHN is now a national programme. He was also informed that Girls' education, Gender and Advocacy campaign were equally effective. The Director was equally informed that MoE indicators facilitated the choice of Southern province and Eastern provinces as pilot areas for CHANGES SHN and CSMC. CHANGES does also work together with local and international organizations such as UNICEF, JICA, WORLD Bank etc...At community level, CHANGES work with the PTAs, CBOs and FBOs.

It was also observed that though at some level it appears as if we have challenges to speed up better interactions, however at Provincial and District levels CHANGES are doing extremely well and are very well appreciated. Sustainability of the programme lies in the capacity built at provincial and district levels and MoE has adopted SHN as a National Programme. All Schools have included SHN under special issues in the MoE budgets.

Meeting with the Country Representative UNCEF – Stella Goings

March 11, 2005

Paul, Hilda, Margaret and Delphin met the UNICEF country Representative to discuss the "TOT" Healthy Eyes workshop as part of the inclusion in the SHN programme. Stella gave authority to Margaret to finalize the training with MoE, Dr. Wiafe and CHANGES. 400 US$ was reserved for the training including the printing of the "Eye Activity Book". CHANGES will continue giving technical expertise.

SCI Task Force Meeting March 11, 2005

Launch of SCI

Paul and Delphin attended the meeting that discussed the Launch of the SCI. It boarded on defining the various committees that would take responsibilities to prepare the Launch. Paul and Delphin were tasked to finalize the brochure to be used to disseminate SCI messages during the Launch.

Orphan Vulnerable Children Meeting at RAPID

March 16, 2005

Delphin represented CHANGES at the OVC meeting. Discussion centered on the minimum care package for OVC. The need to have an OVC National Steering Committee was also debated.

Debriefing at Pamodzi by Aguirre Consultants

March 17, 2005

The Consultants gave a power point debriefing to an audience comprising MoE, MoH, Stake Holders, CHANGES and USAID representative. The power point presentation was more narrative than descriptive. It did not cover recommendation and findings.

SHN Drug Administration Technical Training – Gwembe/Siavonga & Sinazongwe

March 21 – April 2, 2005

Teachers, Health workers and Community Development Officers were trained in SHN technical drug administration to cover 100% of the Basic Schools in Gwembe, Siavonga and Sinazongwe. Hilda the National SHN FPP, Mrs. Chulu SHN FPP Southern province, Phyllis, Mrs. Sakala, Mr. Mwinga, Mr. Hatimbula and Delphin facilitated in these two workshops. The workshops gave opportunity to train "TOT Trainer of Trainers from Southern Province to empower them to carry further with SHN Trainings in the Province.

The Provincial Education Officer came to officially open the SHN workshop to support the SHN programme. She earnestly appealed that in future she will extend the invitation to the Provincial Health Director. The PEO also expressed concern on the expansion of SHN to the remaining districts as CHANGES is winding off in July this year. She praised SHN as a very good programme for all her school in Southern province. She deplored why scaling up of SHN programme started late towards the end of CHANGES programme. She appealed to the National SHN FPP to ensure that SHN scales up without interruption in her province.

The following were the category trained:

Gwembe/Siavonga	MoE	Male Teachers: 41
		Female Teachers: 4
	MoH	Male: 5
		Female: 7
	MCDSS	Male:
		Female: 1
	Total MoE:	45
	Total MoH:	12
	Total MCDSS:	1
	Grand Total:	**58**
Sinazongwe	MoE	Male Teachers: 35
		Female Teachers: 7
	MoH	Male: 5
		Female: 2
	MCDSS	Male: 1
		Female: -
	Total MoE:	42
	Total MoH:	7
	Total MCDSS:	1
	Grand Total:	**50**

The first day for the Gwembe/Siavonga training was characterized by the presence of Community Focal Point persons who were also invited by the Siavonga DEBS' office and on the arrival day the SHN FPP Southern Province instructed the Accounting Officer to pay DSA while Facilitators were holding the evening preparatory meeting. They were all together fifteen (15). The SHN FPP was expected to come with the list of invited Teachers, Health Workers and the Ministry of Community Development and Social Services staffs.

When Delphin discovered during introduction that there were more participants introducing themselves as Community Focal Persons (CFPs), he urgently called the National SHN FPP and the PEO SHN FPP who agreed that she made a mistake with the DEBS' office Siavonga to invite them. Delphin ordered that the CFPs be sent back. An apology was given to them and they were given transport back to their home. They were also paid one DSA only. The other two days that was paid was retrieved from them. The PEO SHN FPP apologized that the mistake was from Siavonga DEBS only and not Gwembe. That means that the SHN FFP DEBS Siavonga was the one who mislead her.

After sending back those CFPs the workshop went on well till the end. Health Cards were very few because there were not available from MoE. As soon as MoE prints them the National SHN FFP should send health cards to Gwembe, Siavonga and Sinazongwe.

ACTIVITY REPORT FOR SHN REGIONAL ADVISOR PAUL FREUND JANUARY-MARCH 2005

Shortly after returning from leave the Regional Advisor left for an assignment in Nigeria (January 8-30) for the Compass Project.

Prior discussions and arrangements were made via telephone and email regarding support and advice regarding School Health and Nutrition that will be part of the integrated programme in Nigeria. The Regional Advisor read background documents and had extensive telephone conversions to clarify SHN priorities and define areas where the Zambian experience will be useful in Nigeria.

The Regional Advisor then traveled to Nigeria arriving on January 10th. The Regional Advisor then met with USAID Abuja and Compass staff to agree on activities and to reuse the proposed SOW. The time spent in Nigeria include field visits to three states (Nasawara, Kano and Lagos) and meetings with over 100 people from local government, state and Federal levels. In addition, visits to schools and discussions were held with teachers, PTA members, unions and NGO representatives from NGOs.

The main focus of the Regional Advisor's visit to Nigeria was to share the successful CHANGES SHN experience including documents, tools, IEC materials with Compass. In addition, the Regional Advisor was tasked with interviewing possible candidates for the SHN advisor, receiving the current work-plan, and defining priorities for SHN in Compass.

The visit was very successful and the advisor accomplished the activities and gained a number of useful insights to the Zambian programme as well. A detailed report of the trip was written and submitted to Creative International for submission to USAID Nigeria. The Regional Advisor will continue to provide advice for the Compass programme as required.

Training

The Regional Advisor participated in the TOT conducted by SCI (coordinators and Fiona Fleming Imperial College) from February 22-23. The purpose of the training was to initiate the Zonal training process in seven districts (4 from Eastern and 3 from Southern). A manual put together by SCI that incorporated material from CHANGES training materials and from other sources was used. In addition, a series of monitoring instruments were included that would be piloted by SCI in these districts. The Regional Advisor and SHN technical officer assisted in facilitating the TOT. The TOT focused on the key technical issues of drug administration, use of tools and monitoring instruments. Each district would return to their areas and submit a budget for the next step in the process namely training of zonal teachers.

SCI Activities

SCI related activities intensified during the quarter. These included: four meetings of the SCI task force, visit of Imperial college consultants, signing of the MOU (January 7) Zonal TOT and preparations for the launch tentatively scheduled for June 17.

The signing of the SCI MOU that had been delayed was finally singed and presented at a meeting by MOH, MOE, Imperial College London, UNICEF and UTH staff. Signing then opened the way for the purchase of vehicles, equipment and other key activities that were delayed for the past five months.

Soon after signing the SCI task force held more regular meetings to discuss upcoming activities including training, and the official launch.

The zonal TOT was held in February 22-23 and zonal level training of zonal teachers will begin in April after budgets are compiled and submitted for approval by the SCI secretariat at the London office.

Preparations for the launch (Siavonga) by the President with the presence of the Ministers of Health, Education and other government and donor community dignitaries. Activities planned include media campaigns, plays etc by school children, and administration of the drug by president or minister to a school pupil. Subcommittees of the SCI task force will organize these various events. CHANGES staff are active participants in all SCI activities.

Monitoring Activities

A major thrust of the quarter's activities involved monitoring of SHN activities and tracking drug distribution Eastern and Southern province districts.

Monitoring of Siavonga and Sinazongwe schools took place in January by the Southern Province provincial focal point, district staff and CHANGES SHN officer. In general the drug administration has been going on well with only a few problems encountered.

The Regional Advisor participated in the monitoring exercise in Gwembe district from February 7-11. This was conducted in collaboration with the SPFPP, district MOE, MOH and MCDSS staff. We participated in ongoing mass treatment in three schools, and monitored drug administration in four others. All of the mass treatment schools did very well and had conducted the bilharzias prevalence and organized DAD efficiently. In each case health workers were presented and teachers and health workers were sharing responsibilities. PTA members and parents were also present and children were bringing food or had been told to eat on DAD.

We held discussions with district officials and health centre staff to determine how the process could be improved. By conducting the exercise with the team consisting of MOE, MOH, MCDSS we intend to build the capacity of the district to conduct SHN

monitoring in the future. Some of the constraints encountered include difficult roads, lack of transport by health centre staff, shortage of vehicles in MOE capable of traveling to the more remote schools.

We also engaged in monitoring drug supply and distribution for SCI who asked to know if districts have received the SHN drugs, the amount and when received. This information was collected for the majority of districts, information from southern province districts has been difficult to obtain.

Evaluation of CHANGES

The Regional Advisor has actively participated in the ongoing evaluation process by a team from Aguirre and local Zambian consultants. This has included discussions, provisions of background documents. In addition, the Regional Advisor and SHN technical officer has reviewed a written report and assisted in correcting errors in fact and need for additional material particularly in the SHN section. The Regional Advisor also participated in the USAID briefing with the consultants.

The official presentation of findings took place on March 17. Additional comments and corrections from this meeting will be incorporated in the final report.

Planned Activities for Next Quarter

The major activities in the final quarter will include the following:

- Monitoring will continue of zonal training process under SCI
- Official launch of Schistosomiasis Control in Zambia Siavonga June 17-18
- Training of remaining schools in 3 Southern province districts completed by April 2.
- Provincial stakeholders meeting for 3 Southern Province
- Possible training of ZCFs South province (if required as many have already been trained earlier.
- Zonal training continues in seven districts SCI
- Drug monitoring will continue
- Healthy Eye Initiative TOT – funded by Unicef. Date: TBA.

Other Related Activities

- The Regional Advisor along with Mr Josias Zulu (Eastern province Coordinator) and Mr Sitwala Mungunda (Southern Province) attended the annual CIES Conference at Stanford University, USA. They were part of two panels – one on School Health and Nutrition and another on HIV/AIDS.
- A follow up meeting on SHN policy attended by the Regional Advisor earlier was held in January. Final documents of the SHN policy, SHN guidelines and a revised MOU were produced. These are now ready for submission to the PS and eventually to Cabinet office (SHN policy).

- Other outstanding issues followed up by the Regional Advisor included: the final EMIS integrated report, operations research report on linguistic aspects if counseling in Eastern province and finalisation of a summary Technical document entitled; "Pills to make pupils smarter" (This document that incorporates an overview of the Eastern province pilot and scale up will carry a preface and foreword by the PS/MOE and Director of Planning respectively)
- The Regional Advisor also resubmitted a letter to revitalize the SHN intersectoral steering committee through the Director or Planning (decision pending)
- The training manuals used by CHANGES will have a preface by the PS and the MOE will distribute them to teachers. The preface written by the Regional Advisor was approved by the MOE.

E. Ministry of Education's HIV/AIDS in the Workplace Policy Document

Republic of Zambia
Ministry of Education

HIV AND AIDS POLICY FOR THE MANAGEMENT AND MITIGATION OF HIV/AIDS IN THE EDUCATION SECTOR

11 November 2004

Foreword

The impact of HIV/AIDS on the Education Sector can not be ignored.
Many schools are already experiencing the effects of the epidemic, as teachers, learners and members of their families fall ill.

Before the epidemic is brought under control, such effects will become harsher and more widespread. Almost every educator will eventually be teaching some learners who have HIV. In most staff rooms, one or more teachers will be infected and other school employees will not be exempted.

Illness disrupts learning and teaching. Those teachers who are still strong and healthy will have to take an extra load when sick teachers are absent. Learners who are ill lag behind in their studies. When family members get ill or die, teachers, learners and schools suffer disruption, loss and sorrow. Many schools will be crippled by the impact of the disease on staff, learners and their families. The development of the Education Sector Policy on HIV/AIDS is a reflection of the Ministry of Education's commitment to fighting the HIV/AIDS scourge in the education sector. It is hoped that the Education Sector Policy will facilitate broader understanding and strengthen partnerships between education service providers in the fight against the scourge.

The Education Sector Policy on HIV and AIDS will act as a practical guide for effective prevention, care and support within the public sector, where HIV/AIDS programmes are being implemented. In addition, the Education Sector Policy on HIV and AIDS formalizes the rights and responsibilities of the institutions and every person involved directly or indirectly, in the education sector, with regard to HIV and AIDS, i.e. the learners their parents and care givers, educators, managers, administrators, support staff and the civil society.

The major task at hand is to ensure that the stipulated policies are disseminated widely to all educational institutions, and implemented, in order to achieve the desired impact on HIV/AIDS, on behalf of the Ministry of Education. I wish to express gratitude to all the stakeholders who have participated in this endeavour, for their contribution. I also wish to extend sincere appreciation to all Directors, HIV/AIDS Unit, Collaborating Partners, for supporting the consultative process that has led to the preparation of this policy.

(Hon)Andrew Mulenga (MP)
Minister of Education

Acknowledgments

The Policy initiative, development and publication has been made possible by financial support from CHANGES (Communities Supporting Health, HIV/AIDS, Nutrition, Gender, Equity and Education in Schools), Mobile Task Team (M.T.T), USAID and the Ministry of Education, HIV/AIDS Unit.

The research and development behind this policy is as a result of collective effort of institutions, such as Ministry of Legal Affairs, PAC at Cabinet, Ministry of Health, Ministry of Community and Social Services, individuals and workshop participants.

I wish to express my appreciation to all these institutions, the National Steering Committee and the District workshop participants who critically examined the preliminary edition, for invaluable support and contribution to the successful outcome i.e. the Education Sector Policy on HIV and AIDS.

Moses Musonda
Permanent Secretary

Acronyms and Terms

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
CBOs	Community Based Organizations
DEMMIS	District Education Monitoring and Management Information System
ECCD	Early Childhood Care and Development
EMIS	Education Management Information Systems
FBOs	Faith Based Organizations
HIV	Human Immunodeficiency Virus
HR	Human Resource
IEC	Information Education Communication
MoE	Ministry of Education
NGOs	Non-Governmental Organisations
OVC	Orphans and other Vulnerable Children
PLWAs	People living with HIV/AIDS
STIs	Sexually Transmitted Infections
VCT	Voluntary Counselling and Testing

Concepts and Definition of Terms

The meaning attached to each of the terms below is applicable within the context of the **National Policy for the Management and Mitigation of HIV/AIDS in the Education Sector**:

AIDS	Acquired Immune Deficiency Syndrome (AIDS) is the final phase of HIV infection and is a condition characterised by a combination of signs and symptoms caused by HIV which attacks and weakens the body's immune system making the affected person susceptible to other life threatening diseases
Advocacy	Efforts made to get due support and recognition for a cause, policy or recommendation
Anti-Retrovirals	A class of drugs that inhibit retroviruses like HIV
Child	A person below the age of 18 years
Education Sector	Refers to all the programmes, activities and players in the field of education
Educator	Any trained or untrained person teaching in the primary, secondary or teacher training sub-sectors, or any other programmes falling under the jurisdiction of the Ministry of Education
Employee	This includes, but is not strictly limited to, educators, instructors, administrators, literacy workers, support staff, managers and other employees, from the various directorates and from national, provincial, district and institutional level
Gender	All attributes associated with women and men, boys and girls, which are socially and culturally ascribed and which vary from one society to another and over time.
HIV	Human Immunodeficiency Virus- the name of the virus which undermines the immune system and leads to AIDS
HIV/AIDS Impact	The socio-economic, psychological, emotional and other consequences arising as a result of the spread of the virus.
Holistic Care & Support	Means of care and support that address physical, psychological, emotional and other needs of affected and infected individuals
Incapacity	A condition where one is not able to perform duties.
Infected and affected person/s	An infected person is one who is infected with HIV. An affected person is someone whose well-being is affected by the impact of HIV/AIDS on their family, friends, community or fellow employees.
Institution	This could include public or private pre-schools, primary or secondary schools, technical or vocational colleges, teacher training colleges, non-formal education providers and all other providers of learning, training or education

Learner	Any child or adult enrolled in an education programme falling under the jurisdiction of the Ministry of Education
Learners with special needs	Any learner within the education sector who is challenged by virtue of diversity
Life Skills	Practical skills and values taught as part of the curriculum to prepare pupils for real living and to be more self-assured and self-reliant. Curriculum also often includes aspects of teaching children how to protect themselves from harm, including HIV infection
Opportunistic Infections/s (OI)	Infections that occur because a person's immune system is so weak that it cannot fight off the infections. Many organisms (viruses, bacteria, fungi,) are held in check by the immune system. They often "colonize" the body (They are present but not noticed) without causing disease. When someone becomes immuno-compromised for any reason (HIV infection, cancer, or treatment with immuno-suppressive drugs, such as certain kinds of chemotheraphy), some of these organisms take advantage of the "opportunity" by growing out of control and causing disease.
Orphan	An orphan is a person under the age of 18 years who has lost one or both parents
Peer educators	A person (child or adult) trained or equipped to train and support another person equal in rank, merit or age
Post Exposure Prophylaxis	Refers to measures and treatment given to a person who has recently been exposed to disease causing organisms, to prevent them from developing the disease
Psychosocial support	Physical, economic, moral or spiritual support provided to an individual under any form of stress
Reasonable Accommodation	Any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment
Sero-status	The presence (HIV positive) or absence (HIV negative) of HIV in the body
Sexual Harassment and Abuse	Sexual harassment includes persistent, unwanted sexual approaches or suggestions to a colleague, or any sexual approaches, suggestions or pressure on a learner in an education institution
Universal Precautions	A simple standard of infection control practice to be used to minimize the risk of blood-borne pathogens, specifically aimed at the prevention of HIV transmission from one person to another as detailed in annexure 1
VCT	Voluntary Counselling and Testing is voluntary HIV testing that involves a process of pre- and post-test counselling, that helps people to know their sero-status (HIV status) and make informed decisions.
Vulnerable child	A child who is below the age of 18 years who has been, is in, or is likely to be in, a situation, where she/he may suffer physical, emotional or mental harm
Workplace	Refers to occupational settings, stations and places where workers spend time for employment. Schools and other institutions of learning are also considered to be workplaces

Table of Contents

Foreword 79
Acknowledgments 80
Acronyms and Terms 81
1. Preamble 85
2. Statement of Strategy 86
3. Guiding Principles 86
4. Key Strategic Areas 88
4.1 Prevention 88
4.2.1 Information on HIV and AIDS 88
4.2.2 HIV/AIDS and the curriculum 89
4.2.3 Peer Education 89
4.2.4 Prevention systems and supplies 89
4.2 Care and Support 90
4.2.1 Identification of orphans and vulnerable children 90
4.2.2 Monitoring of OVC 90
4.2.3 Programmes for girl children 90
4.2.4 Counselling, VCT and psychosocial support 90
4.2.5 Services and support for OVC 90
4.2.6 Treatment and care for infected employees and education sector workers (and their spouses and biological children) 91
4.2.7 Care and support for infected learners 91
4.2.8 Information and referrals 91
4.3 HIV/AIDS and the Workplace 92
4.3.1 Non-discrimination 92
4.3.2 Sexual abuse and harassment 92
4.3.3 HIV testing and confidentiality 93
4.3.4 Conditions of service and benefits 93
4.4 Planning, Management and Mitigation 94
4.4.1 Management structures and responsibilities 94
4.4.2 HIV/AIDS coordination and management 94
4.4.3 Leadership and advocacy 94
4.4.4 Data collection and information systems 95
4.4.5 Planning/budgeting, finance management and resource mobilization 95
4.4.6 Research 95
4.4.7 Policy implementation and review 96
4.4.8 Partnerships and links 96
4.4.9 Tertiary/Higher education sector 96
4.4.10 Monitoring and evaluation 96
4.4.11 Reporting 97
5 Annex 98

1. Preamble

HIV/AIDS continues to affect millions of people globally. Sub-Saharan Africa remains by far the region worst affected by the AIDS epidemic. The region has just over 10% of the world's population, but is home to two-thirds of all people living with HIV. It is estimated (UNAIDS 2003) that 25 million people under the age of 50 years are living with HIV/AIDS in Sub-Saharan Africa.

The HIV/AIDS pandemic threatens to undermine the delivery and quality of education services in Zambia. It is likely that the effects of the pandemic will continue to impact negatively on the education sector for some time. Specifically – a diminished supply of teachers and other key personnel; reduced school enrolment and attendance; an increase in the number of learners dropping out of schools; an increase in absenteeism, sickness and early retirement among teachers.

At present there is no cure or vaccine for HIV and AIDS and the only way to stop its spread is through attitudinal and behavioural changes as well as management that can be secured effectively through education. Education has a key role to play both in preventing HIV and AIDS and in mitigating its effects on individuals, families, communities and society. Children and young people have been disproportionately affected by the epidemic. Levels of infection peak in the 15 – 24 year age group, and the impact on families, households and communities are often even harder on young people within them.

For the education sector to respond effectively to the challenges of this pandemic there is need to develop a policy for addressing HIV and AIDS issues as they affect the entire education system. The **National Policy for the Management and Mitigation of HIV/AIDS in the Education Sector** formalises the rights and responsibilities of every person involved, directly or indirectly, in the education sector with regard to HIV and AIDS: the learners, their parents and care givers, educators, managers, administrators, support staff and civil society. This policy will provide a framework to implement and monitor and evaluate the impact of its HIV/AIDS interventions and the effects of HIV/AIDS on its labour force over time.

Through the implementation of the **National Policy for the Management and Mitigation of HIV/AIDS in the Education Sector,** the Ministry of Education reconfirms its commitment to mitigating the impact of HIV/AIDS on the education sector including learners, educators and all sector employees. The Ministry of Education is committed to provide the leadership required for the implementation of all that is outlined in the strategy policy. The Ministry of Education will implement programmes in its learning institutions and administrative offices throughout Zambia, to prevent and control the spread of HIV/AIDS, to promote care for those who are infected and affected, and to reduce the socio-economic impact of the epidemic.

The **National Policy for the Management and Mitigation of HIV/AIDS in the Education Sector** is an interim measure while awaiting the National Policy on

HIV/AIDS and that the strategy will be revised to suit guidelines and provisions provided in the National Policy once released.

2. Statement of Strategy

The Ministry of Education recognises the gravity and devastating effects of the HIV/AIDS pandemic, and is therefore committed to adopting a humanitarian approach to HIV/AIDS by promoting a supportive and non-discriminatory environment. The MoE also seeks to minimise the impact of the pandemic on the MoE, its employees and learners through appropriate workplace interventions, including programmes of care and support, to complement existing prevention interventions, management and mitigation strategies.

The **National Policy for the Management and Mitigation of HIV/AIDS in the Education Sector** applies to ALL learners, employees, managers and providers of education and training in all public and private, formal non-formal and traditional learning institutions at all levels of the education system in the republic of Zambia.

3. Guiding Principles

The principles that guide the **National Policy for the Management and Mitigation of HIV/AIDS in the Education Sector** are in accordance with international conventions, national laws, policies, guidelines and regulations. In particular, the principles take into consideration gender issues, learners with special needs and recognise the universality of human rights.

This policy aims to complement and strengthen the overall development goals of the Republic of Zambia other sectoral policies and programmes. The policy provides the framework for responding to concerns and needs of those infected with and affected by HIV/AIDS in the education sector.

Below are the essential considerations and principles underpinning the policy:

Privacy and confidentiality

Every person has the right to privacy and confidentiality regarding their health, including information related to their HIV status.

Every person has the right to know their HIV status; and openness and disclosure are encouraged within a safe, supportive and accepting environment.

Universal precautions in workplaces and learning institutions

All persons in workplaces and learning institutions have a responsibility to minimise the risk of HIV transmission by taking the appropriate first aid/universal infection control precautions.

Safe and secure workplaces and learning institutions

There shall be zero tolerance for sexual harassment, abuse and exploitation.

All schools, institutions of learning and offices shall be safe and secure.

Equity and protection from discrimination

Every person has equal rights, opportunities and responsibilities.

Learners, educators and others, who are infected, affected or vulnerable in any other way, shall be protected from all forms of stigma and discrimination based on actual, known or perceived HIV status.

Gender responsiveness and the girl child

HIV and AIDS affect women and men differently. Application of all aspects of this policy shall be sensitive and responsive to the different needs of men and women, boys and girls, and interventions shall recognise the special vulnerabilities of the girl child.

Access to care, treatment and support

All infected and affected learners, other youths, educators and other personnel in the education sector, as well as their spouses and biological children, have the right to access holistic care, treatment and support.

In line with current policy, identified needs and available resources, the education sector will work in partnership with line ministries and other agencies offering support and care including institutions, communities, private and public health care systems.

Access to information

Every person has the right to access accurate and complete HIV/AIDS information.

Information will be age appropriate, culturally sensitive and provided in an accessible format.

Leadership and commitment

Political leaders and managers in the education sector shall support the policy and its implementation at every stage.

Fair labour practices

All employees have the right to fair labour practices, regardless of their known, perceived or actual HIV status.

Partnerships and consultation

The policy shall be implemented in consultation and in partnership with communities, stakeholders, organisations, institutions and agencies that subscribe to the same values and goals related to HIV/AIDS and education.

Greater involvement of people living with HIV and AIDS (GIPA)

Within the boundaries of confidentiality, people living positively with HIV and AIDS shall be encouraged to be involved in all aspects of the education sector's response to HIV/AIDS.

Research-guided interventions

Design and implementation of interventions shall be guided by research findings and best practices, from within and beyond the education sector.

Capacity building

There shall be commitment to capacity building for all persons involved in the HIV/AIDS policy implementation.

4. Key Strategic Areas

The **National Policy for the Management and Mitigation of HIV/AIDS in the Education Sector** identifies four strategic areas:

- HIV Prevention and Wellness Programme
- Care and Support
- HIV/AIDS and the workplace
- Management of the response

These areas are not unconnected and should not be seen as separate, discrete areas. The areas jointly provide an effective response to the impact of HIV/AIDS felt by the Education Sector and offer a robust base for strengthening all mitigation strategies and endeavours to curb further impacts.

4.1 Prevention

Goal:

Every person in the education sector is informed and knowledgeable on HIV prevention and applies this to create a safe environment that prevents further HIV infection.

Information on HIV and AIDS

4.1.1.1 In the absence of a vaccine or cure, education and awareness are vital components of HIV/AIDS prevention programmes, as the further spread of the disease can be limited by informed and responsible behaviour. The MOE will ensure that all prevention strategies will be sensitive to cultural and religious beliefs and appropriate to age, gender, language, special needs and context and that these will be in line with the most accurate, factual and current information available.

4.1.1.2 IEC materials will be provided to improve and update knowledge and awareness on HIV/AIDS, sexually transmitted infections, opportunistic infections, and to provide guidance on how to achieve and maintain a healthy lifestyle as well as to reduce stigma and discrimination.

4.1.1.3 Every learning institution and office will allocate time to provide messages and information on HIV/AIDS.

HIV/AIDS and the curriculum

4.1.2.1 HIV/AIDS prevention information and life skills will be mainstreamed into the existing curriculum and offered across all levels of education.

4.1.2.2 Appropriate learner and teacher support materials, which are gender sensitive, will be developed to support HIV/AIDS curriculum interventions.

4.1.2.3 Through in-service and pre-service programmes, educators will be prepared to effectively integrate HIV prevention messages into the lessons and curriculum, according to existing curriculum policy.

Peer Education

4.1.3.1 The MoE, in consultation with relevant stakeholders with expertise in HIV/AIDS education, will train peer educators who will use a variety of communication methods to deliver appropriate HIV/AIDS prevention messages in order to promote and sustain risk-reducing behaviour.

Prevention systems and supplies

4.1.4.1 In collaboration with Ministry of Health and other recognised agencies, the MoE will facilitate and make available approved and appropriate prevention services and supplies at workplaces and selected locations.

4.1.4.2 The MoE will provide and maintain as far as reasonably practicable, a workplace that is safe from HIV transmission and without risk to the health of employees and learners in order to minimise the risk of exposure to HIV/AIDS.

4.1.4.3 Every learning institution and office will be made aware of universal infection control precautions and be required to put the necessary systems in place to ensure their implementation.

The universal infection control precautions will be administered by trained personnel, wherever there is a risk of exposure to blood including accidents on the sports field and during play.

4.1.4.4 Where appropriate, all persons in the education sector will be made aware of local services that provide treatment of STIs and be encouraged to seek treatment in order to reduce HIV transmission and the further spread of STIs.

4.2 Care and Support

Goal:

Affected and infected individuals in the education sector have access to a wide range of care and support services

4.2.1 Identification of orphans and vulnerable children

4.2.1.1 Identification and assessment of double and single orphans and vulnerable children will be integrated into existing systems.

4.2.2 Monitoring of OVC

4.2.2.1 On-going monitoring of OVC will take place – in respect of their learning and general welfare.

4.2.3 Programmes for girl children

4.2.3.1 Girls will be targeted for special programmes to enable them to continue their education.

4.2.4 Counseling, VCT and psychosocial support

4.2.4.1 Counseling and guidance services at workplaces and learning institutions will be strengthened to support all employees and learners, particularly orphans and vulnerable children.

4.2.4.2 Employees and learners will be informed about VCT and encouraged to be tested for HIV, where appropriate.

4.2.4.3 Efforts will be made to create an enabling and non-discriminatory environment for infected learners and employees to disclose their status in order to access help and support.

4.2.5 Services and support for OVC

4.2.5.1 Alternative arrangements, like payment in kind and donations from NGOs, will be implemented to enable OVC to attend school.

4.2.5.2 Support from MoE will continue – for fees and other educational needs.

4.2.5.3 Parents, families, communities, learners and agricultural agencies will be involved in programmes of nutritional security for learners and OVC and integrated into the learning institution's programmes.

4.2.6 Treatment and care for infected employees and education sector workers (and their spouses and biological children)

4.2.6.1 The MoE will provide adequate information on treatment, including antiretroviral treatment (ART), prevention of mother to child transmission (PMTCT), opportunistic infections (OIs) and positive living, including nutrition.

4.2.6.2 The MoE will facilitate referrals for infected employees and education sector workers to access a wide range of treatment and care services from the health sector.

4.2.7 Care and support for infected learners

4.2.7.1 Where necessary, learning institutions and educators will enable infected learners to continue their education through alternative learning arrangements.

4.2.7.2 Learning institutions will encourage infected learners to seek treatment, facilitating referrals to appropriate health services.

4.2.8 Information and referrals

4.2.8.1 Employees, education sector workers and learners (particularly OVC and infected learners) will be provided with information on available local community services, such as:

- Home-based care services and support groups;
- Church groups that support widows and orphans;
- Nutrition clubs, run by NGOs;
- Healthy living clubs and other support groups formed at workplaces; and
- NGOs that provide uniforms, food, and more general support.
- People Living With HIV and AIDS,
- District Welfare Assistance Committee (DWAC)
- Public Welfare Assistance Scheme (PWAS)
- Community Welfare Assistance Committee (CWAC)
- Area Welfare Assistance Committee (AWAC)

4.3 HIV/AIDS and the Workplace

Goal:

A workplace characterised by sensitivity, responsiveness to HIV/AIDS and free of risk and stigma, that is supported by non-discriminatory terms and conditions of service and labour practices for all education sector employees, stakeholders and clients.

HUMAN RESOURCE MANAGEMENT

4.3.1 Non-discrimination

4.3.1.1 All education sector educators, managers, administrators, support staff and other employees living with HIV/AIDS have equal rights and obligations as all other non-infected education sector employees.

4.3.1.2 There will be no tolerance of discrimination against any employee on account of real or perceived HIV status.

4.3.1.3 No employee will be prejudiced in relation to equal opportunities for employment, promotion, job classification, transfers, employee benefits or training. If an employee perceives discrimination to be occurring as a result of his/her HIV status, that individual will have recourse to the MoE's grievance procedures.

4.3.1.4 There will be no termination of the employment relationship on account of an employee's HIV status. As the largest employers in the education sector, the Teaching and Public Service Commissions will pay special attention to this issue.

4.3.1.5 All learning institutions and education workplaces will foster a supportive environment for employees who are HIV positive.

4.3.1.6 The MoE will put in place appropriate measures to ensure that co-workers and persons living with HIV/AIDS continue working within a conducive environment.

4.3.2 Sexual abuse and harassment

4.3.2.1 Sexual abuse and harassment or coercion for sex will not be tolerated in learning institutions and education workplaces. All cases of misconduct will be handled in accordance with the Code of Conduct and existing laws of the Republic of Zambia.

4.3.2.2 Any employee who feels that he/she is being sexually abused and/or harassed in the workplace, may lodge a complaint with any person in an appropriate position of authority in the school, community, union or police; and the responsible person will investigate the incident(s) and follow the appropriate disciplinary procedure.

4.3.3 HIV testing and confidentiality

4.3.3.1 Learning institutions will not require any person directly or indirectly to undergo any form of HIV testing as a pre-condition to the offer of employment or admission into a learning institution.

4.3.3.2 HIV testing, status or disclosure will not be a pre-requisite for nomination in respect of training within Zambian learning institutions.

4.3.3.3 No employee is under any obligation to inform his/her employer/supervisor or colleagues of his/her HIV status.

4.3.3.4 All employees will treat information regarding the HIV status of others with strict confidence. Any disclosure of information related to the HIV status of an employee by any member of staff without the written consent of the individual, will attract disciplinary action by an authority within the Ministry.

HUMAN RESOURCE PLANNING

4.3.4 Conditions of service and benefits

4.3.4.1 When an employee has exhausted their entitlement to sick leave and other leave benefits, employees will be encouraged to seek treatment and gain access to their benefits.

4.3.4.2 If an employee is unable to perform his or her normal duties, "*reasonable accommodation*" will apply and the provision of alternative suitable employment within their place of employment will be facilitated where possible. This can only be implemented with the written consent of the employee, and such action, without the consent of the employee, will amount to a breach of contract. This option will always be explored before retirement to pension on medical grounds.

4.3.4.3 As HIV/AIDS is not within the control of the employee and does not therefore constitute any form of misconduct; the consultation and counselling process will be dealt with as *incapacity*. Records will be kept of all counselling sessions as proof that the MoE did not make an arbitrary decision to retire an employee. The normal period of notice will apply, and such retirement will be without prejudice to the employee's benefits.

4.3.4.4 Employees who opt to leave their posts on medical grounds, will be supported in their retirement applications.

4.3.4.5 Where employees disclose their HIV status measures will be taken to ensure that they are not deployed away from their spouses and families.

4.4 Planning, Management and Mitigation

Goal:

Management structures, systems, partnerships and programmes are in place at all levels of the education sector to plan, advocate, ensure and sustain quality education in the context of HIV/AIDS.

4.4.1 Management structures and responsibilities

4.4.1.1 Dedicated management structures will be in place at the national, provincial, district and institutional levels of the education system responsible for education sector HIV/AIDS policy implementation, direction, monitoring, evaluation and reporting.

4.4.1.2 Accountable Focal Point Persons will be appointed at every level and in every institution, assisted by nominated senior officers and are to report monthly, quarterly and annually to their supervisors.

4.4.2 HIV/AIDS coordination and management

4.4.2.1 The HIV/AIDS management unit will be formally established and sustainably resourced to lead the MoE HIV/AIDS response.

4.4.2.2 This HIV/AIDS management unit, situated at the MoE headquarters within the HR Directorate, will guide the implementation of the national education sector HIV/AIDS policy and provide leadership, coordination, technical support and reporting on the implementation of the policy.

4.4.2.3 There will be MoE commitment to sustained capacity building for the HIV/AIDS management unit, its personnel, and all Focal Point Persons and their nominated assistants at every level.

4.4.3 Leadership and advocacy

4.4.3.1 Political leaders and managers in the education sector will, at all times, publicly support the education sector HIV/AIDS policy and its implementation at every stage and level.

4.4.3.2 Political leaders and managers will be advocates of the education sector policy and positive role models, creating awareness and sharing information about HIV/AIDS impact and education sector responses.

4.4.4 Data collection and information systems

4.4.4.1 The MoE will develop a set of core indicators of HIV/AIDS impact on the education system that can be routinely captured at all levels and in all functions of the education system.

4.4.4.2 The MoE will review EMIS, HR and related information systems, implement new district level data systems (DEMMIS) to ensure the regular capture of these indicators across the entire education system and timeously analyze these to provide HIV/AIDS sensitive information to support decisions and empower management at all levels.

4.4.4.3 This information will be available to every stakeholder.

4.4.5 Planning/budgeting, finance management and resource mobilization

4.4.5.1 Planning for HIV/AIDS impact and response will be carried out on a continuous basis at every level of the education system.

4.4.5.2 Planning will include attention to issues of OVC, out-of-school youth and learners with special education needs.

4.4.5.3 The HIV/AIDS management unit will be responsible for guiding the education budget planning and finance management processes and coordinating external resources for the education sector HIV/AIDS response.

4.4.6 Research

4.4.6.1 The development and implementation of policy and related interventions will be guided by regular, prioritized, data-based research and proven best practice both inside and outside the education sector, to monitor impact, trends and the effectiveness of responses.

4.4.6.2 The education sector and MoE will collaborate with other key research stakeholders on all research and analysis of mutual interest.

4.4.6.3 Special attention will be given to research on levels of HIV-prevalence in the education sector, orphaning, vulnerability, education access and quality, the effectiveness of prevention, care and support programmes, workplace impact and gender issues.

4.4.6.4 All research will be conducted in accordance with internationally accepted ethical standards and scientific principles, and will respect the rights, privacy and confidentiality of every person involved.

4.4.7 Policy implementation and review

4.4.7.1 Following approval of the National Policy for the Management and Mitigation of HIV/AIDS in the Education Sector, the MoE will plan and action the policy implementation process at every level of the system.

4.4.7.2 The education sector HIV/AIDS policy will be reviewed as may be required but at least every two years.

4.4.7.3 All other education sub-sectors and institutions responsible for developing HIV/AIDS policies in compliance with the education sector HIV/AIDS policy will also be responsible for the review of these policies at least every two years.

4.4.8 Partnerships and links

4.4.8.1 The MoE will recognize the roles and contributions of all its sectoral and development partners and encourage their participation in the implementation of the education sector HIV/AIDS policy and the achievement of its goals and objectives.

4.4.8.2 Through the development and maintenance of a partnership database, the MoE will identify and work effectively with these partners to manage and mitigate the impact of HIV/AIDS.

4.4.8.3 The MoE will facilitate the development of links with other social sector ministries and agencies to explore common interests and collaborative relationships.

4.4.8.4 These links will specifically include agreement on joint responsibility and programming for ECCD, OVC, out-of-school youth and cross-cutting or multi-sectoral issues.

4.4.9 Tertiary/Higher education sector

4.4.9.1 The tertiary and higher education sector will develop sector-specific HIV/AIDS policies at the sectoral and institutional level in accordance with the Zambian National HIV/AIDS/STI/TB Policy and the National Education Sector HIV/AIDS Policy.

4.4.10 Monitoring and evaluation

4.4.11 The MoE will be responsible for coordinating the development and implementation of an appropriate monitoring and evaluation system for the education sector to benchmark, measure and monitor an agreed set of HIV/AIDS impact indicators;

4.4.12 The MoE will coordinate the design and implementation of training in this monitoring and evaluation system for all accountable Focal Point Persons and their nominated senior officers at every level and in every institution.

4.4.13 Accountable Focal Point Persons at every level and in every institution, assisted by nominated senior officers, will be responsible for the monitoring and evaluation of these indicators and will report on these monthly, quarterly and annually to their supervisors.

4.4.14 Reporting

4.4.15 The MoE will publish an annual progress report on all Education Sector HIV/AIDS programmes and policy implementation.

Annex:

Universal infection control precaution

1. Blood, especially in large spills such as from nosebleeds, and old blood or bloodstains, should be handled with extreme caution. Skin accidentally exposed to blood should be washed immediately with soap and running water. All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should ideally be cleaned immediately with running water and/or other antiseptics. If there is a biting or scratching incident where the skin is broken, the wound should be washed and cleaned under running water, dried, treated with antiseptic and covered with a waterproof dressing. Blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes.

2. Disposable bags or incinerators must be made available to dispose of sanitary wear.

3. All open wounds, sores, breaks in the skin, grazes and open skin lesions should be covered completely and securely at all times with a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood.

4. Cleaning and washing should always be done with running water and not in containers of water. Where running tap water is not available, containers should be used to pour water over the area to be cleaned. Educational institutions without running water should keep a supply on hand specifically for use in emergencies (for instance, in a 25-litre drum). This water can be kept fresh for a long period of time by adding a disinfectant, such as Milton, to it.

5. All persons should wear protective latex gloves or unbroken plastic bags over their hands when attending to blood spills, open wounds, sores, breaks in the skin, grazes, open skin lesions, body fluids and excretions. Doing this will effectively eliminate the risk of HIV transmission. Bleeding can be managed by compression with material that will absorb the blood (for instance, a towel).

6. If a surface has been contaminated with body fluids and excretions which could include some blood (for instance tears, saliva, mucus, phlegm, urine, vomit, faeces and pus), that surface should be cleaned with running water and household bleach (1:10 solution) using paper or disposable cloths. The person doing the cleaning must wear protective gloves or plastic bags over their hands.

7. Blood-contaminated material should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm. Tissues and toilet paper can be flushed down in toilet.

8. If instruments (for instance scissors) become contaminated with blood or other body fluids, they should be washed and placed in a household bleach solution for at least one hour before drying and re-using.

9. Needles and syringes should be safely disposed of and not re-used.

Recommended content of First Aid Kits:

- Two large and two medium pairs of disposable latex gloves.
- Two large and two medium pairs of household rubber gloves (for handling blood-soaked material in specific instances such as when broken glass makes the use of latex gloves inappropriate)
- Absorbent material
- Waterproof plasters
- Disinfectant (such as hypo chloride)
- Scissors
- Cotton wool
- Gauze tape
- Tissues
- Water containers
- Resuscitation mouthpiece or similar device with which mouth-to-mouth resuscitation can be applied without any contact being made with blood or other body fluids.
- Protective eye wear
- Protective facemask to cover nose and mouth

Alternatives:

The universal precautions help prevent contact with blood and other body fluids. Less sophisticated items than those described above can also be used, such as:

- Unbroken plastic bags on hands where latex or rubber gloves are not available
- Common household bleach for use as disinfectant (diluted one part bleach to ten parts water [1:10 solution])
- Spectacles instead of protective eye wear
- A scarf instead of a protective face mask.

Used items should be dealt with as indicated in paragraphs 7 to 9 above.

F. CARE International's Small Grants Progress Report

CARE INTERNATIONAL ZAMBIA

CHANGES PROGRAMME

QUARTERLY REPORT

PERIOD: JANUARY TO MARCH 2005

1.0 INTRODUCTION:

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.
- ✓ Integrate HIV/AIDS awareness and prevention messages to promote life skills and appropriate behavior into on going community and district based basic education.

This report will give a description and summary of major activities that were implemented during the quarter under review.

2.0 PLANNED ACTIVITIES FOR THE QUARTER

This report will give a description and summary of major activities that were implemented during the quarter under review.

3.0 ACTIVITIES FUNDED

The following is a summary of funded projects and activities that were being undertaken in the two provinces in the period under report. (Table 1& 2)

SUMMARY

Table 1

STATUS	PROVINCES		
	SOUTHERN	EASTERN	TOTAL
Total Amount disbursed	418,492,120	252,256,600	K670,748,720
Total balance not disbursed	K83,324,355	K 9,220,000	K92,544,355
No. of projects funded	32	32	64
No. of NGO s funded	3	0	3
No. schools funded	27	16	43
No. of CBOs funded	0	0	0
Projects closed	30	10	40
Accumulative Total Disbursed. (todate)			K3,354,475,404
Accumulative total reconciled			K2,616,470,248

Table 2

ACTIVITY FUNDED	SOUTHERN	EASTERN	TOTAL
Toilet Construction	9	13	22
Fish Farming	0	1	1
Rehabilitation of classroom block	9	9	18
Water points rehabilitation	1	4	5
Provision of desks	2	3	5
HIV/AIDS	0	2	2
OVC Support	1	0	1
Poultry	1	0	1
Electrification	1	0	1
Skills training (carpentry and tailoring)	4	0	4
Teacher training in Gender and HIV/AIDS	4	0	4
TOTAL	**32**	**32**	**64**

The table below shows a total number of approved, disbursed, active, closed and activities funded by Province and District.

GRANT DISBURSEMENT FOR CHANGES PROJECT

PERIOD- APRIL 2001 TO MARCH 2005

SOUTHERN PROVINCE

	Organization	District	Total App.	Tot Disbursed	Balance/status	Activities
1	Sr. of St. Francis	Kazungula	39,700,000	29,775,000	0 / closed	OVC support and care, Skills training
2	Nyawa B. School (1)	Kazungula	18,050,000	18,050,000	0 / closed	HIV/AIDS club, girls dormitory, desks
	Nyawa B.School (2)	Kazungula	7,009,000	7,009,000	0 / closed	
3	Maunga B.School	Kazungula	12,146,000	12,146,000	0 / closed	Const. Of teachers house, bath shelter, HIV/AIDS sensitization thru sports
	Maunga B.School	Kazungula	4,398,000	4,398,000	0 / closed	
4	Siamasimbi Sch.	Kazungula	17,017,000	17,017,000	0 / closed	Reh. Of teachers house, peer education, Production unit
5	Makoli School	Kazungula	5,883,000	5,883,000	0 / closed	Feeding programme
6	Chooma School	Kazungula	3,110,000	3,110,000	0 / closed	School garden
7	Mukuni B. School	Kazungula	15,970,500	15,970,500	0 / closed	Toilet construction, water
8	Ng'andu B. School	Kazungula	15,681,000	15,681,000	0 / closed	Sanitation & peer education
9	Libala Community	Kazungula	14,040,000	14,040,000	0 / closed	home based care training and ovc support
10	MAWOMADI	Kazungula	10,300,000	10,300,000	0 / closed	Poultry and tailoring to support ovc
11	Mukuni YWCA	Kazungula	14,892,000	14,892,000	0 / closed	Poultry and tailoring to support ovc
12	Sinde B. School	Kazungula	39,850,250	29,887,687	0 / closed	Reh. Of girl's dormitory, toilets,tailoring and gardening
13	Musokotwane Sch.	Kazungula	49,315,000	45,128,250	2,260,000	HIV/AIDS club, girls dormitory, tailoring
14	Mabwa B. School	Kazungula	26,029,500	26,029,500	0 / closed	Hiv/aids sensitization and Home Economics
15	Simango School	Kazungula	41,229,500	31,922,125	0	Reh. Of classroom , toilets, tailoring
16	Malimba School	Kazungula	26,747,000	26,747,000	0	HIV/AIDS club, toilets and H/E
17	Chili B. School	Kazungula	26,443,000	26,443,000	0 / closed	girl's dormitory, HIV/AIDS
18	St. Mulumba Sch.	Choma	20,397,500	15,298,125	0 / closed	Poultry and support for vulnerable chn.
19	Mbabala School	Choma	36,500,000	36,500,000	0 / closed	electrification, H/E toilets
20	Nakeempa School	Choma	24,749,000	18,561,750	0	Reh. Of classroom and HIV/AIDS centre

21 Halumba club	Choma	5,009,000	5,009,000	0 / closed		HIV/AIDS sensitization though drama
22 Kara Counselling	Choma	155,714,740	84,537,370		0	home based care training and ovc support
23 Popota School	Choma	42,824,000	42,824,000		0	rehab. Of classroom, girl's dormitory, desks
24 New Kachenje Sc.	Choma	31,505,000	22,922,500		0	Rehab of girl's dormitory and toilets
25 Ngoma school	Sinazongwe	31,200,000	28,255,000		0	solar, toilets and desks
26 Nakowa School	Kalomo	16,000,000	16,000,000	0 / closed		Peer education and sanitation
27 Mayoba school	Kalomo	7,320,000	7,320,000	0 / closed		Hiv/aids through sport, H/E, toilets
28 Mubanga school	Kalomo	6,442,000	6,442,000	0 / closed		Peer education and sanitation
29 Nazilongo school	Kalomo	15,593,500	15,593,500	0 / closed		Sanitation & H/E
30 Moonde school	Kalomo	2,106,000	2,106,000	0 / closed		Production unit
31 Siamankuli sch.	Kalomo	39,032,120	29,274,090	0 / closed		Rehb. Of classroom
32 Sichikwalula sch.	Kalomo	60,738,000	30,369,000	0 / closed		Rehab. Of classroom.
33 Chawila school	Kalomo	28,104,960	22,847,480		7,320,000	rehab. Of classroom, HIV/AIDS sensitization.
34 Anglican Church	L/stone	48,755,000	33,794,000		0	HIV/AIDS centre
35 DAPP	L/stone	55,575,300	34,287,650		0	Support for ovc
36 Lets Build Together	Kalomo	7,265,000	7,265,000	0 / closed		Peer education.
37 Jembo Basic sch.	Choma	35,100,000	23,550,000		0	H/E
38 Batoka B. school	Choma	29,974,000	22,137,000		0	rehab. Of classroom, H/E
39 Cheelo B. school	Choma	26,895,000	19,742,500		0	desks, rehab. Of H/E
40 Siachidinta school	Choma	34,572,200	27,818,100		0	H/E
41 Pemba B. School	Choma	21,852,500	12,156,250		0	Toilets
42 Nalituwe school	L/stone	25,361,376	25,361,376	0 / closed		HIV/AIDS club, sanitation, H/E
43 Youth Alive	Sinazongwe	49,367,000	24,683,500		0	HIV/AIDS sensitization
44 Kauwe school	Kazungula	27,375,000	27,375,000		0	Toilets
45 Kakuba school	Choma	31,050,000	31,050,000		0	toilets and H/E
46 Halumba School	Choma	38,435,000	38,435,000		0	Sanitation, reh. Of classroom
47 FAWEZA	L/stone	130,450,000	130,450,000		0	HIV/AIDS and gender
48 Nkandabbwe sc.	Sinazongwe	42,812,688	42,812,688		0	Peer education, rehab. Of girl's dormitory, desks and electrification
49 LIWASE	L/stone	11,620,000	11,620,000	0 / closed		HIV/AIDS through drama
50 Cheshire Home	L/stone	33,107,380	33,107,380	0 / closed		Support for ovc
51 Sichimwa NHC	Kalomo	12,300,000	12,300,000		0	Support for ovc
52 Sinafala basic school	Gwembe	16,212,600	16,212,600		0	rehab. Of girl's dormitory

53 Chivuna basic school	Mazabuka	4,440,000	4,440,000	0	tailoring
54 Keemba basic school	Monze	8,459,000	8,459,000	0	poultry
55 Nziba basic school	Mazabuka	5,242,500	5,242,500	0	carpentry and tailoring
56 Namulonga basic school	Mazabuka	19,277,500	19,277,500	0	Home economics
57 Mazhiba basic school	Namwala	18,552,300	18,552,300	0	rehab. Of c/block and toilets
58 Moobola basic school	Namwala	14,314,300	14,314,300	0	rehab. Of c/block and furniture
59 Maala basic school	Namwala	15,701,000	15,701,000	0	Electrification
60 Mamvu basic school	Namwala	15,911,000	15,911,000	0	rehab. Of c/block.
61 Lubanga basic school	Namwala	15,974,000	15,974,000	0	rehab. Of abblution block
62 Muunga basic school	Itezhi-tezhi	18,415,000	18,415,000	0	construction of toilets
63 Yomena basic school	Itezhi-tezhi	19,715,000	19,715,000	0	Contruction of toilets
64 Kasamu basic school	Itezhi-tezhi	24,505,000	24,505,000	0	rehab. Of c/block
65 Itezhi-tezhi	Itezhi-tezhi	4,397,500	4,397,500	0	Water tank construction
66 Baanga basic school	Itezhi-tezhi	23,606,600	23,606,600	0	rehab. Of c/block and toilets
67 Namwala farmers	Namwala	70,703,919	70,703,919	0	Teacher training in HIV/AIDS, Gender
68 Family Health Trust	Monze	110,225,970	110,225,970	0	Teacher training in HIV/AIDS, Gender
69 PPAZ	Livingstone	111,335,055	74,001,055	37,334,000	Teacher training in HIV/AIDS, Gender
70 DALICE	Livingstone	52,118,268	52,118,268	0	Teacher training in HIV/AIDS, Gender
71 MENDIF	Mazabuka	107,449,123	71,038,768	36,410,355	Teacher training in HIV/AIDS, Gender
72 Kaleya B. School	Mazabuka	14,887,500	14,887,500	0	Sanitation and desks
73 Ngwezi B. School	Mazabuka	16,475,000	16,475,000	0	Sanitation
74 Gwembe B. School	Gwembe	10,552,500	10,552,500	0	Sanitation
75 Chikanzaya B. School	Siavonga	14,665,000	14,665,000	0	Sanitation
76 Manchamvumwa School	Siavonga	5,335,000	5,335,000	0	Skills training
77 Hamapande B. School	Monze	13,769,500	13,769,500	0	Rehabilitation of C/bock
78 Namateba B. School	Monze	16,922,000	16,922,000	0	Rehabilitation of C/bock
79 Hamangaba B. School	Monze	24,783,000	24,783,000	0	Rehabilitation of C/bock
		2,366,859,149	2,016,435,101	83,324,355	

EASTERN PROVINCE

ORGANIZATION	DISTRICT	TOTAL APP	Total Disbursed	BALANCE	Activities
1 Magwero standard	Chipata	35,344,800	35,344,800	0 / closed	sanitation, fish farming, reh. Of classroom
2 YWCA	Chipata	5,000,000	5,000,000	0 / closed	HIV/AIDS sensitization

3	Dzoole Basic Sch.	Chipata	35,717,000	35,717,000	0 / closed	HIV/AIDS sensitization and feeding
4	J.M. Cronje	Chipata	33,115,800	33,115,800	0 / closed	HIV/AIDS centre, toilets and production unit
5	Chipangali School	Chipata	67,510,000	67,510,000	0 / closed	Bridge construction
6	CHAWA women's club	Chipata	16,919,000	16,919,000	0 / closed	Pea making to support ovc
7	Chikoka basic school	Chipata	26,171,000	20,811,500		Toilets and ovc support
8	Kapatamoyo b. school	Chipata	41,056,000	31,788,000		desks, and rehab. Of classroom
9	Zemba Basic School	Chadiza	45,000,000	43,634,000		HIV/AIDS centre, toilets and production unit
10	Taferansoni b. school	Chadiza	36,240,000	36,240,000	0 / closed	Toilets and ovc support
11	WAAPO	Chadiza	38,202,000	38,202,000	0 / closed	HIV/AIDS support
12	Chanida basic school	Chadiza	29,786,000	22,699,500		0 Toilets
13	Nsadzu basic school	Chadiza	27,071,000	13,535,500	0 / closed	Feeding, toilets
14	Mphamba basic sch.	Lundazi	26,952,800	13,476,400		0 Toilets and HIV/AIDS
15	Chasefu basic school	Lundazi	38,221,000	33,473,500		0 Feeding, toilets and rehab. Of classroom
16	Chikondi HBC	Lundazi	11,082,000	11,082,000	0 / closed	HIV/AIDS sensitization
17	Kanyanga basic sch.	Lundazi	40,989,000	36,414,500		0 SHN/HIV/AIDS centre, rehab. Of classroom
18	Chama Basic school	Chama	21,137,000	15,852,850		0 peer education and rehab. Of SHN centre
19	Kalovya basic school	Chama	22,100,000	19,469,000		peer education and production unit
20	Tisungane NHC	Chama	39,041,000	19,520,500		0 OVC support
21	CAFCHIN	Chama	21,358,000	10,679,000		OVC support
22	Lutembwe b. school	Chipata	43,151,000	21,575,500		9,220,000 HIV/AIDS counselingcentre
23	Chadiza Youth Survival	Chadiza	49,450,000	33,605,000		OVC support
24	Zambia Student Christian M	Chipata	28,106,200	21,079,600		0 HIV/AIDS sensitization
25	Chiwawatala b.school	Mambwe	10,000,000	10,000,000		0 Fish farming
26	Kamphasa b. school	Mambwe	11,456,000	11,456,000		0 toilet construction
27	Mphata . School	Mambwe	10,666,000	10,666,000		0 Toilet construction,
28	St Francis	Mambwe	14,581,000	14,581,000		0 toilet construction
29	Kakumbi b. school	Mambwe	15,566,000	15,566,000		0 toilet construction, desks
30	Mphomwa b. school	Mambwe	15,522,000	15,522,000		0 toilet construction, borehole fencing
31	Kambila b. school	Petauke	9,605,000	9,605,000		0 Reh. Of classroom
32	Bombwe b. school	Katete	7,076,000	7,076,000		0 Toilets
33	Nyamphondolo b. school	Mambwe	7,062,000	7,062,000		0 reh. of 1x2 classroom
34	Dole basic school	Katete	6,862,000	6,862,000		0 Toilets

35	Kawele b. school	petauke	6,962,000	6,962,000	0	Toilets
36	Undi basic school	Katete	15,939,000	15,939,000	0	rehab. Of c/block
37	Chimbundire basic school	Katete	2,110,000	2,110,000	0	rehab. Of borehole.
38	Mizyu Basic school	Petauke	9,216,000	9,216,000	0	Toilets
39	Chinambi basic school	Nyimba	11,720,000	11,720,000	0	Toilets
40	Chikontha basic school	Nyimba	19,039,000	$19,039,000	0	rehab. Of classroom
41	Lusowe basic school	Petauke	18,852,000	18,852,000	0	rehab. Of classroom
42	Chilimanyama basic school	Petauke	15,503,000	15,503,000	0	rehab. Of classroom
43	Nyimba basic school	Nyimba	20,788,000	20,788,000	0	toilets, rehab of classroom
44	Ndake basic school	Nyimba	14,403,000	14,403,000	0	rehab. Of classroom &water
45	Kang'ambwa basic school	Petauke	21,802,000	21,802,000	0	rehab. Of classroom
46	Lunga basic school	Katete	4,808,000	4,808,000	0	Toilets
47	Kafumbwe Basic School	Katete	13,950,000	13,950,000	0	Fish farming
48	Katiula Basic School	Katete	5,553,000	5,553,000	0	toilet and water well rehabilitation.
			1,067,761,600	925,785,950	9,220,000	
	LUSAKA					
1	FAWEZA	Lusaka	412,254,353	412,254,353	0 /closed	Bursary

TOTAL APPROVED - k3,832,925,102

TOTAL FUNDED - k3,354,475,404

BALANCE k92,544,355

3.0 EVALUATION OF THE CHANGES PROGRAMME

A team of evaluators, which comprised of Ms.C. Mukuka, Ministry of Health, Mr.F. Sampa, Ministry of education, Mr. S. McLaughlin, International Consultant and evaluator and Mr. R. Kraft, University of Colorado, The team interviewed CHANGES – CARE Grants staff at Head Office, Mark, Catherine and Rose, while Collen and Saboi were interviewed in Eastern and Southern Provinces respectively. A briefing of evaluation findings, held at Pamodzi Hotel on 17th March 2005, followed this. Various stakeholders for the CHANGES program attended the meeting.

During the visit to the two provinces, some project sites outlined below were visited.

Table 3

ORGANIZATION	DISTRICT
Musokotwane B.School	Kazungula
Mukuni Basic School	Kazungula
YWCA Mukuni Branch	Kazungula
Nalituwe Basic School	Livingstone
DALICE	Livingstone
Lets Build Together	Kalomo
Family Health Trust	Monze
Magwero B. School	Chipata
Dzoole Basic School	Chipata

4.0 RECONCILIATION OF GRANTS

The reconciliation of grants is on going, and out of the total k3,340,525,404 disbursed, k2,616,470,248 has been reconciled. The grants section will concentrate on reconciliations and closing of completed projects in the few remaining months. So far out of 130 organizations that were funded, approximately 40 submitted reports and projects have been closed. Three organizations are having problems in reconciling. These are tabulated in the diagram below;

Table 4

Organization	District	Amount Disbursed	Reconciled	Balance	Activity
Johanne Cronje School	Chipata	k33,115,800	k27,937,800	k5,178,000	Sanitation and feeding prog.
Sichimwa NHC	Kalomo	k12,300,000	k9,659,000	k2,641,000	OVC support and Adult literacy.
MENDIF	Mazabuka	k71,038,768	k61,538,768	k9,500,000	HIV/AIDS training for teachers
			TOTAL	**K17,319,000**	

All the above organizations have been contacted and reminded several times to complete their reconciliations. Due to delays in reconciling, MENDIF, an NGO that was mandated to conduct HIV/AIDS workshops for teachers in Siavonga, Mazabuka and Gwembe, will not get the last tranche of k35,663,888, instead Family Health Trust will conduct the workshop for Gwembe teachers.

5.0 DISBURSEMENT OF GRANTS

A total of 46 grants were disbursed in the quarter under review. The table below outlines details of respective organizations, amount disbursed and type of activity funded.

Table 5

ORGANIZATION	DISTRICT	AMOUNT FUNDED	ACTIVITIES
1.Lubanga School	Namwala	K16, 456,000	Rehabilitation of ablution block
2.Mazhiba School	Namwala	K18, 552,300	Rehabilitation of 1 x 2 block and construction of 1 double V.I.P toilet
3.Moobola School	Namwala	K14, 314,300	Rehabilitation of 1 x 2 block, 26 desks, 4 tables and 6 chairs
4.Maala School	Namwala	K15, 701,000	Electrification of 1 x 3 classroom block
5.Mamvu School	Namwala	K15, 911,000	Rehabilitation of 1 x1 block and construction of strong room

6.Itezhi-tezhi School	Itezhi-tezhi	K4, 397,500	Water tank stand construction
7.Muunga School	Itezhi-tezhi	K18, 415,000	Construction of 2 double toilets
8.Baanga School	Itezhi-tezhi	K23, 606,600	Rehabilitation of 1 x 2 classroom block and construction of 1 double V.I.P toilet
9.Yomena C. School	Itezhi-tezhi	K19, 715,00	Construction of 2 double V.I.P toilets
10.Nziba School	Mazabuka	K5, 242,500	Purchasing of carpentry and tailoring tools
11.Namulonga School	Mazabuka	K19, 277,500	Rehabilitation of home economics block and purchase of tailoring materials
12.Sinafala School	Gwembe	K16, 212,600	Rehabilitation of girls dormitory
13.Kaleya Basic School	Mazabuka	K14,887,500	Desks and sanitation
14.Ngwezi B. School	Mazabuka	K16,475,000	Sanitation
15.Gwembe B. School	Gwembe	K10,552,500	Sanitation
16.Chikanzaya B. Sch.	Siavonga	K14,665,000	Sanitation
17.Manchamvumwa school	Siavonga	K6,235,000	Skills training
18.Hamapande B. school	Monze	K13,769,000	Rehabilitation of C/block
19.Namateba B. School	Monze	K16,922,000	Rehabilitation of C/block
20.Hamangaba B. School	Monze	K24,783,000	Rehabilitation of C/block
21.Siachidinta B. school	Choma	(supplementary) k4,019,000	Completion of H/E block
22.Simango B. School	Kazungula	(supplementary) K1,000,000	Complete electrification
23.Ngoma B. School	Sinazongwe	(supplementary) K8,445,000	Completion of toilets
24.FHT	Monze	k26,512,661	HIV/AIDS training for teachers

25.DALICE	Livingstone	k16,569,110	HIV/AIDS training for teachers
26.NAMWALA Farmers	Namwala	K29,732,541	HIV/AIDS training for teachers
27.Kalovya B. school	Chama	K8,414,000	Completion of HIV/AIDS centre
28.Zemba B. School	Chadiza	K9,000,000	Construction of toilets.
29.Chikontha B. School	Nyimba	K19,039,000	Rehabilitation of C/block
30.Nyimba B. School	Nyimba	K19,288,000	Rehabilitation of C/block and Sanitation
31.Chinambi B. School	Nyimba	K11,720,000	Sanitation
32.Ndake B. School	Nyimba	K15,403,000	Water and Sanitation
33.Chilimanyama B. School	Petauke	K15,503,000	Rehabilitation of C/block, HIV/AIDS
34.Lusowe B. School	Petauke	K18,852,000	Rehabilitation of C/block, HIV/AIDS
35.Mizyu B. School	Petauke	K9,216,000	Sanitation
36.Kang'ambwa B. Sch	Petauke	K21,802,000	Rehabilitation of C/block
37.Kafumbwe B. School	Katete	K13,950,000	Fish Farming
38.Kambila B. School	Katete	K9,605,000	Rehabilitation of C/block
39.Lunga B. School	Katete	K4,808,000	Sanitation
40.Katiula B. School	Katete	K5,553,000	Sanitation and water
41.Chimbundire Sch	Katete	K2,110,000	Water point rehabilitation
42.Dole B. School	Katete	K6,862,000	Sanitation
43.Undi B. School	Katete	K15,939,000	Rehabilitation of C/block
44.Bombwe B. School	Katete	K7,062,000	Sanitation
45. Mphomwa B School	Mambwe	K15,522,000	Sanitation, desks
46. Kakumbi B. School	Mambwe	K15,566,000	Desks and sanitation

6.0 MONITORING OF GRANTS.

Monitoring of grants is also on going and most projects were visited during the review period.

Most schools and Organizations that received grants both in Eastern and Southern were visited with the aim of monitoring project implementation and collect reconciliations. Most organizations visited were doing well and the schools that are constructing toilets, classrooms, etc, have been advised to involve the building officers from MOE or Health technicians from nearest Health centers, to ensure that all structures conform to standards as required by MOE.

7.0 PROJECT VISITS

The Project Manager undertook visits to both Eastern and Southern Provinces during the quarter under report. The main reason for the visits was to monitor some of the projects and assist the Grant Coordinators in solving pertinent issues regarding the grants. Some of the issues discussed, among other things, were the incomplete structures in some schools and reconciliation concerning two organizations.

It was also during this visit that the CHANGES evaluation findings were shared with the Grants Coordinators

7.1 Kalovya Basic School - Chama

The school is constructing a storage/HIV/AIDS center, which is incompleted.
The school did not receive the second tranche in second phase due to the following reasons;

a. Change of initial plan. Instead of rehabilitating a storage shed, the school decided to construct a storage/ HIV/AIDS center after funding, and did not consult CHANGES.
b. Delays in reconciling

During the meeting with the school staff and PTA members, the school was given advise on good project management and the need to consult when they want to effect changes to initial plans. It was agreed that despite what transpired, CHANGES should give more funds to the school so that the structure is completed. However, the school will receive building materials instead of money as they had difficulties in retiring the first grant.

7.2 Lutembwe Basic School. – Chipata

Lutembwe B. School was funded to construct an HIV/AIDS center. Its funding in the second phase of CHANGES was terminated as it had obligated the contract. The school constructed a classroom block instead of an HIV/AIDS center and used more funds than was in the budget without consultation with CHANGES. After discussions, the school was advised on the importance of consulting when they decide to change the initial budget. It was therefore agreed that the school be given more money to complete the center.

7.3 Johanne Cronje B. School. – Chipata

The school's former headteacher, misappropriated a total of k5,178,000. The meetings held with various partners, MOE, the school staff and CHANGES SHN Coordinator, revealed that the Headteacher had retired and been paid his benefits. The community members were also pursuing the matter with the police as they had reported the case. CARE management has been informed about this case.

7.4 Sichimwa NHC - Kalomo

This Neighborhood Health Committee received the grant in January 2004, and have failed to reconcile k2,641,000, out of the total k12,300,000 that they received. The Chairman of the Committee has admitted to have misappropriated the balance and has been requested to pay back. He has promised to pay by the 15th of April 2005, failure to which the police will charge him for theft. The other members in the committee had reported the case to police.

8.0 SUBGRANT MANUALS

The manuals are being printed at DAPEK, and assurance has been given that the manuals will be delivered before the end of this month.

9.0 PLANNED ACTIVITIES for the next Quarter.

- Reconciliations
- Closure of grants
- Update the total project beneficiaries
- Distribution of Grant Manuals

G. Executive Summary from the Draft CHANGES Evaluation Final Report

EVALUATION OF THE CHANGES PROGRAMME

I. EXECUTIVE SUMMARY

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

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

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

CHANGES

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

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

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

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

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

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

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

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

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

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

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

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

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

   Recommendation: An important contribution of any new programme could be the retraining of current Standards Officers or the formation of a new cadre of Head Teachers and Officers trained in Clinical Supervision.

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

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

School Health and Nutrition

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Community Sensitization and Mobilization

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Small Grants and NGOs

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

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

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

   Recommendation: It is particularly important to effectively utilize local NGOs and CBOs, as it not only builds capacity, but is a comparatively inexpensive manner in which to carry out programme goals.

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

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

Ambassadors Girl's Scholarship Programme (AGSP)

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

Recommendations:

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

Scaling Up the SHN and CSMC

Finding: Scaling up the SHN will likely be considerably less costly, due to the more limited sensitisation and training periods, than is true of the current CSMC. In addition, with SCI paying for the cost of many of the drugs being administered, that cost is covered for at least the next three years. However, if the current model is followed, CSMC is more expensive, with our estimates for the past two years of approximately $1956 per school. Of course, this

amount was spent on all levels of research, verification, community sensitisation, monitoring and evaluation at all levels, not just the school, so this could no doubt be cut to a reasonable level.

Recommendations:

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