

The CHANGES Programme:

Quarterly Report: October – December 2004

The CHANGES
PROGRAMME

Basic Education and Policy Support (BEPS) Activity

CREATIVE ASSOCIATES INTERNATIONALE

In collaboration with

CARE, THE GEORGE WASHINGTON UNIVERSITY, AND GROUNDWORK



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Quarterly Report No. 15: October – December 2004

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I. EXECUTIVE SUMMARY

The CHANGES Programme ended the year 2004 in good form, having had a productive fourth quarter. This executive summary highlights the progress attained during the reporting period, the details of which are contained in the body of the report and in the appendices.

The **Community Sensitization and Mobilization Campaign (CSMC)** for girls' education and HIV/AIDS, which is being implemented in Southern Province (hereafter, SP), continued to build upon past achievements and to implement new activities. The development and implementation of zonal-level action plans continues as per the CSMC model, as did the development and implementation of school and community action plans to address issues related to girls' education and HIV/AIDS; the monitoring of that work by the CSMC team and line ministry colleagues also continued. During the quarter, an internal impact assessment of the CSMC was also planned and started by the CSMC team.

In addition, the following training and capacity building workshops, district stakeholders' meetings, planning and review workshops, and advocacy meetings—all of which are constitutive elements of the CSMC model—were held:

- Five (5) local NGOs, six (6) District Teacher Resource Centers (TRCs), and two (2) Provincial TRCs were provided with training modules and capacity building training in preparation for their training of head teachers and teachers in policy issues related to equity and gender, girls' education, and HIV/AIDS.
- Upon completion of the preceding capacity building by the CSMC team, 382 head teachers and teachers were trained by TRCs in girls' education and HIV/AIDS issues, and a further 118 head teachers and teachers were trained by local NGOs for a total of 500 head teachers and teachers trained (359 male and 141 female) during the quarter.
- District Planning and Review Meetings, in which Zonal-level Community Facilitators (ZCFs) from respective districts met to share experiences and to develop new action plans, were held in Siavonga, Mazabuka, Itezhi Tezhi, Namwala, and Monze Districts, attended by 125 ZCFs and district GRZ officials (87 male and 38 female).
- District Stakeholders' Meetings, in which the respective District CSMC Management Teams met to problem-solve and to develop new action plans, were held in the same districts (above), attended by a total of 39 stakeholders (20 male and 19 female).
- One-day Advocacy Meetings, in which a cross-section of local stakeholders (chiefs, village headmen, local council members, local businessmen, community members, GRZ officials) engaged in discussion of the findings from the CSMC research on girls' education and HIV/AIDS articulated resolutions based on their deliberations, were held in Sinazongwe, Gwembe, Kazungula, Livingstone, Kalomo, and Choma Districts. A total of 212 stakeholders (152 male and 60 female) participated in the meetings.
- Due to some attrition within the ZCF ranks, a workshop for replacement ZCFs was held for 35 participants, which included some new district management officials.

Meanwhile, the **School Health and Nutrition (SHN)** component of the programme, which is being implemented by CHANGES in all of Eastern Province (hereafter EP) and in three districts of SP, also made significant progress during this quarter. Capacity building is an important part of the SHN model and, in that regard, the following training workshops were conducted:

- 558 pre-service teachers from the Chipata Teacher Training College were trained in SHN technical administration and, as a result, will be able to implement the SHN programme in their schools when they are posted.
- 58 “replacement” SHN Focal Point Persons (teachers) in existing SHN schools were trained; these were new focal point designees who replaced those lost due to attrition.
- 83 provincial and district managers from Luapula, Central, and Southern Provinces were trained in SHN management as part of the national scale-up of the SHN programme.
- 27 Zonal Coordinators were trained in a Training of Trainers (TOT) course to enable them to conduct SHN training as part of the ZEST (Zonal Education Support Teams) in-service system in their respective zones of EP.
- 62 community volunteers and 18 teachers were trained in Participatory Learning Activities (PLA) and Theatre for Community Action (TCA) to develop skills to effectively sensitize and mobilize their communities regarding SHN issues.

Also during the reporting period, the SHN/MIS (Management Information System) pilot was completed, which means that the only activity remaining on that piece of the SHN programme is completing a final evaluation of the system. In Lusaka, the Lusaka/SHN team worked with colleagues from the Ministry of Education (MOE), Ministry of Health (MOH), and representatives of the Schistosomiasis Control Initiative (SCI) from the UK to finalize the Memorandum of Understanding between the two lead line ministries; in addition, the SCI bilharzia prevalence survey in Southern Province was completed, setting the stage for rolling out the SHN programme throughout that province. Also in Lusaka, the SHN team collaborated with a wide range of stakeholders to review and revise the now outdated SHN policy document. And, finally, inasmuch as HIV/AIDS is a cross-cutting theme of the SHN programme, a situational analysis of HIV/AIDS activities in a representative sample of 20 schools in EP was conducted, 170 teachers and other GRZ officers were sensitized about HIV/AIDS issues during SHN training workshops, and 252 people were sensitized about HIV/AIDS during World AIDS Day activities on 1 December.

The **Ambassador’s Girls Scholarship Program (AGSP)**, which is being implemented by CHANGES’ local partner, FAWEZA (Forum for African Women Educationalists in Zambia), also moved forward well. An additional 107 female secondary pupils—all of them OVCs (Orphans and Vulnerable Children)—received bursaries (scholarships), bringing the total for 2004 to 772, which is 137 more scholarships than the number originally targeted (635). At the same time, the six Provincial Focal Point Persons monitored the programme to ensure effective implementation. Finally, although the actual launch of the planned 34 new SAFE Clubs (Student Alliance for Female Education) did not take place because the late release of PEPFAR (President’s Emergency Plan for AIDS Relief) funds conflicted with the writing of

examinations, and then the school year ended, 59 SAFE Club Overseers were trained and materials and requisites for the Clubs were purchased in anticipation of launching the new SAFE Clubs as soon as schools reopen in January 2005.

Although **HIV/AIDS** is a cross-cutting theme of the CHANGES Programme, rather than a component in its own right, during this quarter several HIV/AIDS activities were implemented in collaboration with the MOE/HQ, utilizing funds that were specially earmarked during the CHANGES extension for activities that follow-on from the HIV/AIDS impact assessment that was completed earlier this year. A total of 98 MOE officers and teachers were trained as HIV/AIDS peer educators: 31 in Kasama District (Northern Province), 36 in Nakonde District (Northern Province), and 31 in Kafue District (Lusaka Province). As part of the MOE's HIV/AIDS in the Workplace Programme, the training addressed topics such as the role of the peer educator in the workplace programme, facts about HIV/AIDS and its prevention, positive living and nutrition, reducing stigma and discrimination, and community involvement and networking. Each of the peer mentors are now, in turn, mentoring 20 MOE colleagues. In addition to the three peer educator workshops, CHANGES also supported a workshop in Lusaka to finalize the MOE's HIV/AIDS in the Workplace policy document. Twenty-four (24) senior-level MOE officers from Lusaka and selected provinces participated in the workshop to finalize the policy document.

The **Small Grants Mechanism**, which continues to be implemented through a sub-contract with CARE International during the CHANGES extension, made further strides during the quarter. Of the 63 new proposals that were submitted for funding from both EP and SP, 14 were approved for funding—seven each in EP and SP—bringing to 112 the total number of small grants that have been awarded by CHANGES since the Programme's inception. Of those 112 grants, 64 have been awarded in SP and 48 in EP. CARE International reports that a total of 85 local NGOs, schools, and community groups have received grants so far through the small grants mechanism. In addition to the continued provision of grants, CARE produced a draft manual for grant making, and also strengthened its procedures for complying with USAID environmental impact regulations for all projects that involve construction.

Finally, insofar as the CHANGES Programme will conclude at the end of July 2005 after more than four years of operation, considerable work was done this quarter to plan for an **evaluation (impact assessment) of the Programme**. A Statement of Work was written, a consulting firm in the US which specializes in monitoring and evaluating education programmes in developing countries was contracted, a four person consultant team (comprised of two Zambians and two expatriates) was recruited, and preliminary logistics planning was conducted. The evaluation will be carried out in its entirety during the next reporting period: January-March 2005.

II. 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 12/31/04	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	186,410	5,334
			Females	240,240	255,555	35,327
	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	258,021	11,380
			Female	248,130	223,279	10,921

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
<p>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.</p>						
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	72
				364	529	25
	Number of schools developing proposals for small grant awards to support their school-based action plans.	Count of school-based action plans.		364	529	25
<p>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 action plans will develop proposals for small grants to support activities in their action plans.</p>						

Notes on Achievements

- *Indicator 1: Sensitization and Mobilization*

The number of community members and pupils sensitized continues to increase because sensitization in schools and communities is an on-going activity. The numbers are likely to increase as sensitization activities continue in the districts that came on board the CSMC in the latter stage of the first phase of the programme.

- *Indicator 2: SHN*

This activity was completed last quarter; the SHN/Lusaka team has responsibility for ongoing monitoring of the SHN schools in the three SP districts: Siavonga, Gwembe, and Sinazongwe.

- *Indicator 3: Small Grant Proposals*

Only the proposals for small grants that reach the CSMC office are captured and reported on. Data is not available on proposals rejected by district steering committees and those sent back for revision and the inclusion of additional information. Forty-one (41) proposals were received from local NGOs to orient head teachers and teachers on HIV/AIDS and girls' education policy issues. Of those, five (5) locally based NGOs were funded. In addition, 25 schools have been funded to implement various projects. *For more on the small grants, see CARE International's progress report in Appendix A.*

Other Developments

During the quarter, district advocacy meetings were held in six districts (Sinazongwe, Gwembe, Kazungula, Livingstone, Kalomo and Choma), attended by a total of 212 key stakeholders, including chiefs, village headmen, local council members, local businessmen, and GRZ officials. The purpose of the meetings was to present and discuss the findings from the research and verification activities that were conducted previously in the districts and, on that basis, to draft resolutions and policies for action. As such, the advocacy meetings represented a key dimension of the overall CSMC model. *For a more thorough description of the advocacy meetings that were facilitated by the CSMC team this reporting period, see Appendix B.*

2. *AEI*

Priority or Category	Indicator	Means of Verification	Gender	Target	Actual as of 12/31/04	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. It's 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	1	1
			Success stories (copies)	2,000	5,000	5,000
			Advocacy resolutions (Copies)	1,000	0	0
			CSMC newsletter (copies)	5,000	10,000	5,000
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	85	85
			Female (In-service)	187	33	33

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	416	382
	Number of provincial Teacher Resource Centers (TRCs) provided and oriented on HIV/AIDS.	Count of Memorandum of understanding with TRCs.		2	2	2
	Number district TRCs supported and oriented.	Count of Memorandum of understanding with TRCs.		11	11	6
	Number of HIV/AIDS modules implemented.	Count of modules distributed to TRCs.		780	360	210
	Number of life skills modules implemented.	Count of modules distributed to TRCs.		780	360	210
	Number of gender modules implemented.	Count of modules distributed to TRCs.		780	130	80

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*

Sensitization is ongoing, but initial sensitization of teachers was completed in the first phase of the CHANGES Programme.

- *Indicator 2: HIV/AIDS and Gender and Equity Training*

The training of School Focal Point Persons (SFPPs) was completed in the first quarter of 2004.

- *Indicator 3: Information, Education, and Communication (IEC) Materials*

The following IEC products were completed during the reporting period:

- 30-minute documentary on the CSMC was produced and aired on ZNBC on 16 December;
- 5,000 copies of the CSMC newsletter and 5,000 copies of a Success Stories booklet were sent to the printer; and
- 1,634 pieces of “chitenge” material were distributed.

- *Indicator 4: Support for Training of Pre-Service Teachers in HIV/AIDS and Girl Child Education*

The training of pre-service teachers in HIV/AIDS and girls' education at the two Teacher Training Colleges (TTCs) in SP was carried out last quarter; plans are in place to orient the intake of new teachers in 2005.

- *Indicator 5: Support for Training of In-service Teachers in HIV/AIDS and Girl Child Education Through Contracted NGOs*

Capacity building workshops for head teachers and teachers through contracted local NGOs were held in Monze District (41 participants), Choma District (40 participants), and Siavonga District (37 participants) by the Family Health Trust. Other contracted NGOs will hold the same workshops in the remaining SP districts in early 2005.

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

This initiative is linked to the activity of building the capacity of provincial and district resource centers. Six district Teacher Resource Centers (TRCs) and two provincial TRCs were provided with modules and were trained during this quarter. Five District TRCs were provided with modules and were trained during the last quarter, bringing the total to 11 district TRCs and two provincial TRCs provided with modules.

Five district TRCs—Choma, Kalomo, Sinazongwe, Gwembe, and Mazabuka—conducted their workshops during this quarter. The total number of head teachers and teachers oriented in the use of the modules this quarter was 382. (Kazungula District had trained 34 head teachers and teachers last quarter.) Siavonga, Itezhi, Tezhi, Monze, Livingstone, and Namwala will conduct their training next quarter.

3. *PEPFAR*

The PEPFAR indicators were revised this quarter based upon new guidance from USAID; therefore, this is the first time the new indicators are being reported on, though in the case of the CSMC some of the new indicators align with the previous indicators and, as such, progress reported is cumulative from previous quarters:

Priority/Category	Indicator	Means of Verification	Gender	Target	Actual as of 12/31/04	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	5,129	20
	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	206,078	17,434
			Female	371,994	268,934	46,466

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 are comprised of: 103 zones, 728 CSMC schools, and 4,368 communities.
- (2) The 746,521 individuals reached with outreach programs/activities are 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	323	34
			Female	109	164	19

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 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	5,114	0
	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	935	562
			Female	623	415	229
<p>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.</p>						
<p><i>Notes on target calculations:</i></p> <p>(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.</p> <p>(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).</p>						

Notes on Achievements

- *Indicator 1: Prevention, Abstinence, and Being Faithful*

Most of the target figures for this indicator were achieved by the CSMC during the first phase of the CHANGES Programme. During this quarter additional outreach programmes (activities) were implemented: two in TTCs, six in district TRCs, five local NGOs had their capacity built, and the two provincial TRCs were also supported with HIV/AIDS programming.

Nearly 64,000 individuals in communities were reached through ongoing HIV/AIDS sensitization during the reporting period, carried out through School Focal Point Persons (SFPPs) and Community Focal Point Persons (CFPPs).

- *Indicator 2: Strategic Information*

Thirty-five (35) replacement Zonal-level Community Facilitators (ZCFs) and district officials were trained in HIV/AIDS, and are now prepared to implement the CSMC component in their districts and zones. In addition, a Provincial Stakeholder's Meeting was held in which 18 provincial-level GRZ officials (11 male and 7 female) participated, during which HIV/AIDS policy issues were discussed.

- *Indicator 3: Policy Analysis and System Strengthening*

The target number of HIV/AIDS service outlets provided with technical assistance or implementing programmes related to policy and/or capacity building was largely attained during last quarter; however, a further 13 were reached in the present quarter (8 TRCs and 5 NGOs). Figures provided in the indicator table include NGO and TRC trainings, advocacy workshops, and a ZCF replacement workshop.

A total of 534 head teachers and teachers (500 this quarter) from basic and community schools have been trained in implementing programmes related to policy and/or capacity building in Kazungula (last quarter), Choma, Kalomo, Gwembe, and Sinazongwe Districts by TRCs, and Monze, Choma, and Siavonga Districts by contracted local NGOs. The figures are likely to rise as all TRCs and NGOs complete their training activities next quarter.

4. **USAID (SO 6)**

Priority or Category	Indicator	Means of Verification	Gender	Target	Actual as of 12/31/04	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	2
			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	11
			Females	37	41	4
	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	12
			Females - # of in-service teachers	103	109	6
	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	11	0
	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	5
	Number of action plans developed by zones (ZCFs).	Actual count of action plans filed at district, zonal and CSMC offices.		103	256	46
	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	1,734	75
	Number of community action plans implemented.	District and zonal reports.		364	986	71
	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	835	32
	Number of school action plans implemented.	District and zonal reports.		546	639	15

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	5
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 1: Sensitization and Mobilization*

See previous comments on this same indicator under different funding earmarks.

- *Indicator 2: Capacity Building in HIV/AIDS and Education for Girls and OVCs*

Two more provincial officers, 15 district stakeholders, and 18 ZCFs were trained during a ZCF replacement workshop (to replace ZCFs who dropped out of the programme).

- *Indicator 3: Multi-Sectoral Teams*

Early in the programme, multi-sectoral teams were formed and trained at the provincial, district, and zonal level (total: 115), and continue to function to implement the CSMC at all levels in SP during the extension.

- *Indicator 4: Action Plans*

Districts and zones continue to generate action plans during district stakeholders' meetings and district planning and review meetings. Schools and communities also generate action plans on a quarterly basis, which creates a situation where initial targets are considerably exceeded.

- *Indicator 5: Capacity Building for NGOs*

Five local NGOs were identified last quarter to participate in capacity building activities, and were trained this quarter to help develop the capacity of head teachers and teachers in HIV/AIDS related issues in schools. A Memorandum of Understanding (MOU) was signed with each of them. Family Health Trust have since conducted workshops in Monze and Choma Districts in which 81 teachers and head teachers were trained in HIV/AIDS, and an additional 37 head teachers and teachers were likewise trained in Siavonga District.

B. School Health and Nutrition (SHN)

1. AEI

Priority/Category	Indicator	Means of Verification	Target	Actual as of 12/31/04	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)	1,082 (640 male and 442 female)	671 (348 male and 323 female)
<p>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.</p> <p>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.</p>					
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	41 (24 male and 17 female)	27 (17 male and 10 female)
<p>Indicator 2. This indicator includes 10 Zonal Coordinators from each of the eight districts in Eastern Province.</p>					

Notes on Achievements

- *Indicator 1: Teachers Trained (Pre- and In-Service)*

During the quarter, 558 (270 male and 288 female) pre-service teachers currently at Chipata Teacher Training College were trained in SHN administration at the school level. The college lecturers who had previously been trained by the SHN/EP team, conducted the training. The trained teachers have since graduated and will soon take up their teaching appointments at schools around the country.

Also, a SHN replacement training was conducted for 58 new teachers (45 male and 13 female) who have been recently named SHN Focal Point Persons in their schools. The purpose of this training was to replace SHN teachers lost due to attrition. The following were trained in this replacement training workshop:

District	Male	Female	Total
Mambwe	3	2	5
Lundazi	5	1	6
Chadiza	6	0	6
Chipata	17	5	22
Katete	4	1	5
Chama	6	2	8
Petauke	4	2	6
Total	45	13	58

Continuing, a SHN management training workshop was also conducted for 10 district-level officers in EP (7 male and 3 female); the participants had replaced former colleagues in the posts who had been shifted due to the MOE restructuring; the details are as follows:

District	Male	Female	Total
Mambwe	2	2	4
Lundazi	1	1	2
Chadiza	2	-	2
Chama	1	-	1
Petauke	1	-	1
Total	7	3	10

Finally, 62 community leaders (45 male and 17 female) who are members of their local SHN committee, and 18 teachers (10 male and 8 female) from the last 20 intervention schools in EP were trained in Participatory Learning Approaches (PLA), Theatre for Community Action (TCA), and information dissemination techniques. The aim was to strengthen linkages between targeted schools and their communities; trained teachers and community representatives are expected to cascade the training to other community members.

- *Indicator 2: Support to Zonal, District, and Provincial Resource Centers*

A three and one-half day training of trainers (TOT) workshop for Zonal Coordinators from Chipata District was conducted for a total of 27 participants (17 male and 10 female). These trainees will, in turn, spearhead SHN technical and management training through the Zonal Education Support Teams (ZESTs) in their respective zones.

Summary of trainings conducted by CHANGES' EP SHN Team During the Fourth Quarter

	Types of Training/ Category	Teachers		Managers						Pre-service Teachers		Zonal Coordinators		Community Members.		Pupils	
				MoE		MoH		CDSS									
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	SHN Management Training.	-	-	7	3	1	-	-	1	-	-	-	-	-	-	-	-
2	ToT SHN Technical Training for Zonal Coordinators.	-	-	-	-	-	-	-	-	-	-	17	10	-	-	-	-
3	TOT, SHN Technical Training for Pre-service Teachers.	-	-	-	-	-	-	-	-	270	288	-	-	-	-	-	-
4	SHN Technical Training on the Job Training.	16	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5	Replacement Training-SHN Technical Training.	45	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6	Training for Community Volunteers-PTA,NHC etc.	10	8	-	-	-	-	-	-	-	-	-	-	45	17	-	-
7	HIV/AIDS Education (<i>see below under PEPFAR</i>).	79	29	-	3	1	-	-	1	-	-	17	10	205	77	19	48

Other Developments

- *SHN Provincial-Level (National Scale-Up) Management Training*

During the reporting period, three SHN management trainings were conducted for 83 provincial and district level MOE and MOH officers to enable them to effectively manage the SHN in their province or district as the programme rolls out nationally beyond Eastern Province. Details of those training workshops are as follows:

Provincial and District Managers Trained in SHN Management

Province	Male	Female	Total
Luapula	23	2	25
Central	35	9	44
Southern	10	4	14
Total	68	15	83

- *Collaboration on the Schistosomiasis Control Initiative (SCI)*

Several meetings were held this quarter to streamline implementation of the SCI, which were attended by representatives of the MOE, MOH, and Dr. Paul Freund, SHN Regional Advisor, and Delphin Kinkese (SHN Technical Officer) of the CHANGES Programme. The SCI is a government programme that will roll-out the SHN programme throughout Zambia in the next few years, utilizing the experience, tools, and instruments developed by the CHANGES Programme. During the quarter, the bilharzia questionnaire was translated into Tonga for use in SP, the schistosomiasis prevalence survey in SP was completed, the arrival of de-worming drugs was confirmed and distribution to provinces and districts was commenced, and the MOU between the MOE and MOH was signed, paving the way for full implementation of the SCI. *For more details on the CHANGES programme's support for the SCI, see Dr. Freund's and Mr. Kinkese's progress reports in Appendix C.*

- *Completion of SHN/MIS (Management Information System) Pilot in EP*

The SHN/MIS, which is being piloted in EP, was completed during this reporting period. Ms. Wendy Heard, a consultant from the University of Natal, South Africa, traveled to EP to conduct the final phase of the training of provincial and district level MOE officers and started a two-part evaluation of the SHN/MIS. *For more details on this development, see Ms. Heard's Trip Report and supporting documents in Appendix D.*

- *Review and Revision of the SHN Policy Document*

Two workshops were held in Lusaka, during 15-16 November and 29-31 December, at the Capital Hotel to revise the previously outdated SHN policy document, which had originally been drafted in 2001. The aim of the workshops, which were attended by the SHN Regional Advisor and SHN Technical Officer (Lusaka), was on updating information, correcting the format and organization of the document according to Cabinet office guidelines, and assembling all supporting reference documents. Especially as the SCI comes on-line (See above), revising and finalizing the SHN policy document has been critically important. *For more information on this activity, see Appendix C.*

- *Lobbying to Revitalize the National SHN Steering Committee*

The interests of the CHANGES Programme were well-served by the MOE under the previous BESSIP (Basic Education Sub-Sector Investment Programme) scenario, when the MOE was structured in such a way that SHN, Equity and Gender, and HIV/AIDS were all components in their own right and a number of sub-sector task forces and committees were fully functional, including one for SHN. Since the MOE restructuring in 2003, however, those implementation committees have not re-appeared, which has especially hurt Special Issues programmes, of which CHANGES is part and parcel. To rectify this situation with regard to SHN, the SHN Regional Advisor lobbied the Director of Planning and Information in the MOE to revive the National SHN Steering Committee as a way to improve communication and coordination between CHANGES and the MOE as well as to harmonize all SHN-related projects and programmes. Parallel to this, the donor community also has lobbied the MOE to revive Special Issues task forces (not only in SHN but also in Equity and Gender and HIV/AIDS), and it is hoped that this two-pronged approach will bear fruit in the near future.

2. PEPFAR

The PEPFAR indicators were revised this quarter based upon new guidance from USAID; therefore, this is the first time the new indicators are being reported on:

Priority/Category	Indicator	Means of Verification	Gender	Target	Actual as of 12/31/04	Achieved this Quarter
1. Prevention/ Abstinence and Being Faithful.	Number of community outreach HIV/AIDS prevention programs that promote abstinence.	Progress reports.		63	43	43
	Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence.	Training reports; school records; school visit reports.	Male	224	0	0
			Female	96	0	0
	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	2	2
	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	469,000	346,000	346,000
			Female	201,000	144,000	144,000

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) 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 percent male and 30 percent 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 percent male and 30 percent female.

2. Orphans and Vulnerable Children.	Number of OVC served by OVC programs.	Progress reports and school visits.	Male	1,260	0	0
			Female	540	0	0
	Number of providers / caretakers trained in caring for OVC.	Progress reports and school visits.	Male	21	0	0
			Female	9	0	0

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 percent male (1,260) and 30 percent 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	0	0
			Female	12	0	0
<p>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.</p> <p><i>Notes on target calculations:</i></p> <p>(1) 40 teachers (28 male and 12 female) will be trained in Eastern Province in HIV/AIDS advocacy and positive living.</p>						

Notes on Achievements

- *Indicator 1: Prevention/Abstinence and Being Faithful*

During the reporting period, the EP SHN team continued its efforts to encourage as many teachers as possible to go for VCT (Volunteer Counseling and Testing) as a means to access Antiretroviral drugs (ARVs). On 3 December, the CHANGES team organized a one-day VCT motivational meeting for 35 teachers (3 male and 32 female); of the 35 people who attended the meeting, 19 (18 female and 1 male) agreed to be tested, and five tested positive. A week later, three further teachers from that group (new total: 22) agreed to be tested.

In a further development, all 22 teachers who were tested formed a VCT Support Group for teachers, the aim of which is to promote VCT among fellow teachers and to fight HIV/AIDS-related stigma and discrimination in schools and surrounding communities.

CHANGES/EP also continued to impart information on HIV/AIDS at all SHN workshops conducted. The main topics addressed were: the impact of HIV/AIDS on the education system, stigma and discrimination in the workplace, and HIV/AIDS prevention strategies focused on abstinence and faithfulness. During the reporting period, 170 people (118 male and 52 female) were reached in this manner, as follows:

Categories and number of people reached through SHN Trainings

S/No.	Category	Number		Total
		Male	Female	
1.	Teachers	55	21	76
2.	Managers-MOE	0	3	3
3.	Managers-MOH	1	0	1
4.	Managers-MCDSS	0	1	1
5.	Zonal Coordinators	17	10	27
6.	Community	45	17	62
Total		118	52	170

As it has done every year, the EP SHN team played a leading role in organizing and carrying out World AIDS Day activities. 252 (154 male and 98 female) people were reached in schools (Cronje, Mpezeni, and Katopola) in which CHANGES managed World AIDS Day activities; the team disseminated HIV/AIDS information through songs, poems, and drama. See details on numbers, below:

Number and categories of people reached at World AIDS Day:

S/No.	Category	Number		Total
		Male	Female	
1.	Teachers	24	8	32
2.	Pupils	19	48	67
3.	Other community members	111	42	153
Total		154	98	252

All 67 pupils (19 male and 48 female) and 32 teachers (24 male and 8 female) who participated in World AIDS Day activities, visited a junior Art Exhibition that was organized by the Chipata Visual Art Council, and which displayed drawings by youth depicting HIV/AIDS-related messages.

Forty-three (43) community-based groups, which the CHANGES Programme is mentoring, developed and submitted action plans for implementing HIV/AIDS activities.

Approximately 346,000 males and 144,000 females were reached through two SHN and HIV/AIDS radio broadcasts during the quarter.

Note: Activities/indicators on which no progress has been reported will be priorities next quarter—for example, activities addressing OVCs and policy strengthening.

Other Developments

During the present reporting period, Mr. Chiziba, the EP Provincial HIV/AIDS Focal Point Person, and Ms. Gertrude Bwalya Zulu, CHANGES Technical Officer, collected data from 20 schools to assess what HIV/AIDS activities are being carried out, where the gaps are, and what new programming should be designed and implemented in the future to meet unaddressed needs. A report of findings will be completed next quarter.

3. *USAID (SO 6)*

Priority/Category	Indicator	Means of Verification	Target	Actual as of 12/31/04	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.	69,110	21,621 Due to increase in enrolment in SHN schools already administering drugs.
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 an 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.	21 new districts	11 new districts
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 sensitization, etc.).	Proposals analysis report; district and provincial monitoring reports; site visits; PTA minutes and action plans.	400 action plans implemented by July 2005.	361 activities verified. Situation analysis is expected to bring out more results.	98 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 sensitization 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 sensitize communities on HIV/AIDS issues. CHANGES is adopting the use of Theatre for Community Action (TCA) whereby teachers and communities work together to sensitize 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.	591 (413 male and 178 female)	324 (226 male and 98 female)
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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 areas by July 2005.	47 teams trained	40 teams trained this quarter. (The other seven teams were trained in the last quarter 54 males and 17 females)
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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 3: School and Community Action Plans*

98 school and community action plans were submitted during the reporting period.

- *Indicator 4: Access to HIV/AIDS Materials*

HIV/AIDS resource centers (corners) were established in 162 schools in EP, and it is estimated that at least two teachers per school accessed those materials (total: 324) during the quarter.

Other Developments

- *Development of IEC (Information, Education and Communication) Materials*

From the start, IEC materials have played an integral role in the success of the SHN programme, and this continued to be the case this quarter, including production of a SHN television documentary, additional radio programmes, a CHANGES calendar, and procurement of an HIV/AIDS guide for Nutritional Care and Support. *For more details on SHN IEC materials, see Appendix C.*

- *Ongoing SHN Monitoring in EP*

During the quarter, the annual SHN Competition for all participating schools in EP was launched. Also, in a departure from past practice, the districts were encouraged to conduct their own monitoring using a standard checklist developed by CHANGES. 45 schools were monitored in this manner. The general impression received from feedback is that most schools are implementing the SHN programme according to approved guidelines; linkages between schools and health centers were evident. A detailed monitoring report will be included in next quarter's report.

- *Completion of Final SHN Integrated Biomedical and Cognitive Report (Years 1-3)*

The long-awaited final report from the Partnership for Child Development (PCD) and Successful Intelligence (SI)—CHANGES' subcontractors in carrying out the three annual surveys in EP during the pilot phase of the SHN programme—was received during the reporting period. The report highlights findings over the three-year period from both the biomedical and cognitive assessment surveys that had been conducted. The report, with a foreword by the MOE Permanent Secretary and an introduction by the MOE Director of Planning and Information Unit, will be printed and widely disseminated next quarter. *See Appendix E for a copy of the PCD/SI report.*

C. Ambassador's Girls Scholarship Program (AGSP)

1. AEI

Priority/Category	Indicator	Means of Verification	Target	Actual as of 12/31/04	Achieved this Quarter
1. Scholarships.	Number of scholarships awarded to OVCs (girls) during 2004.	School Reports.	635	772	107
	Number of scholarships awarded to OVCs (girls) during 2005.	FAWEZA reports.	332	NA	NA (Not Applicable)
	Total number of scholarships awarded to OVCs (girls) during 2004-2005.	FAWEZA reporting.	967	772	107

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 (girls) retained in school from 2003 to 2004 due to receiving scholarships.	FAWEZA reports.	635	686	107
	Number of OVCs (girls) retained in school from 2004 to 2005 due to receiving scholarships.	FAWEZA reports.	332	NA	NA
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 (girls) receiving scholarships who graduated in 2004.	FAWEZA reports.	179	229	229
	Number of Grade 12 OVCs (girls) receiving scholarships who graduated in 2005.	FAWEZA reports.	255	NA	NA
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

What is particularly worthy of notice is that, although 179 Grade 12 scholarship recipients were expected to graduate in 2004 (see above indicator), due to the ability to award more scholarships than initially planned, 50 additional Grade 12 pupils received scholarships and were able to stay in school and graduate, for a total of 229. *For further details on scholarship provision and monitoring of the AGSP, see FAWEZA's end of Term 3 report in Appendix F.*

2. PEPFAR

The PEPFAR indicators were revised this quarter based upon new guidance from USAID; therefore, this is the first time the new indicators are being reported on:

Priority/Category	Indicator	Means of Verification	Gender	Target	Actual as of 12/31/04	Achieved this Quarter
1. Prevention/Abstinence and Being Faithful.	Number of community outreach HIV/AIDS prevention programs that promote abstinence.	FAWEZA reports; Student Alliance for Female Education (SAFE) Club Overseer reports; end of school term reports.		162	30	30
	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	15,052	15,052
			Female	35,100	14,620	14,620

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	96	96
	Number of OVC served by OVC programs.	FAWEZA reports; SAFE Club Overseer reports; end of school term reports.	Male	10,530	236	236
			Female	11,063	1,194	1,194
	Number of providers /caretakers trained in caring for OVC.	FAWEZA reports; SAFE Club Overseer reports; end of school term reports.	Male	43	6	6
			Female	171	66	66

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 percent (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, 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 percent of these individuals (171) will be female and 20 percent (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	6
			Female	60	66	66
<p>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.</p> <p><i>Notes on target calculations:</i></p> <p>(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 percent (60) of these will be female and 10 percent (6) will be male.</p>						

Notes on Achievements

During the reporting period, 59 SAFE (Student Alliance for Female Education) Club Overseers were trained to manage activities in SAFE Clubs and to support the AGSP. Four Provincial Focal Point Persons also attended the training. *For more information on PEPFAR-funded activities, see FAWEZA's End of Term 3 Report in Appendix F.*

D. Ministry of Education Headquarters HIV/AIDS Activities

This quarter, the CHANGES Programme, in collaboration with the MOE/HQ, implemented several HIV/AIDS activities that were outgrowths of the HIV/AIDS impact assessment on the education sector that was completed earlier in the year. Three HIV/AIDS workplace peer educator workshops were conducted for MOE employees and a workshop to finalize the MOE's HIV/AIDS workplace policy document was held. For more details on these activities see "Notes on Achievements" following the indicator table.

1. PEPFAR

The PEPFAR indicators were revised this quarter based upon new guidance from USAID; therefore, this is the first time the new indicators are being reported on:

Priority/Category	Indicator	Means of Verification	Gender	Target	Actual as of 12/31/04	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	1,365	1,365
			Female	840	693	693
	Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence.	MOE activity final reports; MOE field reports.	Male	840	1,365	1,365
			Female	840	693	693

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	15
			Female	20	9	9
<p>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.</p> <p><i>Notes on target calculations:</i></p> <p>(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.</p>						

Notes on Achievements

- *Indicator 1: Prevention/Abstinence and Being Faithful*

Three MOE HIV/AIDS in the Workplace peer educator training workshops were held for 98 (65 male, 33 female) MOE officers and teachers, as follows: Kasama District (Northern Province) 31 (20 male, 11 female), Nakonde District (Northern) 36 (24 male, 12 female), and Kafue District (Lusaka) 31 (21 male, 10 female). Each of the 65 male peer educators are now training 20 further colleagues, for a total of 1,365 male MOE officers trained, while each of the 33 female peer educators are also training a further 20 colleagues, for a total of 693 female MOE officers trained as peer educators.

- *Indicator 2: Policy Analysis and Systems Strengthening*

During November, a workshop for senior-level MOE managers was held in Lusaka to finalize the MOE's HIV/AIDS in the Workplace policy document that had been in draft form until that time. Although 40 MOE officers were invited to the workshop, disappointingly only 24 (15 male and 9 female) MOE officers participated in the workshop. Nevertheless, the workshop achieved its goal of finalizing the HIV/AIDS workplace document, a copy of which will appear as an appendix in next quarter's report.

E. Small Grants Mechanism

There are no indicators associated with the small grants mechanism, which is being implemented by CARE International in collaboration with the CHANGES field teams.

During the reporting period, 14 new grants—seven each in EP and SP—were awarded, bringing to 112 the total number of grants awarded so far by the CHANGES programme. Of those 112 grants, 48 have been awarded in EP and 64 in SP. CARE International reports that, to date, a total of 85 different local organizations in both provinces have received small grants from the CHANGES Programme.

In addition, a *draft* Small Grants Manual (a deliverable under CARE's subcontract with CHANGES) was completed and submitted during the reporting period. The manual will be finalized during next quarter and will then be made available to the MOE, other GRZ line ministries, and any cooperating local partner who might be interested in implementing a small grants programme.

Finally, during the quarter a number of meetings were held between CARE, CHANGES, and USAID to review compliance regarding environmental impact guidelines in implementing the small grants component. As a result of those meetings, CARE's project feasibility, appraisal, and reporting procedures were fine-tuned.

For more information on progress made this quarter through the small grants mechanism, see CARE International's progress report in Appendix A.

III. 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

- As reported in previous quarters, the busy schedule of GRZ partners, on whom successful programme implementation and monitoring depends, entails that CSMC activities compete for their time and, as a result, the activities are often not carried out in a timely manner. This applies in particular to the monitoring of zonal, school, and community level activities by relevant line ministry colleagues.
- School Focal Point Persons (SFPPs) and Community Focal Point Persons (CFPPs) repeatedly complain that they are insufficiently motivated because they do not receive allowances for their sensitization and mobilization work in schools and communities, unlike the ZCFs (all GRZ employees) who in some cases do receive allowances. As a result, the SFPPs and CFPPs are not as productive as desired.
- Head teachers in some schools have pointed out that some rules of protocol have been breached when they are monitored by ZCFs (who are teachers) and Environmental Health Technicians (from the MOH) and Community Development Assistants (from the MCDSS), both of whom they consider to be their juniors. Therefore, they are calling for a change in the CSMC monitoring process.
- Communities tend to be more responsive to programmes that give them more direct benefits in terms of hand-outs of food; they are also more enthusiastic to participate in programmes that do not require detailed project proposals as part of the small grant awarding process.
- Implementation of the HIV/AIDS capacity building of teachers by local NGOs was delayed by two months due to delays in receiving funds from the Small Grants Mechanism, which is administered by CARE International.
- The figure of a total of 919 basic schools in SP, which was the figure used for planning the CSMC component and budget during the extension, proved to be incorrect. The actual figure is 728, which, now that implementation has started, has required some adjustments in the work plan and budget.
- Nurturing behavioral change is a time-consuming and often laborious process; the CHANGES Programme will soon be winding down and, therefore, perhaps not all goals in this regard will be achieved.

B. SHN

- All districts have received SHN drugs in preparation for administration when schools open in January 2005; however, most Vitamin A tablets will expire on 31 January 2005, which may affect the recommended SHN drug administration protocol.
- ~~Cooperating partners, especially the Ministry of Health, failed to attend most trainings~~ due to their busy schedule. Fortunately, however, a resolution has been reached to ensure commitments are realized during the next quarter.

C. AGSP

- Due to the late release of PEPFAR funds, the new 34 SAFE Clubs could not be formally launched this quarter. By the time the funds were received, examinations had started in schools, and then the school year ended. In the meantime, however, SAFE Club Overseers were trained (see above) and materials were purchased in anticipation of formally launching the Clubs when schools reopen in early January 2005.

D. Small Grants Mechanism

See issues in the small grant mechanism in CARE International's separate report in Appendix A.

IV. RESEARCH STUDIES OR EVALUATIONS CONDUCTED

The CSMC team started its own internal impact assessment, which will be carried out in addition to the broader CHANGES-wide evaluation that will start next quarter—see below.

Planning for a major Programme activity was started this quarter: the summative evaluation of the CHANGES Programme. A meeting was held on 2 December at the CHANGES office, attended by representatives of USAID, CARE International, MOE, and CHANGES to discuss a proposal submitted by a firm in Washington, DC, Aguirre International, which specializes in monitoring and evaluating education programmes in developing countries. Much useful feedback was expressed in the meeting, which was passed on to Aguirre International for them to revise their proposal, and the evaluation is expected to start in late January and conclude by late March 2005.

V. SPECIAL EVENTS/VISITORS AND THEIR OUTPUTS

The CSMC component of the CHANGES Programme received a number of positive press reports: several favorable articles about the Programme appeared in *The Post* and *Daily Mail* newspapers, and some spots about the CSMC were aired on the radio. In addition, the CSMC television documentary, which was aired in mid-December, received favorable reviews from those who watched it.

Drs. Rick Henning and Cornelius Chipoma visited the CSMC team on 16 December to review progress.

The CSMC and SHN teams in the provinces participated in World AIDS Day celebrations and played a major role in planning those activities.

Ms. Wendy Heard of the University of Natal, completed the pilot of the SHN/MIS in EP. *Details about her work can be read in Appendix D.*

The CHANGES Chief of Party visited the SHN/EP team during 8-9 December to review progress and to plan and problem solve as necessary. He was also able, in person, to wish the team the best of the holiday season.

VI. PRIORITIES FOR NEXT QUARTER (JANUARY-MARCH 2005)

The key activity that will be carried out in full next quarter is the evaluation of the CHANGES Programme. A four-person consultant team will undertake the evaluation, which will start in late January and be completed by the end of March. At the end of the evaluation process, a meeting will be held in Lusaka with key stakeholders during which the consultant team will present the main findings and recommendations from their work.

In addition, the following programmatic activities will be implemented during the next reporting period:

A. CSMC

- The HIV/AIDS capacity building of School Focal Point Persons (SFPPs) by local NGOs will continue.
- The HIV/AIDS capacity building of SFPPs by resource centers will also continue.
- Advocacy meetings, in which the findings from the research conducted on girls' education and HIV/AIDS are reviewed and resolutions to address the issues are discussed and adopted, will be conducted for Siavonga, Mazabuka, Namwala, Itezhi Tezhi, and Monze Districts.
- District stakeholders' meetings will be conducted in Kazungula, Livingstone, Choma, and Kalomo Districts.
- The provincial level orientation to the CSMC—as groundwork for national expansion of the CSMC—will take place in Western, Central, and Lusaka Provinces.
- An internal impact assessment, conducted by the CSMC team will be completed and reported on; the CSMC team will host and work with the external evaluation team to conduct the broader CHANGES Programme evaluation.
- IEC materials (CSMC newsletter and success stories booklet) will be produced and disseminated.
- Scaling up and capacity building of SFPPs and CFPPs by district stakeholders will continue.

B. SHN

Eastern Province:

- A refresher training course in SHN technical administration will be delivered for teachers who entered the SHN programme the earliest in EP.
- HIV/AIDS peer educator training workshops will be held.
- Community sensitization and training workshops for Zonal Coordinators will be held.
- Psychosocial counseling training for guidance teachers will be conducted.
- Support for the integration of malaria prevention into SHN activities will be continued.
- SHN T-shirts will be printed and distributed to key stakeholders.
- HIV/AIDS positive living and advocacy training will be conducted.
- All SHN activities will be monitored on an ongoing basis.

Lusaka and Southern Provinces:

- The SHN National Policy Guidelines will be finalized and disseminated.
- The MOU between the MOE and MOH, which was revised last quarter, will likewise be finalized.
- The SHN administration and management training manuals will be revised and submitted to CDC through SHN/MOE.
- The SCI will be officially launched in Southern Province.
- A National SHN Steering Committee will (hopefully) be revived.
- As three districts in SP will begin de-worming in 60 schools, this process will be monitored to ensure compliance and effective implementation of the overall SHN programme.
- The SHN Regional Advisor will visit Nigeria to advise on SHN activities there based on the Zambia experience.

C. AGSP

- Provision of bursaries (scholarships) to approximately 800 secondary school girls will commence in Term 1 and continue throughout the academic year.
- While the groundwork was laid this quarter, next quarter 34 new SAFE Clubs will be officially launched.
- HIV/AIDS peer mentoring and outreach activities will begin on the part of scholarship recipients.

D. Small Grants Mechanism

- The provision of small grants to schools, communities, and local NGOs in districts that have not yet received grants will continue.
- The draft grant awarding manual will be finalized and made available to the MOE.

VII. SUCCESS STORIES

The following success and human interest stories appear in this report much as they were submitted; they have undergone little editing in order to preserve their authentic flavor:

A. CSMC

“CHANGES CSMC Community Focal Point Person Makes Impact”

Happily married (to one woman) and a father of five (5), forty-three (43) year old Mr. Mumba looks quite energetic and full of life, but he is has the virus that causes AIDS.

Mr. Mumba, a CHANGES CSMC Programme Community Focal Point Person (CFPP), lives in Nchete Compound, a Monze town Basic School catchment area. He joined the CSMC team after showing a lot of interest in what the programme was doing, especially in the area of HIV/AIDS.

Mr. Mumba found out that he was HIV positive in 2003. He had lost weight and had a recurring cough. Early this year, he was sensitised by the CHANGES Community Focal Point Persons (CFPPs) on HIV/AIDS. He learnt how HIV is transmitted and what it could do if one was not sure of one’s HIV status. It was then that Mr Mumba decided to go for voluntary counseling and testing (VCT) and take the HIV test.

“Ba sa,” he would tell people at a meeting organized by the CHANGES CSMC CFPPs, “I could not believe it, and the first thought that came to my mind was how I would break the news to my wife.”

However, Mr Mumba has accepted his status, lives positively and talks about his HIV status openly. He is now one of the advocates encouraging other members of his community to go for VCT.

Mr Mumba lives happily with his wife who is HIV negative. Mrs Mumba has been to VCT and has taken the HIV test twice. Mr Mumba is very happy about his wife’s HIV status.

“At least it’s I who has it, because I went looking for it,” he told a CHANGES CSMC meeting. “Some women still want me to be their man–friend, but I tell them frankly that I ‘bite.’”

As a CSMC CFPP and a counselor at Monze Hospital, Mr Mumba is making positive impact in his community. More and more people are becoming aware of the routes by which HIV is transmitted, and many are encouraged to go for VCT as a result of Mr Mumba’s efforts and example.

B. SHN

“Teachers Support Group to Fight HIV/AIDS Stigma and Discrimination In Schools”

Friday the 3rd December 2004 was not an ordinary day for teachers in Chipata District in the Eastern Province of Zambia.

It was a day when 22 teachers decided to know their HIV/AIDS status, and declared to fight HIV/AIDS related stigma and discrimination in work places without fear.

Thirty-five (35) teachers convened at a local Wildlife Club hall to discuss human life, not animals and trees; the CHANGES team in Eastern Province had invited them to an HIV/AIDS Voluntary Counseling and Testing (VCT) motivational talk.

Three local HIV/AIDS activists, Annie Phiri, Lameck Ngoma, and Beatrice Mawere, who are all living positively, took turns explaining the advantages of VCT and breaking the silence surrounding HIV/AIDS.

Health experts from a local hospital, Chipata Hospital Board of Management (CHBM), were available to respond to questions and provide VCT services.

Immediately after the motivational talk, 19 teachers decided to be tested for HIV. Another three had their test done a week after attending the motivation session.

All those who underwent VCT formed a support group to advocate and encourage fellow teachers to undergo VCT.

In their first meeting, the group resolved to break the silence surrounding HIV/AIDS as a strategy to eradicate HIV/AIDS related stigma and discrimination in schools.

Zambia is one of the worst hit countries in the southern African region with HIV/AIDS. With a population of 10.5 million people, 16% of the adult population is infected and almost the entire population is seriously affected by the impact of the pandemic in one way or another. The Ministry of Education, estimates that teacher mortality in Zambia is at 39 per thousand, which is 70% higher than the general population. In 1998, teacher deaths were equivalent to the loss of two-thirds of the annual output of newly qualified teachers from training institutes.

Given this scenario, Zambia’s vision of *“Educating our Future”* will be a pipedream.

To mitigate the impact of HIV/AIDS on education, the Ministry of Education, with the support of USAID and other donor agencies, have provided ARVs to teachers at no cost. However, an HIV test is a medical requirement before individuals can access these drugs.

The CHANGES Programme, a technical support programme to Zambia's Ministry of Education (MOE), a Creative Associates International Inc. initiative, supported by USAID, has continued to assist the Ministry of Education in the fight against stigma, shame and silence associated with HIV/AIDS. It is envisaged that over time, many teachers will undergo HIV testing, access ARVs and openly discuss their HIV status.

Luambwa Middle Basic School

" Eat a banana every day..."

Fifty-five kilometres East of Lundazi District Education Board Secretary's (DEBS') office lies Luambwa Basic School.

Luambwa Basic School is one of the biggest schools in the Kaibonyi area, in senior Magodi's area in Lundazi District, Eastern Province of Zambia.

The school stands on sandy soil grounds with a sparse "miombo" vegetation of indigenous and exotic trees providing beautiful scenery and school surroundings.

On the average, the school experiences good rainfall making it most favorable for fruit farming.

Visitors to the school are welcomed by a neatly written poster displayed that reads:

***"EAT A BANANA EVERY DAY AND PLANT
A SUCKER FOR YOUR FUTURE HEALTH"***

This is not an empty slogan, as the school boasts of having a well maintained orchard holding more than 200 banana suckers (new shoots for planting) apart from more than 30 other assorted fruit trees.

Since the SHN programme was introduced, the school production unit was transformed into a school/pupil and community managed venture. Vandalism has since stopped. A sustainable feeding programme benefiting all pupils at school has been introduced. To date, all 224 pupils receive a fruit (a banana, paw paw, or lemon) at least every other week as part of the SHN/CHANGES programme.

Since then, the school enrolment has grown from an average enrolment of 230 pupils before 2002 (before the SHN programme was introduced) to an average enrolment of 370 pupils from 2002 to through November 2004 (after the introduction of the SHN programme).

Luabwa Basic School's performance in SHN and advancement of girl child education is appreciated by the local community.

In recognition of the efforts made by the school in improving learning through SHN activities, the local education authority awarded the school, the most prestigious award in the district: “The Best Health Promoting School - First Prize.”

The success of Luabwa Basic School has filtered through to surrounding community members, most of whom have developed small orchards and vegetable gardens of their own, for the benefit of their children most of whom are pupils at Luabwa Basic School. They also provide extra food to their children to carry with them to school to supplement the school feeding initiative.

The CHANGES Programme has been working in Eastern Province for the more than three years assisting the Ministry of Education to improve learning through health and nutrition activities. One of the strategies developed is to encourage school managements to establish “A Health Promoting School” with 10 characteristics that include a sustainable school feeding programme, a school health policy, community involvement, and an improved learning environment.

C. AGSP

Petauke Boarding High School
P O Box 560050
Petauke

30th November, 2004

Dear Sir/Madam,

I am Elizabeth Chulu, aged 18 and I am here at Petauke Boarding High School. I am doing my grade 10. And I come from poor family and I don't have parents because both passed away. So I stay with grandparents.

My parents died when I was in grade 6 and I was staying with the best friend of mother and who when I passed to go to grade (8) eight, she helped me, but her help was bad because her children stopped doing the work at home, and work was given to me to do and there was no time for me to read but all the time I was doing work at home.

When I was in grade Nine I was not able to read properly because of too much work. If I refuse to do the work it means there is no food for me. So I was praying hard and with that with the power of God I qualified to go to Grade (10).

But there was a problem that I reached here now because my grandparents are too old that they could not find money for school, so I was doing some piece work and term one I didn't go to school because I did not make enough money to pay for the first

term. And in term two that is when I started learning but it was too difficult. So when I see that there are people who help children like girls and that is when I joined them.

But now I am free because everything is going well due to your help.

Yours
Elizabeth Chulu

* * *

Chadiza Boarding School
P O Box 510016
Chadiza

1st December 2004

Dear Sir/Madam,

I am Memory Zulu Grade ten at Chadiza Boarding School. I am very glad to have this opportunity of writing this letter for the first time. The main reason of writing this letter is to inform you how I became an orphan.

My father passed away in 1994 when I was in Grade one. My father did not die of any disease. His relatives organized some people to kill him. It was on Friday when thieves entered our house and shot my father and my mother on her right hand. But my mother is still alive. She is the one who looks after me. So when I wrote my grade Nine examination at Chiparamba Basic School, I cultivated my own field, that if I will pass, I will sell the Maize and pay for school fee. So in term one I didn't come to school because I had no money to pay. So when mother heard that I have passed she went to her relatives to help me. They are the ones who paid for me in term two.

In week two when I came here, the Guidance Teacher came to our class and said that if you are a single orphan or double orphan write your name on the paper provided. After some few days Mrs W H Banda came to our dormitories and took us to the administration, that is when they told us that you are under FAWEZA and they will support you until Grade Twelve. So when I heard I was very happy.

I would like to thank you for supporting me. This organization gives us pocket money, which I use to buy groceries like pens, books and other requirements.

Yours faithfully

Memory Zulu.
Njase Girls High School
P O Box 181
Choma

* * *

18th November, 2004

Dear Friend,

I am a girl named Naomi doing my grade 11. I am the first born in my family.

Before FAWEZA started paying for me I had a lot of problems. Quite alright I would come early for school because my grandmother wanted me to learn. One main problem I used to face were lack of shoes and many other items required for boarding school. Mostly my pens and books would finish in the middle of the term and I had to depend on picking up pens dropped by people.

I also used to have health problems especially my eyesight but I now have money to buy medicine. During the holidays I had to do a lot of work in order to find enough food for the year especially during the rain season, while my granny would be busy looking for our school fees. I never used to join any club because of lack of membership fees.

If FAWEZA had not moved in to help me I don't know what could have been the story because I and my many cousins and even aunties just used to depend on my grandma. And during one of the trips to look for school fees she was involved in a road accident and one of her legs was amputated. So at that time we were really shattered and didn't know what to do. But thank God that is the very time FAWEZA moved in. May the Lord Jesus Christ bless you.

Your friend
Naomi Situmbeko

D. Small Grants Mechanism

Southern Province

“A Case of Halumba Basic School in Choma District”

Background

The school was established in 1930. Since that year, there has been no rehabilitation made to infrastructure. The school was dilapidated and the classroom block's roof was almost collapsing. The total enrolment was 339 pupils, 177 boys and 162 girls in 2002. After sensitization campaigns on girl child education and issues pertaining to

HIV/AIDS, the community came together with the school and identified the following problems which hindered girl's education.

- ✓ Lack of desks: Some of the pupils especially girls were sitting on the floor. Thus some left school due to this reason.
 - ✓ Lack of carpentry and tailoring tools: The school found it difficult to impart vocational skills to the pupils. Thus most pupils engaged themselves in unproductive activities. E.g early sex, drinking and drugs as they had nothing to do.
 - ✓ Poor school infrastructure: The school looked dirty because paint had only remained in patches, rooms had cracked walls and floors.
 - ✓ The rate of vulnerable children leaving school due to lack of school requisites such as uniforms was high.
 - ✓ Poor female participation in development programmes due to poor education.
- Due to the above mentioned problems, the school PTA applied for a grant under CHANGES amounting to thirty eight million, four hundred and thirty five thousand kwacha (K38, 435, 000). The school was funded in January 2004.

Achievements

With the grant given to the community/school, the following activities were undertaken:

- ✓ Building materials were bought which enabled renovations of a 1 x 2 classroom block and painting of the whole school.
- ✓ A dressing room for girls is also under construction.
- ✓ Carpentry tools, fifty (50) desks, four sewing machines and materials were bought.

To achieve the above things, there was good community participation in the implementation of the project. As a result, enrollment of pupils has increased from 339 pupils (177 boys and 162 girls) to 400 (218 boys and 182 girls). Eight (8) girls have come back to school after being sensitized and seeing the improved facilities at the school. Amongst these, one had stopped school due to early pregnancy and others due to lack of uniforms and poor school infrastructure.

The project also has caused the parents to encourage their children to come to school and have stopped forcing girls into early marriages. Some parents are now able to talk about HIV/AIDS related issues to their children in their homes.

The school has managed to use the knowledge and experience obtained from CHANGES sub-grant to work with other organizations such as D-WASHE, which helped the community to put up three hand washing facilities near the school toilets.

The community has also been able to use the knowledge to construct a 1 x 2 classroom block for grade, eight and nine which is now at roof level. This project is on self-help

basis being achieved by community contribution.

Sustainable Measures

Adding to its success, the school with the help of the community has employed a watchman to guard project materials. Additionally, a financial controlling committee has been put in place to ensure effective and satisfactory operations in the project. In line with this, all the money raised from woodwork and tailoring will be saved in the school account and used in the on- going projects accordingly. Lastly, the pupils have been taught on the importance of hygiene and as such they are able to clean and maintain their facilities every day.

“Sichimwa Neighborhood Health Committee”

Background

Sichimwa Neighbourhood Health Committee (NHC) is a community based organization located 7km east of Zimba in Kalomo District. It has a population of about 1,500 people. The organization was established in 2002 in trying to pursue government health policies of bringing cost effective health care as close to the family as possible. The concerns that lead to the formation of the group were the increasing number of orphans, widows and children stopping school especially girls and other vulnerable children.

After writing a proposal, the NHC was awarded a total K12,300,000 and this money was to be used for purchasing of goats, adult literacy, sports through sports and gardening.

Goats project

The project is a pass-on loan where families of orphaned and poor children will be empowered through goats. A total of 24 goats were purchased with the grant money. These have multiplied to 34 and on 29th October 2004, 10 goats were given to severely poor families keeping orphans and vulnerable children. These goats will be a source of income as they will be able to sell when they multiply and buy school requirements. It is hoped that in 2 years time, about 200 OVC s will benefit.

Gardening

The garden was funded by CHANGES but also received some funds from CBoH for fencing and purchase of treadle pumps, sprayers and chemicals. The different vegetables grown in the garden will be a source of nutrition for the poor families and sustain activities after selling some of the vegetables.

Education project

The group also purchased school furniture for a community school, which has

registered with Kalomo Education Board and has enrolled 30 pupils. The community has also started a literacy class and a total of 20 parents have enrolled.

Sports

A drama group has been formed through Sichimwa football team, which purchased football jerseys and boots. The drama club performs sketches, and educates those present at the football matches. The condoms are also distributed during the matches.

Central Board of Health commissioned the village as center of learning on 29th October. This was done because Sichimwa displayed good community participation and overall project implementation. This means that other people from all over the country can learn from this group.

Eastern Province:

“The Case of Chawa Women’s Group”

Chawa Women’s Group, a community-based organisation operating at the Chawa Basic School in Chipata District [Chiparamba’s area], was formed in September 2002 and has membership of over 50 women. The group’s main objective is to contribute to the alleviation of poverty within the surrounding community and to contribute to sustainable nutritional programmes for school going pupils.

Having noted the problems such as low enrolment and attendance rates as well as poor health of some pupils at Chawa basic school and the surrounding community, the group submitted a project proposal to CHANGES Programmes early 2003.

In January 2004, CHANGES granted K16, 919,000.00 to the group to implement the project termed as Pigeon Pea Processing and Utilization. This project has and is being implemented at Chawa Basic School in collaboration with the school authority and the community.

In February 2004, the group conducted a pigeon pea processing and utilisation training workshop for 51 participants who included 40 members from several villages surrounding the school, 7 [2 boys and 5 girls] from the basic school Anti-AIDS Club and 4 teachers. During the same workshop HIV/AIDS preventive lessons were incorporated so that the members could be equipped with necessary skills for carrying out awareness campaigns within the school and the surrounding community.

Pigeon pea processing and utilization is a new concept in Eastern Province as far as improving the nutrition status of school going pupils is concerned. Experts say that apart from providing good nutrients to the body, the pea also boosts the human immune system and it has been argued further that most countries where pigeon pea is a must on their dishes, HIV/AIDS infections are low.

Samosa with pigeon pea, pigeon pea cakes, scones, fritters, Pigeon pea thombwa are some of the many dishes demonstrated to the participants during the workshop

Not only has the group opened the tuck shop selling snacks made out of pigeon pea but also trained the community on how to prepare nutritious meals such the ones mentioned above. Most pupils buy and eat these snacks during break time. This idea has been supported by the community and the group has been invited to share this with other women' groups, some coming from as far as Chama district.

In conclusion, it can be stated that the programme has helped increase the enrolments and attendance rates to over 300 pupils in 2004 as compared to 267 pupils in 2002. The group also managed to reach over 1500 people in the community during the nutritional and HIV/AIDS awareness.

Appendix A

CARE International Progress Report

CARE INTERNATIONAL, ZAMBIA

CHANGES PROJECT

QUARTERLY REPORT

PERIOD: OCTOBER – DECEMBER 2004

1.0 INTRODUCTION

The Communities Supporting Health, HIV/AIDS, Nutrition, Gender and Equity Education in Schools (CHANGES) Programme with funding from USAID, was established to provide technical assistance to the Zambia's Ministry of Education under the auspices of the Education Sub-Sector Investment Programme (BESSIP).

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

- 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.

The following were the major activities and progress made by the Grants component during the quarter under review:

- Grants Disbursement
- Planning/Review Meeting
- Overall grant performance

2.0 ORGANIZATIONS FUNDED

A total of thirty (30) organizations were funded during the quarter under review. The five NGOs from Southern Province have been funded to build capacity for teachers/FPPS in areas of HIV/AIDS, Life Skills and Gender. All the organizations that had balances from the 1st phase have also been funded, except for a few that required review of budgets before being funded (Kalovya and Lutembwe). A total of 37 proposals have been submitted to accounts for payments.

Table 1

#	ORGANIZATION	DISTRICT	ACTIVITY	AMOUNT
1	FHT (NGO Capacity building)	Monze	Capacity building for SFPP	K72,977,780
2	Musokotwane B. School	Kazungula	Completion of girl's dormitory	K8,142,000
3	Chawila B. School	Kalomo	Completion of classroom block.	K8,745,000
4	Chasefu B. School	Lundazi	Completion of classroom block	K14,363,000
5	Kanyanga B. School	Lundazi	Completion of classroom block	K15,920,000
6	New Kachenje School	Choma	Construction of toilets.	K7,170,000
7	Batoka B. School	Choma	Home Economics	K7,150,000
8	Jembo B. School	Choma	Home Economics	K6,000,000
9	Ngoma Basic School	Sinazongwe	Completion of toilets	K4,210,000
10	Pemba Basic School	Choma	Skills training	K1,230,000
11	Cheelo Basic School	Choma	Purchase of desks	K6,295,000
12	Siachidinta B. School	Choma	Completion of H.E. Block	K6,513,000
13	Namwala Farmers	Namwala	Training of SFPP.	k36,238,939
14	MENDIF	Mazabuka	Training of SFPP.	K71,038,768
15	DALICE	Livingstone	Training of SFPP.	K34,565,590
16	PPAZ	Livingstone	Training of SFPP.	K74,001,055
17	DAPP	Livingstone	Training of SFPP.	K6,500,000
18	Anglican Parish	Livingstone	Skills training	k9,416,500
19	Kara	Choma	Skills training	K6,680,000
20	Chanida Basic School	Chadiza	Completion of	K7,806,500

			toilets	
21	Kapatamoyo Basic School	Chipata	Purchase of desks	K11,260,000
22	Chikoka Basic School	Chipata	Construction of toilets	K7,726,000
23	Chiwawatala B. school	Mambwe	Fish farming	K10,000,000
24	Kawere Basic school	Petauke	Construction of VIP toilets	K6,962,000
25	Chivuna Basic school	Monze	Skills training	K4,449,000
26	Keemba Basic school	Monze	Poultry Rearing	K8,459,000
27	Chadiza Youth Survival	Chadiza	Skills training	K8,880,000
28	Kamphasa Basic school	Mambwe	Construction of toilets, Rehabilitation of borehole.	K11,456,000
29	Mphata Basic school	Mambwe	Construction of toilets	K10,666,000
30	St. Francis B. school	Mambwe	Construction of toilets, Orchard.	K14,581,000
			TOTAL	K499,302,132
				\$102,948.89

2.1 SUMMARY OF ACTIVITIES FUNDED

Table two indicates type and number of activities that were funded in the quarter under report.

Table 2

#	ACTIVITY	South	East	TOTAL
1	HIV/AIDS, Life skill training. (NGO)	5	0	5
2	Construction of toilets	0	4	4
3	Fish farming	0	1	1
4	Poultry	1	0	1
5	Skills training	1		1
6	Rehabilitation of borehole	0	1	1
7	Production unit		1	1
		7	7	14

3.0 CHANGES SUB-GRANT PLANNING AND REVIEW MEETING

The CHANGES sub-grant component held a planning and review meeting in Lusaka, CARE International head office from 17TH November to 19th November 2004. The grants manager, Eastern province sub-grant coordinator and Southern province sub-grant coordinator attended the meeting. The main purpose of the meeting was to review the progress made by grants component in both provinces, plan for the remaining phase, revise the current environmental assessment form and finalize the sub-grant manual. The following were discussed and some matters accomplished from the meeting.

- ✓ Draft Sub-grant manual was completed.
- ✓ Budgets for both provinces were made and handed in for final approval by grants manager.
- ✓ Remaining project proposals in un-funded districts to be followed up and process for submission to Lusaka. (Siavonga)
- ✓ Funded organizations to be followed up for financial retirements, progress reports and record keeping, as these are some of the areas that need constant technical assistance.
- ✓ Monthly reports from Sub-offices to be completed and sent to HO by fifth of every month.

Some of the challenges faced in the implementation of grants among other things are:

- Some head teachers were misappropriating grant money as they often times did not want to involve other members from the community and fellow teachers.
- Once funded, some organizations/schools do not comply with regulations in the contracts, e.g. diverting from initial projects and implement projects other than those approved, which result in certain projects to be incomplete. (The changes are made without consulting CHANGES)
- The technical personnel (building officer) in MOE is sometimes very busy to monitor construction projects.

Possible Solutions:

- All head teachers who misuse grants must be reported to MOE.
- All funded organizations should read and understand the contents of the sub-agreement and implications if guidelines are not followed, before signing the contract. This should be done with assistance of sub-grant coordinators.
- All funded organizations should be monitored regularly so as to ensure compliance.

3.1 REVIEW OF GRANTS MANUAL

The grants manual was reviewed and all necessary changes made. An environmental screening form was also revised and has been included in the manual. The manual will be ready by January 2004.

3.2 GRANTS PROCESS

During the meeting other compliance issues were discussed. Various documents used in the grants were revised, and the importance of involving technical people from the line ministries was emphasized to ensure compliance and quality work. During monitoring, the sub-grant coordinator should check all documentations on file to ensure good record keeping.

3.3 OVERALL PERFORMANCE

Most organizations funded in both Southern and Eastern had done extremely well, while one misappropriated part of grant funds- Johanne Cronje Basic School – has failed to account for k5,800,000, (The community has taken legal action against the head teacher) and 3 organizations are still struggling to complete reconciliation. The impact of the grants is being reported in most schools and organizations that have been funded, and this is being documented through success stories.

3.4 FINANCIAL SYSTEMS.

All the organizations that were funded in Southern and Eastern during the quarter, were given technical assistance on financial management, this included, reconciliation, record keeping, report writing and monitoring. More time was taken to explain the contents in the contract agreement and its implications, so that organizations comply with granting regulations and avoid malpractice once they commence the implementation of project activities.

3.5 EVALUATION OF CHANGES PROJECT

A meeting was held on 2nd December 2004 at Creative International Office, to review the proposal submitted by Aguirre International for evaluation of CHANGES that will be conducted in late January 2005. The aim of the meeting was to identify gaps in the draft proposal and provide feedback to be included in the final proposal.

SOUTHERN PROVINCE

4.0 ACTIVITIES FOR THE QUARTER

The following were the planned activities for the quarter under review:

- Close down of projects
- Project Appraisals in Monze districts
- Monitoring of projects
- Stakeholders Planning/Review Meetings

4.1 STAKEHOLDERS/PLANNING AND REVIEW MEETINGS

The stake -holders meeting for Siavonga district was held on 4th October 2004 at which, a total of three projects proposals were reviewed. This was followed by a planning and review workshop on 5th and 6th October, where a total of 16 ZCF's were oriented in grants and trained in proposal writing.

4.2 PROJECT VISITORS

Dr. Cornelius Chipoma from USAID, visited the CHANGES Project twice on 12th Oct. and 28th to 29th October 2004. During the second visit, Kate companied him. A total of eight funded organizations were visited. The aim of these visits was to orient themselves to CHANGES project and especially how the gender component was being translated in schools.

4.3 CLOSE DOWN OF PROJECTS

Six organizations had their grants closed upon completing their projects and submission of final reports. The table below shows the respective organizations, whose projects were closed in the quarter.

Table 3

	ORG.ANIZATION	DISTRICT	APPROVED AMOUNT	DISBURSED AMOUNT	ACTIVITIES
1	Sinde B. School	Kazungula	K39, 850,250	K29, 887,687	Rehabilitation of girls dormitory, Construction of toilets, Gardening, Skills training
2	Kauwe B. School	Kazungula	K27, 375,000	K27, 375,000	Purchase of desks, Construction of toilets, Borehole rehabilitation
3	Siamankuli B. Sch	Kalomo	K39, 032,120	K29, 274,090	Rehabilitation of classroom block, Toilet construction, HIV/AIDS training
4	Sichikwalula B. Sch	Kalomo	K60, 738,500	K30, 369,000	Rehabilitation of school, Bridge construction
5	Nalituwe B. Sch	Livingstone	K25, 361,376	K25, 361,376	HIV/AIDS sensitization, Skills training in H. E, Toilet construction.
6	Sr. of st. Francis	Kazungula	K29,775,000	K29,775,000	Skills training, Home based care, Peer education

4.4 PROJECT APPRAISALS

Two project proposals were appraised in Monze district on 25th November 2004. The organizations visited include Hamapande Basic School and Namateba Basic School. Both organizations are proposing to rehabilitate their classroom blocks and their documents are still being processed at the district. Field appraisal that was conducted revealed good community participation as enough upfront material was on site.

4.5 MONITORING

A number of organizations were visited in the quarter and the main aim was to monitor funded projects. Most schools/organizations that have had projects closed have continued with some of the activities to sustain the programmes. A number of schools/organizations had put in good plans, which ensured sustainability of projects. A lot more projects are expected to close since those with balances were given the last tranches which will enable them complete their projects.

EASTERN PROVINCE

In Eastern Province not so many activities were undertaken as there was transport problems, which have since been sorted out.

5.0 SUB-GRANT RECONCILIATIONS

In the month of November Chikondi and Mphamba basic school reconciled the outstanding balances, while Kalovya basic school is still struggling to clear the balance.

6.0 PROGRESS OF FUNDED PROJECTS

a. Chikondi home based care- Lundazi

The community-based organization is still carrying out HIV/AIDS awareness in different communities in the district. This organization's activities are sustained through membership contributions.

b. Kalovya Basic School

After the school was visited it was discovered that the project team resorted to **constructing** the **Resource centre** instead of rehabilitating the storage room. They say the same building will be multi purpose, that is, it will be used for lessons, community meetings, resource centre and storage facility. The building has reached roof level but unfortunately the school might not be able to complete the building due to lack of funds. The CHANGES Eastern province coordinator also visited the school and since recommend that the school be given something to complete the project. The school has prepared a budget of the items that will be required to complete the project.

8.0 CLOSED DOWN PROJECTS

The following projects were closed down in November:

- Chikondi home based care, HIV/AIDS- Lundazi
- Mphamba basic school, Sanitation- Lundazi

CONCLUSION

In conclusion, approximately 63 proposals were submitted from sub-offices, processed and almost 50% have been funded. In the next quarter we hope to fund the remaining proposals. So far a total of eighty-five (85) organizations have been funded both in Eastern and Southern Provinces.

Appendix B
CSMC Report on Advocacy Meetings

CSMC Report on Advocacy Meetings

By the CHANGES-CSMC Program

November-2004

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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 conducted advocacy workshops in the six districts of Southern Province during the fourth quarter of 2004. The workshops were conducted for a day in each of the following districts: Sinazongwe, Gwembe, Kazungula, Livingstone, Kalomo and Choma. The advocacy workshops were part of the scaling up and consolidation activities of the CSMC program during its extension period.

This is a consolidated report for the six district advocacy workshops. Reports for individual districts are being written with a view of printing and publicizing the resolutions, which, hopefully, could be a basis for concrete advocacy action plans in the respective districts.

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 and other 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 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, 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 CHANGES-CSMC provincial team comprised of the

Assistant Program Coordinator, the Field Advocacy Coordinator and the Field Coordinator for Monitoring and Evaluation. The District teams were led by the District Education Board Secretary (DEBS) who presented the district situation analysis of the education of girls and OVCs while other District CHANGES CSMC representatives of partner ministries participated in chairing the workshops.

Official opening remarks were made by District Commissioners who are heads of government departments in the respective districts. Closing remarks were made by District Education Board Secretaries (DEBS) or Senior Education Standards Officers (SESOs) representing the Provincial Education Officer. In some cases, Town Clerks (Livingstone) and Traditional Leaders (Kalomo) gave closing remarks urging the participants to be action-oriented in redressing the factors inhibiting the education of girls and other vulnerable children, and those that promote 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 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 and
- Selected CHANGES-CSMC Zonal Community Focal Point Persons

5. District Coverage

The CHANGES-CSMC conducted advocacy workshops in the following six districts of Southern Province during the last quarter of 2004:

No	District	No. of Participants			Month/Date
		Female	Male	Total	
1	Sinazongwe District	7	30	37	November 09 th , 2004
2	Gwembe District	11	26	37	November 11 th , 2004
3	Kazungula District	11	25	36	November 16 th , 2004
4	Livingstone District	16	21	37	November 19 th , 2004
5	Kalomo District	6	27	33	November 23 rd , 2004
	Choma District	9	23	32	November 25 th , 2004
Total		60	152	212	

Under the Advocacy Program, a total number of 212¹ participants were trained in the six districts covered, out of which 60 were women while 152 were men. The disparity between the number of women and men participants reflects the inherent deep social inequalities in positions and institutions of authority and influence in government, political and community structures.

6. Participants by their Designation/Organizations

No	Category	Total
1	Ministry of Education	78
2	Ministry of Community Development and Social Services	22
3	Ministry of Health	26
4	Ministry of Local government and housing	4
5	Ministry of Sports, Youth & Child Development	1
6	Traditional Leaders	21
7	The Church	9
8	NGOs	17
9	The Media	16
10	The Police Victim Support Unit	1
11	Elected Political Leaders	11
12	Office of the President (District Commissioners)	6
Total		212

¹ Names for the participants will be printed in the respective district reports

7. Summary of Resolutions/Recommendations

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. Below are their resolutions on various factors:

A. *Factors Hindering Girl Child Education*

i. Early Marriages

- The DANs, working with traditional leaders and school communities, will sensitize parents and communities against marrying off their school going daughters while putting in place by-laws aimed at protecting school girls from being married off;
- The DANs will talk about the disadvantages of early marriages through the media, peer educators and drama groups both in schools and communities;
- The DANs will campaign for the abolition of traditional initiation ceremonies such as *Nkolola* for school going girls;

ii. Poverty

- The DANs will identify vulnerable families and children, and campaign for their empowerment through provision of grants for income generating activities that can sustain the education of their children;
- The DANs will work closely with the government and other development partners and lobby them to empower rural communities, as well as monitoring the disbursement of development and project funds to ensure that they benefited the targeted groups;

iii. Pupils involved in Family Businesses

- The DANs will ensure that the council introduces and enforces laws prohibiting under-aged children from selling in the streets. Additionally, community and school based campaigns against pupils concentrating more on business than in school will be conducted.

iv. Late Enrolment

- The DANs will educate and support communities to initiate and manage community schools;

- The DANs will lobby the government, public and private sectors to provide social amenities such as schools and health centers wherever a resettlement was created;

v. Large and Polygamous Families

- The DANs will sensitize the communities on the disadvantages of large and polygamous families when it comes to educating the children, particularly in the face of rising poverty;

vi Orphanage

- The DANs will conduct sensitization campaigns within in communities and schools to instill as sense of compassion and support for orphans and other vulnerable children;
- The DANs will work closely with Community Development Officers to ensure that development assistance and poverty alleviation funds benefited the vulnerable;
- To that effect, the DANs will sensitize and encourage Community Development Officers and Schools to collect and compile data on orphans and other vulnerable children to make it easier for well-wishers to help them;

vii Absenteeism by Teachers

- The DANs will closely liaise with the Parent-Teachers Associations (PTAs) to ensure that the District Education Standard Officers (DESOs) regularly monitor schools to minimize teachers engaging in private activities and drinking sprees;
- The DANs will also encourage teachers to undergo Voluntary Counseling and Testing (VCT) and be on ARVs if they were found to be living with an HIV virus in order to prolong and promote their productive lives;

viii Teacher-Pupil Sexual Relationships

- The DANs will work closely with the District Education Board Secretaries (DEBS) to ensure that General Orders that stipulate the conduct of public officers such as teachers are enforced;
- The DANs will encourage and monitor Guidance and Counseling Teachers and Coordinators to ensure that they are providing effective services to both teachers and pupils on the adverse effects of sexual relations in terms of HIV infection, academic performance of girls and credibility of teachers;

ix Poor School Infrastructure

- The DANs will sensitize the communities and pupils about the importance of building and maintaining school infrastructure such as classrooms and teachers' houses as part of their contribution to quality and equity education;

x Corporal Punishment of Pupils

- The DANs will encourage the DESO in charge of training, who is also part of the advocacy network, to monitor and encourage teachers to acquire and apply counseling and guidance skills when dealing with erring pupils;

xi Over involvement of Teachers in National Duties

- The DANs will monitor the involvement of teachers in national duties such as census and elections so that it is not at the expense of the education of pupils;

xii Ineffective Parents-Teachers Associations (PTAs)

- The DANs will sensitize the public on the importance of electing committed and effective parents to represent them on PTAs, and also to monitor them to ensure that they were representing the interest of communities and pupils in terms of quality and equitable education;

B. *Factors Contributing to HIV Infection*

i Prostitution and Adultery

- The DANs will intensify public sensitization about the dangers of HIV infection and the importance of gender equality and respect for women's rights, particularly reproductive health;
- The DANs will campaign for a stiffer penalty of a minimum of 5 years imprisonment in addition to a fine for those found guilty of committing adultery, as well as compelling them to undergo HIV and AIDS testing;
- The DANs will work closely with the Church so that moral and Christian values that build a sense of faithfulness in marriages are enhance among couples as part of an intervention against HIV infection ;
- The CHANGES CSMC District Advocacy Team will work closely with school authorities to ensure that HIV interventions are in place as well as effective training in life skills that will empower pupils to overcome peer pressure;

- The DANs will campaign for empowerment of women and vulnerable families through the provision of small grants for income generating activities;
- The DANs will lobby for the establishment of Recreation Centers and Youth Training Centers with the support of the government and other development agencies as a means of engaging both youths and adults in productive and refreshing activities;

ii

Bars, Taverns and Other Alcohol Drinking Places

- The DANs will work towards encouraging Local Authorities and Liquor Licensing Boards to strictly monitor the operations of bars, taverns and other drinking places to ensure that they operate within the liquor licensing conditions and revoke the licenses for those breaching them;
- The DANs will encourage the councils and law enforcement officers to effectively monitor the abuse of alcohol, and other drug substances, especially by juveniles;
- The DANs will sensitize those selling alcohol to provide information about HIV and AIDS and also make condoms accessible and affordable to patrons;
- The DANs will monitor the setting up of lodges in residential areas and ensure that the Tourism Board and or Councils compel them to advertise in the public media for public approval before turning residential houses into lodges;
- The DANs will work closely with the police in encouraging and monitoring them in their enforcement of various by-laws such as closing time for bottle stores and bars, as well as reminding them that they have no powers to grant operating hours to such liquor traders;

iii

Hotels, Lodges and Guest Houses

- The DANs will work closely with Hotels, Lodges and Guest Houses owners so that they are:
 - strict on allowing short time bookings for sexual activities as well as on sex workers booking rooms over a long time of period, thereby almost turning such hospitality premises into brothels;
 - restricting young girls and sex workers from loitering around their premises in search of sexual partners;
 - part of the DANs against HIV infection and encourage them to enact and enforce policies and regulations on HIV and AIDS prevention within their premises;

- The DANs will encourage and sensitize the Tourism Board of Zambia to actively participate in disseminating information and education materials on HIV prevention;

v Trade

- The DANs will develop HIV and AIDS information and other interventions directed at traders. The message will be developed in English and various local languages to cater for all groups of traders;
- Further, the DANs will encourage Traders Associations to educate their members on the importance of self-discipline in business, particularly with regards to avoiding high risk sexual behavior;
- The DANs will campaign against allowing traders to sleep in market places and making such places their temporal homes;

vi Truck and Taxi Drivers

- The DANs will target Truck, Taxi and Bus owners and drivers in the campaign against HIV and AIDS and encourage them to integrate HIV and AIDS awareness as part of their continued business strategies;
- The DANs will campaign for the introduction of mini buses to lessen the dependency of passengers on taxis in places such as Livingstone;
- The DANs will campaign and lobby the government to introduce a dry port where truck drivers will be packing to minimize usage of their trucks as “accommodation” for sexual activities;

vii Immigration and Zambia Revenue Authority Officers

- The DANs will sensitize Immigration and ZRA Officers against engaging in high risk sexual behavior and lobby the government to discipline officers who engage in corrupt practices of sexually abusing women in exchange for clearance;
- CHANGES CSMC District Advocacy Team will lobby government to reduce tax so that traders, especially women, are not forced into sexual activities in exchange for clearance of goods

viii Lack and Inadequate VCT Center

- The DANs will campaign and lobby the government and the donor community to create and support Voluntary Counseling and Testing Centers (VCTC).
- In addition, the DANs will campaign for, among other things, the provision of advanced and adequate HIV testing equipment as well as adequate and qualified personnel to undertake HIV and AIDS voluntary counseling and testing

ix Lack of Adequate Knowledge About HIV and AIDS

- The DANs will encourage schools to create fora such Debate Clubs, Anti-AIDS Clubs, Drama Groups, Composition Competitions for discussing HIV and AIDS.
- In addition, the DANs will continue conducting sensitization activities in communities.

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.

In all, **915** booklets of District Profiles were distributed as follows:

➤ Sinazongwe	115
➤ Gwembe	150
➤ Kazungula	100
➤ Livingstone	150
➤ Kalomo	200
➤ Choma	<u>200</u>
<u>Total</u>	<u>915</u>

The District Profiles served as a basis for discussing the factors affecting the education of girls and other vulnerable children, as well as those promoting the spread of HIV infection. The participants, representing various sections of society, would distribute the profiles to those who were not part of the advocacy workshop. It is hoped that the Profiles would be a constant reminder to various stakeholders about the need to redress the factors affecting the education of girls and other vulnerable children, 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 other vulnerable children as well as information about the CHANGES-CSMC program, were also distributed.

10 Workshop Outcomes

There were various out comes from the six 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 other vulnerable children, as well as those promoting the spread of HIV infection, which resulted in formulation of advocacy resolutions;
- The distribution of Information, Education and Communication materials such as the 915 District Profiles, the hand outs on Advocacy and information on what the CHANGES-CSMC Program is all about;
- Newspaper news and features articles 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;
- 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 other vulnerable children, as well as those promoting the spread of HIV infection, was quite remarkable for two reasons. Firstly, it demonstrated the unanimous commitment 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;

- There was an emerging impact of the advocacy program in terms of being appreciated by the stakeholders after the training. For instance, after being trained, the Kazungula District Education Office included advocacy as part of their training topics for the head teachers at a workshop held on November 23rd, 2004, at which the CHANGES-CSMC Advocacy Coordinator was invited to facilitate.

11. Conclusion

The Advocacy workshops were highly successful, going by a mixture of participants representing all shades of public and community opinion. This was reflected in the cross cutting workshop resolutions that were made at the end of each workshop. 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 inclusion of advocacy work in their training by the Kazungula District Education Office after being trained reflected the interest and appreciation of advocacy work by stakeholders. This was a good measure of the positive effect of technical assistance rendered by the CHANGES-CSMC program to the Zambian government and communities in redressing special issues of education of children and preventing the spread of HIV infection. It was hoped that various stakeholders would include advocacy as an integral part of their gender equality and HIV and AIDS programs.

Most importantly perhaps was the coming together of senior government and community leaders in their respective districts to openly discuss the factors affecting the education of girls and other vulnerable children, as well as brainstorming on the prevention of HIV infection, and make resolutions on how to redress the situation.

In the words of most District Commissioners, such meetings were “unique, interesting and symbolized a purpose of unity and commitment to fighting HIV infection and promoting the education of girls and other vulnerable children”. In addition, the consensus building process on the factors identified to be affecting the education of girls and promoting the spread of HIV infection, which culminated into resolutions, laid a firm foundation for targeted campaigns by the participants in redressing such factors in their respective districts.

The prospects of such a firm foundation for continued, public and vigorous campaigns were raised by the resolution by the participants to form the District Advocacy Networks aimed at

promoting the achievement of the objectives of the CHANGES-CSMC program in their respective districts.

12. Challenges and Way Forward

Collaboration can particularly be difficult among stakeholders pursuing very different campaigning styles and strategies. Lack of collaboration can actually undermine progress. As more players become involved, co-operation becomes a lot more complex. Nonetheless, that complexity, if well managed, is about all that is needed for addressing such equally complex issues of gender equality, HIV and AIDS.

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. For, different stakeholders have access to different policy makers and other agents of social change. It is hoped that the District Education Board Secretaries' (DEBS's) Office, in the absence of the CSMC Provincial Coordinating team, will play a pivotal role in coordinating such networks, building and supporting the momentum for campaigns.

Appendix C

SHN/Lusaka Team Progress Reports

ACTIVITY REPORT PAUL FREUND OCTOBER – DECEMBER 2004

A management sensitization workshop was held in Mansa for Luapula Province from October 13-14, 2004. The workshop focused on general SHN issues, tools to be used, monitoring and steps toward developing a SHN programme. There were twenty-five participants eighteen from MOE, one from Community Development and Social Services and six from the MHO. All were particularly enthusiastic about beginning SHN as Luapula is an area of poor nutrition, and high incidence of malaria.

A second management sensitization workshop was held in Kabwe, November 7-10 for Central Province SHN districts and provincial staff. There were a total of forty-four participants, thirty-five male and nine female, eleven from MOH, 2 from MCDSS and 31 from MOE.

Activities to Support Central MOE

A major activity in support of national SHN was the organization and participation in the long delayed follow up review and revision of the draft SHN policy document. The workshop was held at Capitol hotel with representatives from the MOH, CBOH, CDC, National Malaria Control, National Food and Nutrition Commission (NFNC), Ministry of Community Development and Social Services, MOE and the CHANGES programme. The purpose of the workshop was to update information contained in the draft of June 2001, correct the format and organization according to Cabinet office guidelines and assemble all supporting reference documents. The workshop divided in small groups to work on sections of the draft. Although the workshop succeeded in revising the draft the guidelines document that normally accompanies policy documents was not completed. The remaining tasks will be undertaken by working groups that will be convened in early January 2005. CHANGES will be part of the working group and will assist the MOE to complete the details needed to print to formal submission to Cabinet Office.

The Regional Advisor drafted a letter to the Director, Planning and Information suggesting the revitalization of the National SHN Steering Committee. This committee existed for approximately two years (1999-2001) and then dissolved when pilot activities began in Eastern Province in May 2001. The MOE and the members of various working groups (e.g. school feeding, malaria) agreed that a larger SHN group would be desirable and could include all of the smaller groups that inevitably discuss many SHN related issues normally beyond their scope. A larger committee would also help in maintaining SHN programme integrity and prevent the danger of SHN fragmenting into groups focusing only on OVC, school feeding, Malaria or Water and Sanitation issues.

The Advisor also edited and drafted a preface and forward to the PCD document Key Findings that will be signed by the Permanent Secretary and Director of Planning respectively.

In addition to the key findings document, additional materials detailing the SHN programme activities conducted in Eastern province, lessons learnt, sustainability issues, scale up will

become part of the document. By providing a more complete report of the SHN model rather than simply reporting research results should provide the MOE with a better understanding of a significance of the work by CHANGES. In addition, the endorsement of the MOE signifies their support of and adoption of the model developed in Eastern Province and justification for investment in a national programme.

The Advisor and the technical officer met with the Malaria Control Centre staff on December 10 to discuss the material drafted for inclusion in the MOU. A representative from the WHO regional office Harare was also present and provided input on wording and level of detail required for the MOU. It was agreed that the material was useful and accurate but needed to be shortened by limiting it to general statements on Malaria i.e. messages for schools, what teachers can do and community and stakeholders activities and involvement. Currently the suggested MOU insertion includes specific activities that may be unnecessary for a MOU. The insertion will be revised and will be submitted to the MOE and the working group tasked with revision of the MOU. The longer version is however appropriate for inclusion in the SHN technical training manual.

Other Meetings

The Regional Advisor met with two representatives from the International Youth Foundation (Ms Sravani Ghosh Robinson and Mr. Zulu). They anticipated beginning HIV/AIDS prevention activities in five provinces in Zambia. We discussed our AIDS related activities in Eastern province and ways we can cooperate through communities and schools.

On Dec 1, 2004 I attended the WFP Food aid and OVC working group with representatives from FAO, Project Concern, WFP, UNICEF and community schools secretariat. I gave a presentation on SHN activities in Eastern Province the expansion and scale and lessons learnt. The working group was particularly interested in the deworming aspect as they anticipate including this activity in their current feeding interventions targeting OVCs and community schools. I will continue to provide advice to the working group on an ad hoc basis.

SCI/Drug Issues

A series of meetings were held during the quarter with the SCI task force. During a visit of Dr Michael Beasley on October 27th the task force members reviewed activities related to the on-going prevalence survey in Southern Province (begun September 2004 see attached report). All districts will be surveyed by the biomedical team.

Drug issues were also discussed at all meetings of the SCI. The Regional Advisor, and Hilda Chishala visited Medical Stores and Physically inspected drugs received (Albendazole and Praziquantel), It was confirmed that the 1.5 million tablets Praziquantel and 500,000 Albendazole had in fact arrived and were awaiting quality testing before being dispatched to districts. We provided Medical Stores with a complete list of SHN participating Schools in Eastern, Southern, Central and Lusaka that should be the first priority for the drugs. Additional shipments are expected in December 2004. The possible use of the bilharzias questionnaire as a means of speeding up the process of determining the prevalence was raised

with SCI. The task force group agreed that a pilot test of 100 schools in Eastern province be selected that would be sent a questionnaire with instructions to interview forty pupils in Grade Six. If these were insufficient numbers in grade five could be included.

The major issue of concern was the unsigned MOU. The SCI has made it clear that no further funds would be released until the MOU was signed. The task force group particularly Dr. James Mwansa and Faith Nchito would follow up this issue as a priority.

Note: The MOU was signed by both MOE and MOH Permanent Secretaries by December 16 and dispatched to SCI London.

CHANGES arranged for the manufacture of 300 tablet poles so that teachers in Eastern province/Southern province who had recently been trained and would soon be receiving drugs would be able to begin SHN drug administration when schools begin in January 2005.

Other drug issues that were discussed include the agreement that Iron Sulphate may be dropped from the SHN protocol as the evidence from Eastern province and from other studies shows that it has little effect on anemia status.

UNICEF has expressed concern that Vitamin A in the 200,000 IU capsules given as part of SHN may cause genetic defects in girls especially in the first trimester of pregnancy. This issue will be followed up with PCD and WHO prior to revision of our protocol. One programme option is to not to administer Vitamin A to girls' age 10 years and above.

A recent visit to Medical Stores Limited has confirmed that SHN drugs have been delivered to all districts. We have also confirmed the arrival of drugs by calling the district management teams.

EMIS

Wendy Heard EMIS consultant visited Zambia to participate in an HIV/AIDS workshop and took the opportunity to conduct the final part of the scheduled EMIS evaluation activity. The evaluation included interviews of Eastern provincial district MOE staff, visits to selected schools and review of data collection forms. Discussions were held with CHANGES staff and Dr Drake Warrick regarding the current status of the SHN EMIS. We concluded that the pilot SHN management form is likely to be of most value as a local level planning tool enabling district and provincial SHN focal points and planners to gather programme information and gauge impact. The national EMIS will require information on number of pupils treated in order to coordinate and procure drugs.

IEC/Media

The Regional Advisor and the Technical Officer were interviewed and videotaped by the producers from the Zambian Educational Broadcasting Services on October 28. The interview of approximately 30 minutes focused on general school health, malaria, water/sanitation, sustainability of SHN and monitoring and coordination. It included brief

overview of pilot activities conducted in Eastern province. The programme will be edited and broken into shorter segments and broadcast on ZNBC.

The Regional Advisor worked with the IEC specialist Gershom Musonda to design a CHANGES calendar for 2005. Photos were provided and corrections and suggestions made to the suggested layout.

The Logo for SHN developed by an Artist in Eastern Province was submitted for comments and was returned for revision. The final design was received in November and will be used on CHANGES SHN T-shirts.

Recorded Audio-tapes with HIV/AIDS and SHN messages were distributed to ZEBS (Zambia Educational Broadcasting Services) for broadcast together with the Radio programmes we recorded earlier in September.

The USAID manual HIV/AIDS a guide for Nutritional Care and Support ordered in 2003 by Dr Brad Strickland when he visited Eastern Province. Copies will be distributed to Provincial resource centers in Lusaka, Central and Southern Provinces.

Stakeholder Coordination

The Regional Advisor and Technical Advisor met with JICA (Dr Suzuki and Dr Chileshe) to discuss SHN programme impact and need for drugs. JICA was currently developing plans for 2005 and desired informed on SHN programme requirements. As sufficient drugs have arrived in the country under the SCI (Schistosomiasis Control Initiative) JICA may not be asked for assistance in securing drugs. We outlined the programme benefits of deworming as demonstrated in Eastern province and other SHN issues. We agreed that JICA could assist in other programme areas such as water/sanitation and IEC. We also agreed that a formal presentation should be made to a larger JICA audience that would include their embassy and health staff. This will be done early next quarter.

Related Issues

A meeting was held (6 December, 2004) with USAID, Care, MOE to discuss the CHANGES evaluation schedule for 2005, a number of issues were raised however most agreed that the overall approach and methodology as ordered were good. A concern of the Regional Advisor and Technical Advisor was the need for a health specialist particularly a Zambian female who would greatly assist the team in its work in Eastern province and with SHN issues in the Zambian health context.

The Healthy Eye Initiative TOT to be supported by UNICEF has been postponed until next quarter. UNICEF will support the TOT and the printing of 300,000 manuals.

PRIORITY ACTIVITIES FOR NEXT QUARTER

- Finalise national policy – assistance by participation on MOE working group.
- Finalise MOU revision and guidelines for SHN implementation.
- Training manuals revised and submitted to CDC through SHN MOE.
- SCI to complete prevalence testing and official launch of Bilharzia eradication campaign.
- National SHN Steering Committee established
- Monitoring of drug delivery system / First term in Southern Province to ensure appropriate and accurate use / administration of SHN drugs in schools.
- Work with evaluation team – Aguirre International
- Visit to Nigeria to advise on SHN activities based on Zambian experience.

Activities of Delphin M. Kinkese SHN Technical Officer – October to December, 2004 (Fourth quarter)

Luapula SHN Management Sensitization Workshop held at Mansa Hotel

As part of SHN expansion to Luapula Province, a SHN Management sensitization workshop was held on October 13 – 14, 2004 at Mansa Hotel.

The workshop was held in order to sensitize the provincial and district leaders in Education, Health and Community Development and Social Services, in SHN and to the formation of SHN province and district committees

The purpose of the training was to orient and sensitize Managers in the Ministries, Health and Education and Community and Social Development on matters of school Health and Nutrition.

Staffs from MoE, Community and Social Development and MoH were sensitized on the SHN program.

There were **25 participants**

6: MoH	2 Females & 4 Males
1: CDO	1 Male
18: MoE	18 Males

Most participants were happy that the SHN programme that they were hearing about had finally reached Luapula. In the closing remarks the BEBS for Kawambwa promised that the programme would be implemented effectively because it involved major stakeholders

JICA – Meeting with Dr Suzuki and Dr. Chileshe on October 21, 2004 at JICA Complex

JICA was in the process of planning for next year funding. Dr. Suzuki wanted to know whether there was need to spend their money on SHN drugs currently or not.

An explanation was given to them that there were already de-worming drugs to be accessed from the SCI program, these could cover the entire country i.e. praziquantel and albenadazole. UNICEF was also promising to procure SHN drugs. There was also another donation from MedPharm of about 2 million praziquantel tablets to be used in the SCI programme. That implied that drugs might not be a problem. Donors could assist in other issues such as drug delivery system, water and sanitation etc.

It was also clarified ~~that though~~ CHANGES was completing activities, USAID had a commitment for the next 7 years to assist the Zambian government on SHN programme.

JICA deplored the shortage of staff at MOE regarding SHN. There was need to second permanent staff if the programme was to run effectively. JICA wanted to know also if community schools were taken care in SHN.

Dr. Suzuki asked for a presentation to a bigger audience comprising of Embassy staff and JICA staff, this was agreed after mid November at a date to be communicated.

Meeting with National SHN Focal Point Person: Hilda Chishala, October 26, 2004

We met to review the Luapula SHN Management training, the “Healthy Eyes” Book Activity workshop, review of SHN Policy, guidelines and the MoU.

It was also agreed that the National Steering Committee meeting should be called. Mr. Siputuma to be responsible. A representation from the following; NMCC, UNICEF, CDC, FAO, Planning MoE, Community schools, World Bank and DFID.

Schistosomiasis Control Initiative Task Force Meeting October 27, 2004

James Mwansa, Mbiko Faith Nchito, B. H. Chishala, K, Siputuma, F. Nyirenda, C, Malijani, Delphin Kinkese, Paul Freund and Michael Beasley attended the meeting.

SCI is unable to send further funds or equipment to Zambia until the MoU is signed.

Southern Province Prevalence Survey began on September 23, 2004. It has so far covered Sivonga, Gwembe, Sinazongwe, Choma and Monze and Mazabuka. Still to be covered are Kalomo, Livingstone, Namwala, Kazungula and Itezi – tezi. The survey is going on well and two schools are covered per day.

Drugs were sent to Zambia by SCI.

Treatment of communities in high prevalence areas has yet to be established. The strategy required to identify highly endemic areas (<50% prevalence among school children) and to establish number of people living in highly endemic areas to whom drugs should be delivered.

It was suggested that drugs should be released to CHANGES for treatment in the SHN schools.

It was also suggested that that the Nyanja language schistosomiasis questionnaire could be used in Eastern Province to identify whole communities in need of mass treatment (school prevalence <50%), school in need of mass treatment (10-50% school prevalence) and places where individuals with symptoms should be referred to local health centres for treatment (school prevalence <10%). This should be piloted in 100 schools in Chipata district.

It was hoped that SCI will start in EP & SP early in 2005

200-300 individuals will be followed up as a cohort monitoring activity. A protocol for the monitoring and evaluation study was needed quickly and to be submitted for approval by the ethics committee at UNZA.

A committee on the launch of SCI program was to be established. That committee will put together a brochure that will explain the aim of SCI and the need for the Launch. The brochure would include: introduction, objectives, strategies, funding and need for a launch.

Meeting with Sravani Ghosh Robinson, Deputy Director, Health Education and awareness met with the Regional Advisor and myself.

Visit to Medical Stores Limited MSL and CBoH, Mr. Lupupa – Pharmacist October 29, 2004

CBoH, was concerned that SCI should involve them from the beginning rather than just informing them to clear the drugs once they have arrived. MSL does sampling and quantities do change. Clearing has a cost to be borne too.

At MSL, drugs from South Korea and England were found in the store but they needed to be sampled for quality testing. Once a drug list was provided, the drugs will be sent to DHMTs for SHN Schools.

Meeting with Mrs. Akinware UNICEF – Hilda and Delphin, October 29, 2004+

The proposal was finally delivered to UNICEF for the HEAB workshop. Funds were already reallocated because the proposal had not been presented yet. UNICEF will communicate later once funds are available.

Visit of Wendy November 1, 2004

Wendy, EMIS consultant visited the Eastern province to follow the implementation of EMIS in the selected schools in Eastern province. She visited Chipata and Chadiza including the Provincial Education Officer's office. The SHN Technical Officer was more involved in coordinating her visit and travel to the Eastern province.

Central Province Management Sensitization Workshop, November 7 - 10, 2004

The purpose of the training was to orient and sensitize Managers in the Ministries, Health and Education and Community and Social Development on matters of school Health and Nutrition.

There were **44 participants**

35 males

9 females

11: MoH	8 Females
	3 Males
2: CDSS	2 Male
31: MoE	6 Females
	25 Males

There was full participation by every one and the health workers assisted in facilitating topics on worms' infestation including bilharzia. The staff from the Ministry of Community and Social Development also facilitated on the community partnership topic. Some participants were trained for the second time. Those could be used as trainers in SHN.

SHN Policy review workshop held at Capital Hotel – Lusaka from November 15 – 16, 2004
The SHN Regional Advisor and the SNH Technical Officer attended the SHN Policy review workshop. The workshop was divided in two working groups. The SHN Technical Officer was in group one that reviewed and gave advise on the foreword, acknowledgement, acronyms, glossary, guiding principle and chapter one (1) and chapter two (2). Chapter one (1) included the background and the rationale. Chapter two was mainly on situation analysis dealing with health status, nutrition status, institutional framework and legal framework. The SHN Regional Advisor joined group two (2) which was reviewing chapter three (3), chapter four (4), chapter (5) and chapter (6). Chapter three (3) looked at the vision, objectives and policy statements. Chapter four (4) was on legal framework while chapter five (5) dealt with institutional framework and implementation of the policy and chapter six (6) considered resource mobilization and monitoring and evaluation. Due to time constraint, the workshop only reviewed the SHN policy without touching the policy guidelines. Two days were not enough considering the magnitude of the task to review both documents. MoE will need to review remaining document i.e. the SHN policy guidelines.

Meeting with the SCI Co-coordinator, Dr Faith N. M. Nchito on SHN Drugs and SCI questionnaire

Medical Stores Limited was given a drug distribution list for SHN schools for both Eastern and Southern Provinces. The Director General followed up with a letter too.

Modalities to administer the bilharzia questionnaire to establish community prevalence of bilharzia were discussed.

One hundred schools will be selected in Eastern province. The questionnaire will be administered to forty pupils of grade VI grades only. Forty pupils: twenty boys and twenty girls will be the respondents. Should a grade six class fall short of forty pupils, then pupils from grade five will be used.

The admission number will be dropped from the SHN bilharzia questionnaire. The total number of pupils present the day of administering the questionnaire shall be indicated on the form.

The PEO or his/her delegate should sign the letter that will accompany the questionnaire. Instructions on how to fill the questionnaire would be included in the letter. The Ministry of Justice did not sign the MoU yet.

Southern Province Management Sensitization Workshop, November 28 – December 3, 2004

The Ministry of education organized this management training workshop. The purpose of the training was to orient and sensitize Managers in the Ministries, Health and Education and Community and Social Development on matters of school Health and Nutrition. Funds to run the training were obtained from the MoE in full.

CHANGES provided most of the logistical materials for the workshop, i.e. 30 management training manuals, 30 PEPS books, 10 Bilharzia/worms flipcharts, CHANGES leaflets and deworming leaflets.

The training was unnecessarily long for the model of SHN management workshop. It took four days. The SHN Technical Advisor attended for two full days where he facilitated most of SHN technical issues.

There were representatives from MoH, Community and Social Services and MoE. staff

There were **14 participants**

4 females

10 males

1: MoH	1 Males
1: CDO	1 Male
12: Moe	4 females
	8 males

Participants were most from the Provincial Education Officer' s office

Meeting to discuss CHANGES Evaluation December 6, 2004

The USAID education Advisor, Rick Henning and Dr. Cornelius Chipoma, two representatives from CARE, "Small Grants" and one representative from the Ministry of Education joined the Chief of Party of CHANGES, Dr. E Grabill, the SHN Regional Advisor, DR. Paul J. Freund and the SHN Technical Officer, Delphin M. Kinkese attended the review of the Proposal from Aguirre International to conduct an evaluation of the CHANGES programme early next year. It agreed that a Health specialist is added to the list of consultants and a female consultant to be part of the team. Five CVs from potential Zambian consultants were forwarded to Aguirre International for them to select two Zambian female Consultants to be part of the team.

Schistosomiasis Control Initiative (SCI) Consultative meeting – Updates December 6, 2004

The Chairman of SCI Task force Committee, Dr. James Mwansa, and the SCI co-coordinator, Dr. Faith Nchito, met with the SHN Regional Advisor, Dr. Paul J. Freund and the SHN Technical Advisor at CHANGES offices to discuss the latest updates.

- CHANGES Programme has ordered 300 tablet poles.
- Vitamin A supplementation will have to be restricted to girls from the age of 10 years.
- Iron sulfate will have to be discontinued.
- The MoU has not yet been signed
- The PS at the MoH has assigned the Donor Coordinator the task to ensure that the process is not delayed any further.

- SCI survey has been completed in the southern province.
- Data entry has been started.
- There is need to sensitize MPs on the SCI.
- A visit to Medical Stores Limited to be made soon to establish the status of drug distribution to SHN schools.
- SCI Questionnaire to be sent to Eastern province. 100 schools should be covered. The same SHN questionnaire was adopted to be used to establish the SCI prevalence.

Medical Stores Limited (MSL) Visit to check on SHN/SCI Drug Distribution – December 07, 2004

The SCI Co-coordinator, Dr. Nchito and the SHN Technical Officer visited the Management at MSL to check on the SHN/SCI drug distribution to Eastern, Southern and Lusaka provinces. The management assured us that MSL trucks were distributing drugs to DHMTs according to this schedule: first week of the month: Northern and Luapula provinces, second week of the month: North – western, Copper-belt and Eastern provinces, third week: western and Southern provinces and the fourth week was for unscheduled trips. Prior to distribution, samples for quality control were taken and the results were successful.

I E C

The Regional SHN Advisor and the SHN Technical Officer in addition to the SHN radio education broadcast recorded in September; we also recorded a SHN video education broadcast on October 2004. We also edited the education newsletter, PHASE brochures and provided the SHN photos for the CHANGES 2005 calendar.

New SHN posters as well as new SHN brochures on the “Situation Analysis of School Health and Nutrition in Eastern province, and on the theme SHN theme of “A Healthy Child in a Healthy School Environment were finally printed and they are ready for distribution to districts

Tablets Poles

Changes received 310 tablet poles that were ordered to supply to Southern province and Eastern provinces SHN schools, health centres and the DEBS’ offices.

Eighty (80) poles were sent to Eastern province on December 8, 2004 and an other 80 poles were sent to Siavonga on December 8, 2004

Meeting at National Malaria Control Centre to finalise the “Malaria Insert” in the SHN Policy. December 10, 2004

The final insert of the MoU on Malaria was finalized. Now that A SHN policy is being finalized too, this insert will be added in the SHN policy document. Final discussion was held with Cecilia Katebe and Dr. Birkinsh Ameneshem from WHO Afro Region office: Harare.

Expired Vitamin A (31/01/04)

Medical Stores Limited distributed SHN drugs to Eastern, Southern, Lusaka and Central provinces during the months of November and December 2005. The following are the SHN drugs sent to district:

- Albendazole 400mg tablets – Expiry date 31/12/08
- Praziquantel 600mg tablets – Expiry date 31/08/09
- Ferrous Sulphate 200mg tablets – Expired date 30/10/06
- Vitamin A 200000 IU Capsules – Expired date 31/01/05

The SHN Technical Officer visited Medical Stores Limited (MSL) on December 13, 2004 to establish grounds upon which Vitamin was distributed in its last month of expiry date. MSL was stocking the same consignment received as a donation. Further investigations at MoH/CBoH confirmed that there was no other stock of new Vitamin A apart from what was stored at MSL.

A letter was then sent to Eastern province and Southern province to return the Vitamin A that was expiring on January 31, 2004. Reason being that it would not be possible to use the drug when school open because, pupils need to be dewormed first. Thereafter, fourteen days later Vitamin A is then administered. That will then be most probably from February.

Appendix I

Schistosomiasis and Soil Transmitted Helminth Control Programme Southern Province prevalence Survey September to December 2004

In the ongoing implementation of the programme's activities, a parasitological and questionnaire survey in Southern Province was initiated. The aim of the survey was to determine the distribution of the disease and identify areas of high disease prevalence for mapping and to categorize areas for type of treatment according to WHO protocols. The programme began in Siavonga on 16th September 2004 and ended on 1st December 2004.

A total of sixty-seven (67) schools, forty nine (49) basic and eighteen (18) community schools were randomly selected in Southern province after stratification by environmental conditions.

Sixty pupils (thirty of each gender) were randomly chosen in a school. The primary targets were grade six, but in the event of a shortfall, pupils from lower grades were incorporated to make up the number. The pupils were interviewed and stool and urine specimen collected and processed according to laid down protocol.

A team of six technicians from TDRC and UTH was assembled for the survey. In each district, the team identified a laboratory in either a health center or the district hospital from which to operate.

As much as possible, the district staff i.e. officers from the District Education Board office, representatives of the District Health Team, local laboratory technicians and teachers at the school were incorporated in the survey activities.

Of the 67 schools on the survey schedule, all but two (2) schools were surveyed. One Basic school in Monze was closed at the time due to lack of water, the other in Kazungula district was considered too far from the district center.

Ideally, schools on the original list considered unsuitable for a number of agreed reasons, could be replaced by another from a choice of schools on a provided secondary list.

Three schools in all were substituted. One in Mazabuka had just been treated by the DHMT, the other two, one each in Kalomo and Itezhi tezhi were replaced due to hostility from the community despite prior sensitization.

Another problem encountered during the survey was transport. As the vehicle from the Ministry of Education was withdrawn in the early part of the survey, the team was had to work with one vehicle. In consequence, the survey took longer than planned and the laboratory team often had to work late into the night.

In some districts, the District Education Office lent the team a vehicle.

The vehicle from the Central Board of Health was available for the whole duration of the survey. CBOH is to be greatly commended for this commitment.

The survey team is applauded for the successful completion of the survey.

Appendix D

Ms. Wendy Heard SHN/MIS Progress Report



REPUBLIC OF ZAMBIA
MINISTRY OF EDUCATION
School Health and Nutrition Programme

SHN EMIS Pilot Trip Report 7

- Country** : Zambia
- Consultant** : Ms Wendy Heard
- Programme** : Developing a School Health and Nutrition (SHN) Education Management Information System, as part of the broader Ministry of Education SHN/CHANGES programme under sub-contract to Partnership for Childhood Development (PCD)
- Duration** : 1st November through to 5th November, 2004
- Objective/s of visit** :
- To visit a sample of the pilot schools in the Eastern Province, as part of the SHN EMIS pilot project evaluation
 - Meet with MoE and CHANGES representatives to report on and discuss issues of the SHN EMIS pilot.
 - To discuss project matters and wrap up of the SHN EMIS pilot with members of the CHANGES team.

Activities :

Flew into Lusaka on 1st November 2004:

On Tuesday, 2nd November, met briefly with Dr Paul Freund to discuss the planned visit and logistical arrangements. Then took the internal flight onto Chipata. Upon arrival in Chipata, visited the CHANGES/Chipata office to meet up with Mr Benedicto Phiri, Ms Catherine Chirwa and the two newly appointed project team members. Also had the opportunity to briefly meet with Mr Josias Zulu who was on leave. After a courtesy call to the PEO and DEB's office it was then agreed to go out and visit schools in the Chipata district. The following schools were visited:

Chipata Basic – no one present, returned the next day
Chiparamba Basic
JM Cronje

Consideration was given to also visit Dzoole but due to staff changes and confirmation that the Head Teacher was not present this visit was not considered to be feasible.

On Wednesday, 3rd November, Mr Phiri and I went out to Chadiza to visit some schools there. Bwanunkha and Chonjowe were visited and on our return to Chipata we called in at Chipata Basic. Since the Head teacher from Vubwi is now head of Bwanunkha it was felt there was no need to visit Vubwi and given the distance, Nsadzu was also not visited.

In the afternoon of the 3rd November we met with the statistics officers, SHN focal point officers for the districts of Chipata and Chadiza and the Eastern Province. Report backs were provided to the PEO and DEB's office.

On Thursday, 4th November I returned to Lusaka to attend a debriefing meeting with Drs Edward Graybill and Paul Freund. Discussions were also held with Mr Delphin Kinkese. None of the MoE HQ SHN officials were in office, hence unable to meet with them. Did meet briefly with Mr Bupe Masonda on Friday 5th November 2004.

School Visits:

At each of the schools visited an attempt was made to meet with the Head Teacher or his/her representative, the SHN Focal Point Person and/or the person who was originally trained as part of the SHN EMIS pilot project. It was agreed that for the evaluation, one-on-one structured interviews with direct observation methodologies would be employed. Through the interview the following areas would be examined:

- 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

Individual details of the school visits are provided under cover of a separate report (annexure A) however the following is a summary of the general findings:

- There has been a huge turnover and change in staffing at school, not many of those trained in the first session (June 2003) are still at school
- Great variation in the quality of school record keeping – largely dependent on the management style of the Head Teacher and not peculiar to SHN or SHN EMIS records
- No school visited reportedly found the completion of the SHN EMIS form/survey to be problematic if the general SHN records, such as drug administration and stock control form, are in place

- Schools who received the form for the second year were not given a duplicate copy to keep on the school file
- No school included in the visits had received feedback from the District Office
- All schools indicated that there was value in completing the SHN EMIS return since it consolidated programme information and there was management value in doing so

District and Provincial Meetings:

A report back on the school's visits was provided to those who attended the district and provincial report back. The following were present at the meeting; Statistician PEO, Data entry Officer PEO, Statistical Officer DEO Chipata and Chadiza, SHN FPP Chadiza and Mr Benedicto Phiri.

- The opportunity was also used to stress the importance of providing feedback to the data providers and the district office officials indicated they would do this in future.
- It was interesting to learn that the Chadiza office had used their own initiative and extended the SHN EMIS returns to 20 other schools. It was reported that the schools had coped well with the completion, despite not have been provided any training in the completion of the form.
- Chipata indicated they had encountered some problems with their own routine EMIS returns and had not extended the SHN EMIS return to any other schools.
- Both districts reported that they had no problems with the SHN EMIS data capture and analysis tool
- Those who had been trained in the use of the SHN EMIS data capture and analysis tool at district level voiced some concern about changes occurring within the districts in terms of job functions and reporting structures. It was unclear whether the folks who had been trained in data capture would remain involved in data capture for the district.

The opportunity was also afforded for Ms Heard and Mr Phiri to spend some time with the DEBS of Chipata, Mr MK Phiri, who continued to offer his support to the SHN programme.

Way forward:

It was agreed with the CHANGES/Chipata office that they would include a session on the SHN EMIS with their SHN orientation and training programme and the SHN EMIS survey is also to be included in the SHN training manual for Head Teachers and FPP.

Ms Heard is to provide a close out report and to also include suggestions on how the SHN EMIS can be integrated in the routine EMIS survey conducted on an annual basis. Consideration is to be given to the presentation of the SHN close out report to the SHN HQ component.

Prepared by: Wendy Heard
December 2004, Durban

Annexure A:



School Evaluation report

REPUBLIC OF ZAMBIA
MINISTRY OF EDUCATION
 School Health and Nutrition Programme

SHN EMIS

School Evaluation of the Pilot

Introduction

Eight schools, four from Chipata and the remaining four from Chadiza District, were identified by the CHANGES/Chipata office, in consultation with the SHN Provincial FPP and other stakeholders, to participate in the SHN EMIS pilot. The first formal consultation with school, district and provincial representatives, regarding the introduction and development of a SHN EMIS for the Ministry of Education took place in the Eastern Province in June 2003. All eight of the targeted schools were involved in the orientation and training session, but only one officer, of the original group of fifteen trained, was found at the schools visited.

Chipata District

Name	School/Office	Position
1 Chikwa Genesis	Chiparamba Basic	Head
2 Nsola Patrick	Chiparamba Basic	SHN FPP
3 CH Ngoma	JM Cronje	Head
4 R Chirwa	JM Cronje	SHN FPP
5 EJ Phiri	Chipata School	Head
6 Masauso Nyirenda	Chipata School	SHN FPP
7 Adamson Sakala	Dzoole School	Head
8 Phiri Iback	Dzoole School	SHN FPP

Chadiza District

Name	School/Office	Position
1 Henry A Phiri	Chanjowe Basic	Deputy Head
2 Joshua Khonje	Chanjowe Basic	SHN FPP
3 Samuel Chisala	Nsadzu	Head Teacher
4 Zulu Marrison	Nsadzu	SHN FPP
5 Peter Njobvu	Vubwi	SHN FPP
6 Vincent A Banda	Bwanunkha	Head teacher
7 Andrew Zimba	Bwanunkha	SHN FPP

Table 1. Pilot school representation at the orientation and training session, June 2003

Background to the pilot project evaluation process

In July 2004, the core team of district, provincial and national representatives who had participated in most of the training sessions and consultative forums came together for the last time as a group to attend the final stage of the MS Access skills transfer and training sessions. It was considered prudent to use this opportunity to conduct an evaluation of the SHN EMIS pilot processes and outcomes to-date with this group. To this end, an evaluation questionnaire was designed and administered as a self-administered evaluation. The results of this evaluation were documented in the report entitled “*SHN EMIS - User evaluation of the Pilot*”.

It was agreed in order to conclude the SHN EMIS pilot evaluation, a sample of the pilot schools were to be visited and consulted. The visits were planned for November 2004 and this document captures the findings of the school visits.

School visits

Five of the eight pilot schools were visited as part of the SHN EMIS pilot programme evaluation.

<p><i>Chipata District</i> JM Cronje Chiparamba Basic Chipata Basic</p>
<p><i>Chadiza District</i> Bwanunkha Chonjowe Basic</p>

Table 2. Pilot schools visited as part of the programme evaluation, November 2004

It was agreed that for the evaluation, one-on-one structured interviews with direct observation methodologies would be employed. Through the interview the following areas would be examined:

- 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

Possible prompts for the interviews conducted are attached to this report (Appendix 1).

At each of the schools visited for the purpose of the school evaluation, an attempt was made to meet with the Head Teacher or his/her representative, the SHN Focal Point Person and/or the person who was originally trained as part of the SHN EMIS pilot project. Mr Benedicto Phiri of the CHANGES/Chipata office accompanied the evaluator on all the school visits.

Findings of schools visited and interviewed

JM Cronje School

Met with Mr Ngoma, the newly appointed Head Teacher and Mrs PB Nyimbiri a senior teacher. The SHN FPP was unfortunately not present during the visit.

Mr Ngoma had only been at the school for six months and indicated he was not familiar with the SHN EMIS survey form at all, but he was sure that the SHN FPP was familiar with the form. The school had all the SHN related records in place; drug administration forms, clinic referral book, drug stock control and an earlier version of the SHN EMIS form 1.

Mr Ngoma indicated that turnover of staff was particularly problematic. He indicated that in less than nine months, 11 members of staff had moved and to-date they had not been replaced.

“Turnover of staff is a big problem! People at school are always changing. We constantly have to train people.”

Respondent JM Cronje

When reviewing the form and through general discussions it was reported that the question on the prevalence of bilharzia (question 33 c) would be considered problematic. Neither Mr Ngoma nor Mrs Nyimbiri had any knowledge of the tool that had been devised to assist with determining the prevalence rates. Neither of these members of staff had undertaken any SHN training at all and were newly appointed to the school and to their senior positions. This issue of the continuation of the SHN EMIS was not discussed with this school.

Chiparamba Basic

When visiting this school we were able to meet with Mr Nkala, Head Teacher, Ms Mary Mshanga, Deputy Head Teacher and Mr Patrick Nsola the SHN FPP. Mr Nsola was the only one that had completed the training and orientation session held in June 2003. Mr Nkala was fairly newly appointed.

The school had previously completed and submitted the SHN EMIS survey form and copies of all the SHN records, including the SHN EMIS form were available for scrutiny. The new Head Teacher had been involved in completing the second year’s submission of the SHN EMIS survey form. The school reported that it keeps copies of the forms “as it forms an important part of the archive of the school and is also there as a reference should it be required”.

When asked to report on their experiences in completing the form and whether any problems were encountered, the following was reported:

- If all the records are in place, drug administration forms and drug stock control cards then the task is relatively easy.
- It is easy to calculate the number of drugs in stock and the drugs that have been administered
- The question on teacher training (question 31, especially 31 d) can be misinterpreted and should possibly be reworded

The team at the school indicated that the SHN EMIS had great value as it consolidate drug administration programme and helps them “keep track” of the programme. “It is a v useful process” reported Mr Nkala.

The school expressed some concern about the fact that they had not received any feedback from the district or provincial office. They considered it important to get some feedback, even if it was just an indication of whether they had completed the form correctly, the nature of the problems encountered and the accuracy of the data provided.

The school reported that it felt very comfortable to roll out the SHN EMIS to other schools and the SHN FPP even offered to be a reference person should this happen!

“Schools should not encounter any problems in completing the SHN EMIS form since it is very similar to the general EMIS survey, as long as they have their SHN records updated and in place!”

Respondent Chiparamba Basic

Chipata Basic

At Chipata Basic School we met with Mrs M Nguluwe, Deputy Head Teacher and Mrs N Malunga a senior teacher. Neither of these ladies had previously been involved in SHN EMIS training but were very well informed of the pilot programme and the SHN EMIS survey. This school seemed particularly well

“It is critical to be provided with at least two copies of the survey form in order that once the form is completed, the school can keep a copy of the form for our own record keeping purposes”

organized with a strong management team. We found everything to be in order, all the SHN records were in place and the school had completed the SHN EMIS survey for 2 years. One concern that was raised was the fact that the district office had not provided two copies of the survey form for completion in the second year.

Respondent Chipata Basic

When asked about their experiences in completing the form and whether any problems were encountered, it was indicated that during the first year of completion, the question regarding the number of pupils that received treatment (question 35) was a little tricky, but this improved in the second year. The school worked on ensuring the treatment forms were accurately completed and totals provided as the form was completed during the year, and this made the task a lot easier when it came to completing the SHN EMIS survey form.

Much of the interview, at this school, was focussed in the way forward and sustainability issues. The school reported, even though the Head Teacher was due to retire at the end of the year, they did not foresee any problems for continuing with the programme. Plans are underway for the handover of SHN related responsibilities to the current Deputy Head Teacher until the new Head Teacher was appointed. Mrs Nguluwe indicated she had a very strong SHN FPP to rely on, the lady concerned has a special education diploma and was extremely capable and she would take a leading role on SHN matters in the new year. Messrs Nguluwe and Malunga did not foresee any problems with rolling out of the SHN EMIS programme, should this be agreed to. It was indicated that schools need to systematise the SHN programme and the forms and records need to be routinely completed to make the EMIS task easier. "Just as we keep school class registers, we need to complete the SHN forms and keep detailed records."

"The roll out of SHN EMIS should not be problematic as it is not dependent on training since the SHN EMIS survey was "extremely logical" and merely consolidated the other SHN forms for which thorough training already had been received."

Respondent Chipata Basic

The school considered the SHN programme to be critical and indicated they had were already reaping the benefits of being included in the SHN programme and especially the drug administration component. One of the noticeable advantages is that the school enrolment had increased and school attendance had radically improved. The parents and community are extremely grateful for being part of the SHN programme and there is increased pressure on the school management to ensure the programme is continued. The school health team is working well and there are plans underway to increase the production unit.

Bwanunkha

Mr Zulu, previously of Vubwe School, has been appointed as Head Teacher of Bwanunkha for two months. He indicated that both Mr Banda and Mr Zimba, who were previously trained in SHN EMIS matters, had left the school. None of the SHN records could be found in the office, only the SHN EMIS training manual was found in the cupboard. Mr Zulu indicated he had not as yet familiarised himself with all the files and records at the school and he repeatedly had to contact the previous Head Teacher to collect files which were kept at his home, due to lack of filing space and issues of security.

Given his experience at Vubwe School, Mr Zulu indicated he had encountered no problems when completing the SHN EMIS survey. All of the questions were clear and the SHN FPP was comfortable in dealing with the questions contained within the survey. The new Head Teacher indicated he did not foresee any problems with completing the SHN EMIS survey, as

"While it is the Head Teacher's responsibility to complete the SHN EMIS survey, we do rely on the SHN FPP a lot to give us the information. This man is the key for the SHN EMIS."

Respondent Bwanunkha

long as the SHN forms and records were kept current. Mr Zulu indicated he had not yet met with the SHN FPP, who was also a new appointment, to get an update on the programme implemented at the school. He did, however, not feel confident that the SHN records and treatment forms had been kept current.

Chonjowe Basic

When visiting Chonjowe Basic School, we met with the Head Teacher, Mr Banda, who has been appointed as Head Teacher since 1990. Mr Banda indicated he had not attended the training and orientation session held in June 2003, but had been thoroughly briefed by the Deputy Head Teacher and SHN FPP on their return from the training session. He reported, with regret, that the SHN FPP had since passed away and that the SHN duties are now shared amongst members of staff.

Mr Banda indicated he had completed the SHN EMIS survey for two years now, but unfortunately he was not able to keep a copy of the last submission since he had only been provided with one copy of the survey form. The 2003 survey form was filed neatly together with the other SHN forms and correspondence.

When requesting Mr Banda to report on difficulties he experienced when completing the survey form, it became apparent that he saw the EMIS survey as a checklist and possibly even felt threatened by it. He indicated he felt embarrassed to answer no to matters that were not yet in place, such as the SHN information corner, production unit of supplementary feeding programme (questions 25, 26 and 27). He indicated that he new this was policy and that he should have these in place but things were tight in the school and they had not managed to put these in place as yet.

“I feel bad saying no to the questions, when I know the school should have these things”

Respondent Chonjowe

“You need to work with a team, this should include members of the senior management and class teachers. All must be involved to make the school a success. This applies to the SHN programme and even completing the SHN EMIS return”.

Respondent Chonjowe

Mr Banda indicated that he felt other schools should be able to complete the SHN EMIS form, as long as they have received the general training on the SHN programme and are aware of the drug treatment forms. He indicated that as good

practice, schools should hold indoor workshops after representatives have attended training sessions. While we were visiting the school the rest of the staff were attending an “indoor training” session on the SHN drug administration training that had recently been attended by two representatives of the school. Mr Banda indicated he relied on a group of teachers to assist him with the SHN programme.

Debriefing with the district and provincial officials

After visiting the schools a debriefing session was held with the district and provincial representatives. At this meeting, attended by the Statistician PEO, Data entry Officer PEO, Statistical Officer DEO Chipata and Chadiza, SHN FPP Chadiza and Mr Benedicto Phiri and separate meetings held with the Chipata DEBS and the EP SHN FPP, the following issues were raised:

- The importance of providing feedback to the data providers. The district office officials acknowledged they had neglected to do this and indicated they would do this in future.
- Schools needed to be provided with additional copies of the survey form in order that they keep a copy of the completed return for their records.
- Schools need clear instructions regarding the completion and submission of the survey form. It would appear that schools were not clear about when they were to submit the forms and also complained about receiving short notice of completion and submission, which seriously compromises the quality of the data submitted.

It was interesting, and most encouraging, to learn that the Chadiza office had used their own initiative and extended the SHN EMIS returns to 20 other schools. It was reported that the schools had coped well with the completion of the SHN EMIS survey, despite not have been provided any training in the completion of the form. The district officials are busy capturing the data into the district based SHN EMIS data capture and analysis tool. The Chipata District Office indicated they had encountered some problems with their own routine EMIS returns and had not extended the SHN EMIS return to any other schools, but felt it important to do this.

Concluding remarks

Generally the evaluation conducted provided very positive feedback in terms of the SHN EMIS. Schools reported that they had coped well with completing the survey form and many indicated there was great value in completing the form since it consolidated the SHN programme and served to archive progress made by the school. The following is a summary of the general findings of the school-based evaluation visits:

- There has been a huge turnover and change in staffing at school, not many of those trained in the first session (June 2003) are still at school
- Great variation in the quality of school record keeping – largely dependent on the management style of the Head Teacher and not peculiar to SHN or SHN EMIS records
- No school visited reportedly found the completion of the SHN EMIS form/survey to be problematic if the general SHN records, such as drug treatment and stock control form, are in place
- Schools who received the form for the second year were not given a duplicate copy to keep on the school file
- No school included in the visits had received feedback from the District Office
- All schools indicated that there was value in completing the SHN EMIS return since it consolidated programme information and there was management value in doing so
- All schools visited indicated that they did not foresee a problem with the roll out or extension of the SHN EMIS survey to other schools. All indicated that the completion of the survey is not dependent on specific training being provided
- The schools indicated that the SHN forms, especially the drug treatment and drug stock control form, should be systematised into the general school record keeping system. The forms are to be completed routinely and as accurately and completely as possible.

Prepared by: Wendy Heard
For the CHANGES programme
December 2004

The efforts of all schools that completed the SHN EMIS survey form and were involved in the pilot are appreciated, thank you for your support and the wonderful interest shown. The tasks allocated to schools were undertaken with due importance and commitment.

Thanks are 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.

Thank you to CHANGES/Chipata office for all the preparatory and support work undertaken and especially Mr Benedicto Phiri who accompanied the evaluator on all the visits and Mr Elisha Silawambo who ensured that all fieldwork was undertaken safely.

A special word of thanks is due to the CHANGES/Lusaka office for their assistance, especially Dr Edward Graybill COP and Dr Paul Freund, Lead Specialist for the SHN Programme, their unwavering support and guidance is greatly appreciated.

Thank you too to Ms Catherine Chirwa, EP SHN FPP for the supporting role she has played throughout the SHN EMIS pilot. Her steadfast support and belief in the SHN programme is very evident and an inspiration to all involved in School Health and Nutrition activities.

SHN EMIS School-based Evaluation--November 2004

Interview Schedule

Prompts to be used in conducting the interview

1. *Capture name/s and designations of those interviewed*
2. *Level of involvement in the pilot project to date*
 - What has been involvement to date
 - Did you attend the workshop held in June 2003?
 - Involvement in other SHN activities
 - (How long have you been in the post- particularly SHN FPP)
3. *Whether the SHN EMIS form 1 was completed*
 - Did you complete the SHN EMIS survey (form 1)
 - Have you completed the form subsequently
 - What process was involved in completing the survey
 - Did you complete it alone/involve others – if so who?
4. *Experience in completing the form*
 - Did you cope
 - What did you refer to in order to complete
 - Any questions give particular problems
 - i. Wording
 - ii. Data source problematic
 - iii. Unable to answer
 - Any surplus questions asked/ any missing questions not asked
 - Where guidelines included adequate
 - Any value in completing the form
 - How is it utilised
5. *School based records*
 - Ask to view records
 - SHN EMIS survey
 - Drug treatment forms
 - Drug stock control
 - Drugs themselves
 - EMIS training material
 - General SHN records and correspondence
 - Enrolment records
6. *Feedback received*
 - What feedback was received
 - What value did this hold
 - Any suggestions for improvement
7. *Ideas for continuation of SHN EMIS*
 - Is this feasible
 - What training is required
 - How would you roll out SHN EMIS
 - What support is required for SHN EMIS roll out
 - Did you find value in being part of SHN EMIS pilot
8. *Any further comments – questions - ideas*

Appendix E

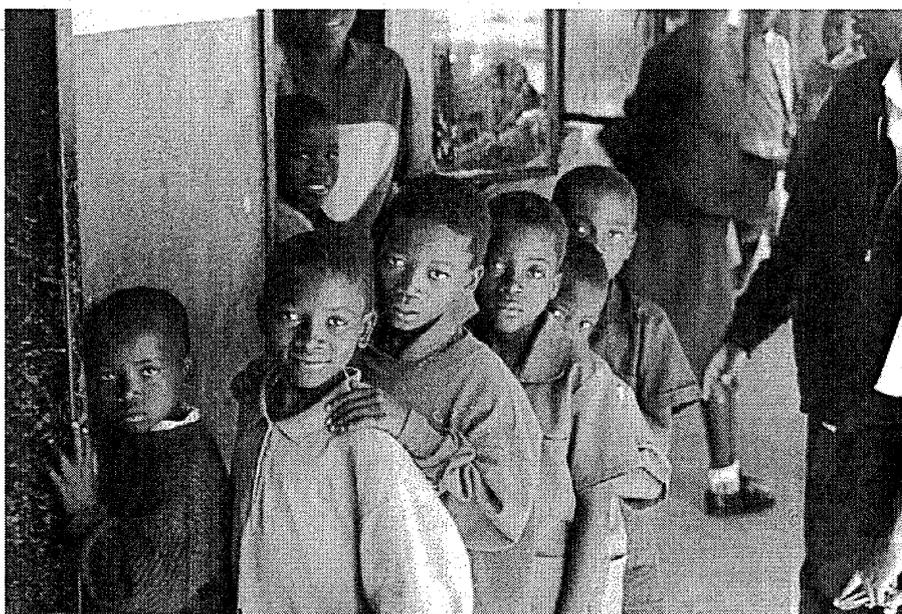
Final Integrated SHN Biomedical and Cognitive Report



The Republic of Zambia

Ministry of Education CHANGES Program
In collaboration with Creative Associates and funded by USAID

Impact Assessment of School Health and Nutrition Interventions
Produced by the Partnership for Child Development and Successful Intelligence



Key Findings



Success
Creative

CREATIVE ASSOCIATES INTERNATIONAL



Successful Intelligence
Yale University

Introduction

In recent years, a multitude of studies have occurred showing that interventions of deworming and micronutrient supplementation can improve both children's health and cognition (Soemantri, Pollitt and Kim, 1985; Pollitt, Hathirat, Kotchabhakdi, Missell and Vlayasevi, 1989; Watkins and Pollitt, 1997; Stoltzfus et al. 1997; Beasley et al. 1999, Beasley et al. 2000; Jukes et al., 2002). This has led to the increasing realisation that interventions delivered to school children can improve not only their health, but also their ability to learn. As well as ranking amongst the most cost-effective of all public health strategies (World Bank, 1993), with intervention packages in African countries costing in the range of \$0.10 - \$0.90 per child per annum. School health programs are becoming increasingly viewed as essential education interventions (Drake et al., 2002).

Studies that have occurred up until now have been relatively small, usually including no more than a few hundred children. The results have begun to build the case for the routine delivery of school health and nutrition intervention at scale; at the level of district, province or even whole countries. Recognising that health interventions could form an essential part of their national education strategy, the Government of Zambia decided to conduct a large scale study of the impact of school health interventions on the health and educational ability of Zambian children. The study occurred as part of the work of the Ministry of Education's "Communities Supporting Health, HIV/AIDS, Nutrition, Gender and Equity Education in Schools (CHANGES)" Program. CHANGES is a USAID funded technical assistance program that supports the Zambian government's efforts to improve quality, relevance and access to basic education by improving school health and nutrition. This paper reports the results of that study and the way in which it has provided a strong evidence base for the implementation of school health and nutrition activities amongst the entire nation's school children.

The impact assessment was conducted by two groups: the Partnership for Child Development (PCD), based in the Department of Infectious Disease Epidemiology at Imperial College, London, UK, and Successful Intelligence (SI) based in the Center for the Psychology of Abilities, Competencies, and Expertise at Yale University, USA. PCD were responsible for the measurement of the impact of interventions on children's biomedical indices and SI for the impact on educational ability. This report summarises the activities of the two groups and presents their respective analyses of the data collected. Full reports from each stage of the impact assessment can be found in the volume "MoE CHANGES Program School Health and Nutrition Impact Assessment: Collected Reports".

Designing the study

Study Design

The impact assessment occurred in the Chadiza and Chipata Districts of Zambia's Eastern province. It was conducted during a three year period and targeted a total of 80 schools. Some 4900 children participated in the study. The selection criteria for schools were as follows:

- Accessible throughout rainy season
- Not more than 3 hours drive from District Centre
- Grades 3-7 taught
- At least 10 children in each grade
- Not exclusively catering to special needs children (i.e. blind, deaf etc)

Of the 155 schools in Chipata and Chadiza Districts, 125 schools fulfilled the selection criteria. 80 schools were randomly selected for inclusion in the study. In turn these were randomly divided into 4 groups of 20 schools each (see Table 1 below). In the first year, pupils from 20 schools served as the intervention group that received SHN treatment (group A), while those from another 20 formed a control group (group B). In the second year, the pupils from 20 schools that had constituted the control group (group B) received SHN interventions while an additional cohort of pupils from 20 new schools (group C) constituted a new control group. In the third year, the latest control group (group C) joined the other intervention schools and another 10 schools were added as control (group D). Thus, group A received intervention for 3 years, group B received intervention for 2 years, group C received intervention for 1 year, and group D received intervention only immediately after the project was completed (see Table 1) (An agreed modification to the study design meant that only half the schools in group D were eventually required). The study design employed a "phased roll in methodology" that was both statistically strong and acceptable to the ethics committee of the University of Zambia.

In each school, 5 boys and 5 girls were randomly selected from each grade for inclusion into the study. In total, 70 children were recruited from each school (7 grades x 10 children each = 70 children). Each group contained 1400 children (20 schools x 70 children = 1400 children).

Table 1: Study groups

		Group			
		A	B	C	D
Year	1	Intervention	Control		
	2	Intervention	Intervention	Control	
	3	Intervention	Intervention	Intervention	Control

Children enrolled in intervention groups received the following:

- Annual treatment for intestinal worms – albendazole
- Annual treatment for schistosomiasis – praziquantel
- Annual vitamin A supplementation
- Weekly iron supplementation
- Health education delivered by teachers

Interventions were delivered to children by teachers under the supervision of staff of the Ministry of Health. Teacher delivery of drugs was a new approach in Zambia and amongst other outcomes, the study was designed to assess the efficacy of teacher's work.

Children enrolled in control groups received health education only.

Study Measurements

The study was designed to measure the impact of interventions on children's health and educational ability.

Measuring health

Children's health and nutrition were measured during the study using a number of established indicators. Data were collected from children included in the intervention groups as follows:

- Measures of infection with helminths (geohelminths and schistosomes)
- Measures of iron status (haemoglobin, serum ferritin, transferrin receptor)
- Measures of vitamin A status (serum retinol)
- Measures of protein energy malnutrition (stunting and underweight)

Data was collected from children included in the control group as follows:

- Measures of malnutrition (stunting and underweight)

Full details about the biomedical methods employed during the survey can be found in PCD's "Year 3 Survey Report".

Measuring educational ability

While established indicators for the measurement of the impact of interventions on children's health and nutrition were easily identified, such indicators were not readily available for the measurement of the impact of interventions on children's educational ability. In the light of this, the Zambian Cognitive Assessment Instrument (Z-CAI) was developed. The Z-CAI was designed to be grade appropriate, to be sensitive to basic cognitive processes affected by

health and which are important to education and to discriminate well between children². Thus the Z-CAI was used in preference to scholastic indicators such as Zambia's national assessment tests which are not grade appropriate and which were not felt to be sufficiently discriminative or sensitive to measure the impact of interventions.

The Z-CAI measured cognitive function by assessing children's ability to follow increasingly complex oral, written and pictorial instructions. As such it acted to mimic the dynamics of the educational process in the classroom with its components of attention, concentration and persistence. An important feature of the Z-CAI was its administrator-friendly structure, which enabled it to be quickly and easily administered to groups of students by their teachers in an examination setting. (This is in contrast to most other tests of cognitive ability which are time consuming, complicated to administer, and which must be administered individually).

In addition to assessment using the Z-CAI, students were also assessed using the Mill Hill Vocabulary Test (considered an indicator of verbal intelligence) and the Grade 5 National Assessment tests in English, Mathematics and Nyanja (which measures their knowledge of the school curriculum). The validity of the Z-CAI as a test of children's education-related ability was demonstrated by the partial correlation shown between children's Z-CAI scores and their achievement scores on both the additional tests used.

The Z-CAI is a valuable new test which can possibly be used to monitor the cognitive impact of a whole range of interventions including school feeding programmes, disease control programme, ECD programmes and many others.

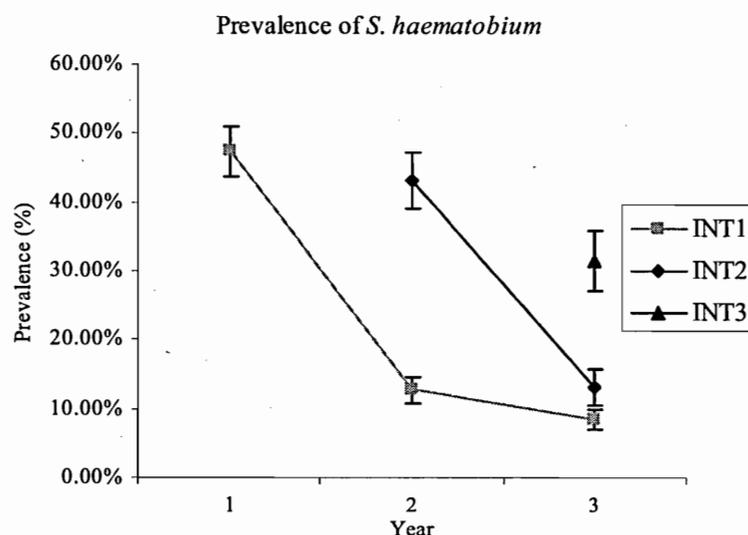
The Impact of the Interventions

Health

The impact of interventions on children's infections with parasitic worms was pronounced. Amongst children who had received deworming for one (2002 only) or two years (2001 and 2002), the prevalence of infection (number of children infected) with parasitic worms was approximately one quarter of the rate at baseline and was much lower than that of children in the control group ($p < 0.001$). Treatment also resulted in large reductions in intensity of infection (numbers of worms in a child) ($p < 0.001$). Treatment was most effective when delivery was sustained; children who received two rounds of treatment (2001 and 2002) were less heavily and less commonly infected than those who had received treatment only once (2002 only). The impact assessment demonstrated that teacher delivery of interventions was highly effective. An example of the impact observed is shown in Figure 1.

² The Z-CAI enables wide differentiation of children's abilities. It is free of effects of flooring (i.e., when most children score at the bottom) or ceiling (i.e., when most children score at the top)

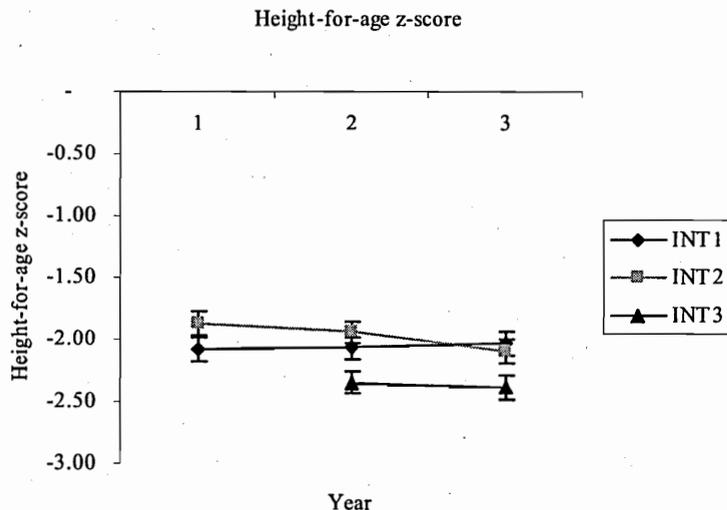
Figure 1 The impact of SHN intervention on prevalence of *Schistosoma haematobium* during the study³



Nutrition

During the three years of the study, at the level of intervention group, interventions were not found to have an impact on any of the indicators of nutrition employed ($p > 0.05$). As has long been known (Layrisse and Roche 1964), the impact of worm infections on nutrition depends upon intensity (heaviness) of infection and upon diet. The lack of any observable impact is probably because the intensity of most infections observed in Eastern Province were relatively light and below levels identified by WHO as being likely to have any physiological impact. In addition, cases of anaemia and malnutrition were comparatively few. An example of the measurement of nutritional indices during the study is given in Figure 2.

³ Int 1 = intervention in 2001 and 2002, Int 2 = control in 2001, intervention in 2002, Int 3 = control in 2002

Figure 2 Change in stunting (as measured by low height for age) during the study⁴

Graphical and statistical presentations about the impact of interventions on children's health and nutrition can be found in PCD's "Year 3 Survey Report".

Educational Ability

The impact of deworming and micronutrient supplementation on educational ability was substantial. Figure 3 shows the impact of interventions on children's overall Z-CAI scores during the study⁵. It shows that when data were controlled for differences such as age and sex, the overall Z-CAI scores of children in control and intervention groups at baseline (2001) were much the same. After one year (2002), children who received interventions performed significantly better than those who did not ($p < 0.001$). Further, in 2003, children who had received interventions for two years (2001 & 2002) were found to perform better than those who had received only one (2002 only). The results show that the impact of deworming is cumulative – regular deworming has a greater impact on children's educational ability than "one off" activities.

At baseline, the Z-CAI consistently showed girls to perform less well than boys ($p < 0.001$). This finding reflects the deficit faced by girls with respect to factors that affect cognitive function such as attention, opportunity, investment and value (Jukes et al. 2002 and Jukes et al., submitted). The results showed that interventions acted to help correct this imbalance: the cognitive scores of girls receiving interventions increased significantly more than those of

⁴ Int 1 = intervention in 2001 and 2002, Int 2 = control in 2001, intervention in 2002, Int 3 = control in 2002

⁵ The results of the Z-CAI were transformed into "T scores" which are often used in literature on testing and assessment. With T scores, a score of 50 represents the mean level of performance in a given population and difference of 10 from the mean is equal to one standard deviation. Children participating in the study were scored with reference to the population tested during the piloting of the Z-CAI.

boys ($p < 0.05$) (Figure 4). This reflects the potential of school health interventions commonly to provide greatest benefit the most disadvantaged children.

Further information about the educational impact of interventions (including statistical evidence) can be found in Successful Intelligence’s “Final Report for the School Health and Nutrition Program in Eastern Province”.

Figure 3 The impact of SHN intervention on Z-CAI performance during three years of the project

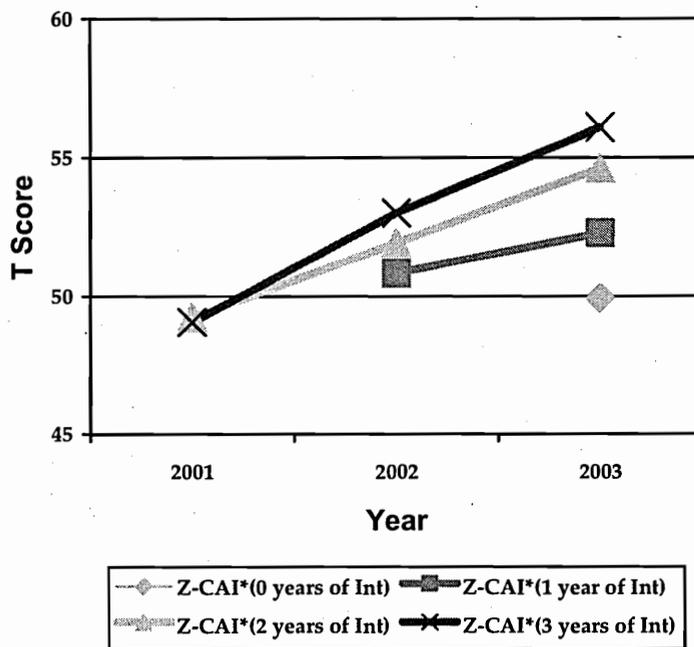
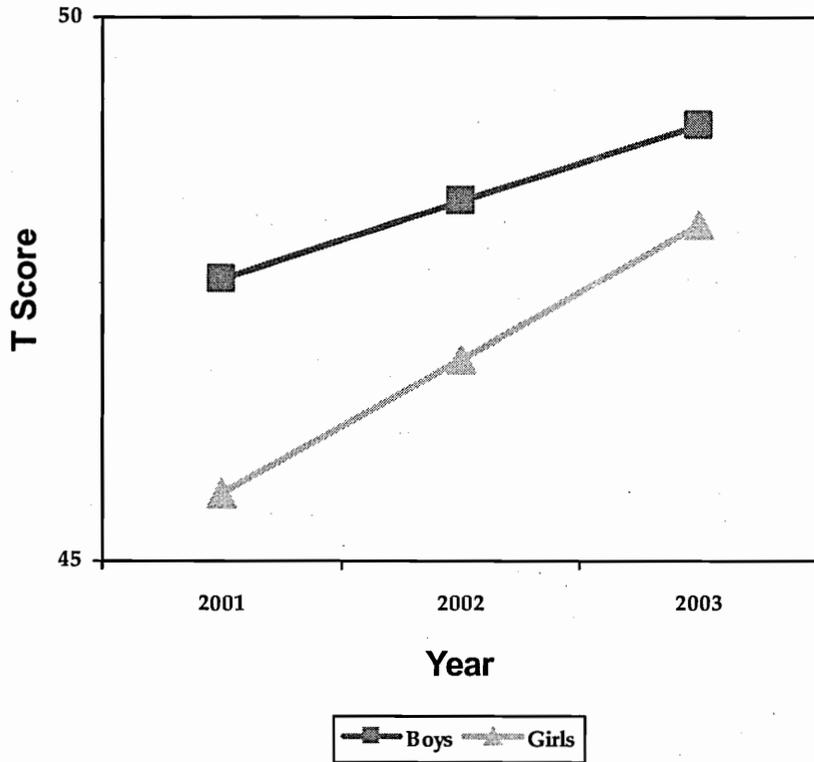


Figure 4 The impact of SHN intervention on Z-CAI performance of boys and girls during the project



Conclusions

The study has generated a number of important conclusions that will enable Zambia to make evidence based decisions about the future of its school health and nutrition programme.

- The results of the study have shown that teachers are highly effective in delivering interventions. Annual repetition of treatment keeps infection at levels below those associated with functional impact on children's health and nutrition.
- Even when interventions had no observable impact on children's health and nutrition, their impact on children's educational ability was significant and substantial.
- Regular interventions have a greater impact on children's educational ability than "one off" activities. The results indicate that children benefit most when interventions are sustained.
- Interventions benefit girls more than boys. This remarkable finding suggests that deworming not only has a beneficial impact on educational ability, it can also have a positive effect on gender equity.
- The impact assessment has led to the development of a unique cognitive monitoring tool (the Z-CAI) that can be delivered by local teachers to classes of children. The Z-CAI has the potential to be used as a national indicator that could be used to monitor the impact of a wide range of programs.

The impact of school health interventions on children's, and in particular, girls' education has been shown to be great and cumulative. The impact assessment has demonstrated that the case for Zambia's investment in a long term national school health program is strong.

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Appendix F

FAWEZA End of Term 3 Report

Quarterly Report on Implementation of AGSP Activities

Introduction

This quarterly narrative gives an overview of the achievements made, challenges met and issues emerging in the implementation of the Ambassador Girls' Scholarship Program supported by the US government with funding from the CHANGES Programme (through AEI and PEPFAR earmarks) during the period of September to December 2004. During this quarter the Focal Point Persons were engaged to coordinate the AGSP and SAFE club activities in the six targeted provinces. Also the remaining bursaries were delivered, school selection committees reported procuring personal effect items for bursary recipients, and reports on the performance and attendance were submitted to the National Secretariat.

Activities Undertaken

1. Focal Point Persons were employed for Northwestern, Copperbelt, Lusaka, Southern and Central Chapters. The FPPs received a three days training, which included an orientation to the bursary scheme and SAFE Clubs, Basic accounting and Financial Reporting, Gender Mainstreaming, HIV/AIDS and Advocacy, and Monitoring and evaluation of FAWEZA interventions.
2. Outstanding balances on the bursaries towards school fees were disbursed in term three to schools for which we did not have the revised fee.
3. The school selection committees submitted term two monitoring reports and committees that submitted reports by 15th November received grants for their administrative operations.
4. The Focal Point Persons were given funds to monitor the schools in their respective provinces and National secretariat Staff and National/Provincial Executive members conducted field visits to Northwestern, Copperbelt, Eastern, Central, Lusaka, and Southern Provinces to meet recipients and confirm disbursement of stipends and personal effect items and collect SAFE club reports, performance reports, and fees for 2005.
5. From December 6th to 11th 59 high school SAFE Overseers and 4 provincial Focal Point Persons attended the SAFE training workshop. Participants were oriented to the management and monitoring of SAFE Clubs and bursary, psycho social counseling and facilitating Adolescent reproductive health

Issues Emerging

1. The launching of Students Alliance for female education club has been postponed to first term 2005 due to examinations being held during this term.
2. During monitoring visits it was noted that some schools added more recipients to compensate for the money that remained as a result of the intended recipients raising money for term 1, hence the significant increase in the total number of pupils sponsored.
3. Monitoring in the third term is not very effective as day schools usually send away pupils from non-examination classes when school-leaving examinations are in session.
4. For schools in remote areas, it would be more cost-effective to procure uniform and other personal effects centrally and deliver when disbursing school cheques.
5. During the workshop for SAFE overseers several participants specified that it was difficult for them to complete term three monitoring reports because the pupils in grade 10 and 11 were dismissed as soon as the exam period commenced due to shortage of school space. We have written a letter to the Ministry of Education to express our concern that the pupils are not accessed for term three.

2004 AGSP SPONSORSHIPS

NO	School	DISTRICT	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Total
Central								
1	Chipembi Girls Secondary School	Chibomobo				9	11	20
2	Chibombo High School	Chibomobo		7	2	9		18
3	Kafushi High School	Chibomobo			19	3		22
4	Rachael Kombe Girls Secondary School	Kabwe	7		16	23		46
5	Sanje High	Mumbwa			7	4	6	17
6	Nampundwe Upper Basic	Mumbwa		14				14
7	Mumbwa High school	Mumbwa	4		21	13	1	39
	Central Province Total	3 Districts	11	21	65	61	18	179
Copper belt								
8	Buteko Basic	Luanshya		2				2
9	Chaisa Basic School	Luanshya		15				15
10	Dagama School for the Physically Disabled	Luanshya		4			1	5
11	Fisenge Basic	Luanshya		6				6
12	Kafubu Basic	Luanshya	5	10				15
13	Kansumbi Basic	Luanshya	2	7				9
14	Luanshya Central Basic	Luanshya		10				10

15	Luanshya Girls High School	Luanshya		6		7	3	16
16	Mikomfwa Basic	Luanshya		9				9
17	Mpatamatu Basic	Luanshya		9				9
18	Nkambo Basic	Luanshya		4				4
19	Nkulumashiba High School	Luanshya		1		1	3	5
20	Kalumbwa High	Lufwanyama				5	9	14
21	Kansenshi High School	Ndola			2			2
	COPPERBELT PROVINCE TOTAL	3 Districts	7	83	2	13	16	121
Eastern								
22	Chama Boarding School	Chama					30	30
23	Chama Day Secondary School	Chama			2	2		4
24	Chipata Day Secondary	Chipata				1	8	9
25	Chisale Day High School	Katete					2	2
26	Katete Boarding High School	Katete				1	3	4
27	Nyimba High School	Nyimba			6		5	11
28	Mfuwe Day School	Mfuwe				5		5
29	Mambwe High School	Mfuwe				4		4
30	Petauke Day	Petauke					11	11
31	Petauke Boarding	Petauke			1	1	5	7
32	Minga Day	Petauke					8	8
33	Chadiza High	Chadiza			15			15
	EASTERN PROVINCE TOTAL	7 Districts	0	0	24	14	72	110
Lusaka								
34	Chongwe High	Chongwe		2	1	1		4
35	Kampekete Basic	Chongwe				5		5
36	Mukamambo 11 High	Chongwe			5	27	21	53
37	Naboye High	Kafue	1	1	7	7	15	31
38	Parklands High	Kafue	1	8	3	5		17
39	Kafue Day	Kafue			1		9	10
40	Mwembeshi Basic School	Kafue	8	20	5	8		41
	LUSAKA PROVINCE TOTAL	2 Districts	10	31	22	53	45	161
Northwestern								
41	Chavuma Day Secondary School	Chavuma			4	1		5
42	Kasempa Day High	Kasempa				3	4	7

	School							
43	Mukinge Girls Secondary School	Kasempa				3	2	5
44	Mufumbwe High School	Mufumbwe			3	2	2	7
45	Kyawama High School	Solwezi				10	6	16
46	Solwezi Technical School	Solwezi			7	5		12
47	Chitokoloki High School	Zambezi				1	1	2
48	Zambezi Boarding High School	Zambezi	2	2	2	1	2	9
49	Zambezi Day High School	Zambezi					2	2
	NORTHWESTERN PROVINCE TOTAL	5 Districts	2	2	16	26	19	65
Southern								
50	Choma Secondary School	Choma		1		7	9	17
51	Njase Girls High School	Choma				7	10	17
	Njase High School	Choma		1		1	1	3
52	Chikankata High School	Mazabuka	1	2		6	8	17
53	Kaonga Open Learning	Mazabuka			2	2	2	6
54	Macha High School	Mazabuka	1	1	10	4	6	22
55	Mazabuka Girls	Mazabuka		2	5	2	12	21
56	Mazambuka Skills Training Institute	Mazabuka				8	4	12
57	Jembo High School	Monze		2	1	1	2	6
58	Namwala High School	Namwala			4	9	5	18
	SOUTHERN PROVINCE TOTAL	4 Districts	2	9	22	47	59	139
	GRAND TOTAL	31 Districts	32	146	151	214	229	772