

# tion of the Strengthening Community Schools to Provide Education and other Related Services (SCORES) Project

DCI -NSAPVD/2009/226-647



A project funded by the European Union

May & June 2013

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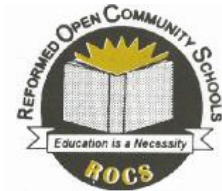
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#### **Acknowledgments**

The evaluation team would like to thank staff at CARE Country Office in Lusaka, CARE Eastern Regional Office (Chipata) and Lundazi CARE District office and ROCs staff at national and district levels for all the support and guidance rendered during the final evaluation of the SCORES project. The team would also like to thank all the partners DEBS offices in Chama and Lundazi, MCDMCH office in Lundazi and Chama for participating in the interviews and/or releasing staff to be part of the evaluation team.

The team would finally like to express its gratitude to all Parent Teacher School Committee (PCSC) members, teachers-in charge, participating community members and all other key informants who participated in the study.

The evaluation team would also like to thank CARE Deutschland-Luxemburg (CARE DL) for the technical input to the study.

This study would not have been possible without the financial assistance provided by the European Union, the official funders of the SCORES project.

May God richly bless you all.

ANC	Ante Natal Clinic
PMC	Assistant Project Manager
ER	Expected Result
BTL	Breakthrough to Literacy
CBO	Community Based Organisation
CDO	Community Development Officer
CDC	Community Development Coordinator
CDF	Constituency Development Fund
CDE	Classified Daily Employees
CDL	CARE Deutschland-Luxemburg
CHW	Community Health Worker
DEBS	District Education Board Secretary
DHMT	District Health Management Team
DPO	District Programmes Officer
DRCC	District Resource Centre Coordinator
FGD	Focused Group Discussion
HW	Health worker
IGAs	Income Generating Activities
IMCI	Integrated Management of Childhood Illness
MAL	Ministry of Agriculture and Livestock Development
MCDMCH	Ministry of Community Development, Mother and Child Health
MARK	Mathematics Rainbow Kit
MCDSS	Ministry of Community Development and Social Services
M&E	Monitoring and Evaluation
MELU	Monitoring, Evaluation and Learning Unit

MTE	Mid-Term Evaluation
NSA	Non-State Actors
OVC	Orphans and other Vulnerable Children
PAGE	Programme for the Advancement of Girl Child Education
PSS	Psychosocial support
PCSC	Parent Community School Committee
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
REPSSI	Regional Psychosocial Support Initiative
ROC	Read on Course
ROCS	Reformed Open Community Schools
SCORES	Strengthening Community Schools to provide Education and Other Related Services
SITE	Step into English
TBA	Traditional Birth Attendant
TIC	Teacher-in-Charge
VCT	Voluntary Counselling and Testing
ZGF	Zambia Governance Foundation

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Community Schools to provide Education and Other Related Services (SCORES) project was a three and a half year action that commenced in January 2010 and ended in June 2013. The **overall objective** of the action was improving access to and quality of social services in education and health through the empowerment of local communities and non state actors (NSA). The **specific objective** of the project was 30 community schools in Lundazi and Chama districts of Eastern Province lead their communities in providing services in response to education and HIV/AIDS needs. The project was funded by the European Union which committed Euro 750,000 to the project and CARE Deutschland-Luxemburg (CARE DL) matched this amount with Euro 250,000.

The final evaluation was conducted between May and June 2013 to assess the degree to which the project objectives were valid and pertinent to the needs of the target groups/beneficiaries; assess and document the degree to which the project achieved its objectives or desired outcomes; assess the implementation mechanism; assess the sustainability of the project achievements; to document lessons learned for future programming and recommend follow-up activities.

**Research Design:** The final evaluation was conducted in Lundazi and Chama districts (project implementation districts) and Chipata and Lusaka (project management districts). In the project districts, twelve community schools were randomly selected to be representative of all schools. Data collection techniques included desk review of project documents and in-depth interviews with 31 key informants including Teachers-In-Charge, representatives from the Ministry of Health, Ministry of Education, ROCS and CARE); 11 focus group discussions (FGDs) with PCSC members, 2 FGDs with community members and one FGD with pupils.

**Key Findings:** The SCORES project has had a positive impact on the community. Its desired goals have been attained as shown in the following:

**ER I: Strengthened capacity of ROCS to provide quality support to Community Schools**

Capacity has been built for ROCS in the key areas of financial reporting according to donor requirements, narrative report writing, supportive supervision, monitoring and evaluation (M&E) and psychosocial support (PSS). At baseline, only 11% of the PCSCs had been trained in PSS. With the project focussing its efforts on building the capacity of ROCS in PSS through training and mentoring, this ultimately translated into ROCS ability to provide support to the PCSCs and 100% of the PCSCs that were part of the final evaluation reported having been trained in PSS by ROCS through the SCORES project and reported applying this knowledge and skills in reaching out to children at school and community. The baseline report also revealed that despite ROCS having been able to attract donor funding, some key strategic areas and aligned activities were not being addressed and notably the Water and Sanitation activities. This was attributed to gaps in funding for WATSAN activities. At the time of the final evaluation, the ROCS funding base had expanded beyond the traditional donors (Norwegian Church Aid, TEAR Australia, Firelight Foundation,) at baseline to include the European Union (HACI/Red-ekenkind), Zambia Governance Foundation as well CARE DL unit for Volunteers and School Campaigns. At the time of the final evaluation,

Engine project (funded by the EU), the *Integrated Project School Governance and Advocacy Project* (ZGF) and the *School Partnership Project* (individual funders from Germany). The *Water and Sanitation* project had also taken off, with funding from *TEAR Australia* thereby addressing a strategic area identified as a funding gap at baseline. ROC also has in place a strategic plan (2011-2013) developed in (2011) and coming to an end in December 2013. The capacity of ROCS to provide regular support to community schools was enhanced through the project supporting the two ROCS programme officer positions, logistics, training and coaching and mentoring facilitated by CARE field office in Lundazi, regional office in Chipata, Head Office and the officer in charge for SCORES from CARE Deutschland-Luxemburg. This translated into increased and quality support provided to community schools. From 39% of schools that were visited for mentoring by ROCS at baseline, all the schools sampled for the final evaluation had been visited in the quarter preceding data collection (January-March 2013).

## **ER 2: Strengthened capacity of 30 PCSC to organize and manage Community Schools which provide educational services to around 6,000 school aged children (many of who are OVC)**

Key indicators for measuring PCSCs capacity were largely positive. From the baseline value of 38% of PCSC members having been trained in a management field, the final evaluation established that all the 120 (100%) sampled and current serving PCSC members had been trained in leadership, community mobilisation, financial management, resource mobilisation and psychosocial support. However, using available data, overall the picture is slightly different; the first round of training saw a total of 267 out of 300 PCSCs members trained representing an achievement of 89 %.

The indicator on “*number of children attending community schools*” also recorded considerable success. At baseline, the number of pupils enrolled ranged between 80-295 per school and at end line, both lowest and highest enrolment figures had gone up to range 88-370 per school. At baseline and for the school year 2010, there were 1,660 pupils enrolled in 11 schools giving an average of 151 pupils per school. At final evaluation, there were 2,476 pupils enrolled in the 12 schools with an average of 206 pupils per school. The project targeted to support service provision to 6, 000 school aged children and this target was surpassed with 6, 299 pupils being enrolled in the 30 project supported schools in 2013 compared to 4, 117 in 2010 (SCORES Annual Narrative Report, April 2012 -March 2013), representing a significant increase in enrolment, of 53%.

At baseline, 91% of the PCSCs met at least once in a month and at end line, all the sampled community schools reported that they met at least once in a month. There was an improvement in the proportion of PCSCs that maintained minutes of the meetings from 82% at baseline to 91% at end line. All the PCSCs reported holding free and fair elections, and the elections were monitored either by the traditional leaders or the Ministry of Education structures, such as the zonal representatives. At baseline the majority (64%) of the PCSCs held elections on an annual basis (which was understood to be the recommended term of office) and at end line the majority (83%) held elections after every two years, also following the role played



recommended frequency for holding school committee elections. It was noted that on average, a community school had 5 teachers, at the end of the project, the final evaluation results showed that the average number of teachers at a community school was 4, based on the 12 sampled schools. But 84% of the community school teachers in the sampled schools had received training around teaching skills compared to 30% at baseline. The female-male ratio remained the same between the baseline and end line at 1:4. Overall, the project planned to train a total of 120 teachers across all community schools (average of 4 per school) and at the time of the evaluation, 113 teachers had been trained representing a 94% success on the target. The strengthened capacity of the PCSCs and teacher training has had a positive effect on the management of schools and ultimately impacted on school enrolment. In the schools that were selected for the final evaluation, enrolment increased from 1,262 in 2010 to 2,476 in 2013.

### **ER 3: 30 community-based HIV/AIDS care and support networks established and led by PCSC**

From the onset, Expected Result 3 was identified as a challenge. The baseline results indicated that PCSCs did not identify themselves with implementing health activities, especially given that their mandate fell within school management. Only 27% of the PCSCs reported implementing health-related activities and 64% of the PCSCs reported either not having or having inadequate HIV and AIDS support services. By the end of the project, all the 12 sampled PCSCs reported being involved in health-related activities and this was attributed to the projects efforts in sensitising the PCSCs to get involved in community health. The key activities that PCSCs were involved in are HIV/AIDS prevention, care and support, Integrated Management of Childhood Illness (IMCI) and school health services such as hygiene promotion. In addition, some PCSC members who were at the same time community health workers were involved in Voluntary Counselling and Testing (VCT) services. A key success in this area is the establishment of community-based health networks, with all the 30 community schools reporting having identified, mapped and displayed health services and community health volunteers accessible to the community members. All the 12 sampled PCSCs also reported that their schools are now being used as centres for IMCI (and particularly growth monitoring) and they had at one time hosted mobile CT activities by the health facilities.

The PCSCs were trained in psycho-social support, HIV/AIDS and gender also strengthened the PCSCs involvement in health matters. All the PCSCs that were part of the final evaluation reported having been involved in sensitising the communities on the dangers of early pregnancies and marriages and they reported having observed a reduction in the two vices as a result of sensitisation activities. The early pregnancy vice in schools was more pronounced in community schools that go up to grade 6 and 7 when compared to those reaching only grade 5 and below. This was validated by the Teachers in Charge who confirmed that there is now a reduction in the number of girls dropping out of school as a result of early marriages of pregnancies. While some Teachers in Charge were able to provide the actual figures of the trends in early marriages, others only gave a general overview. At Matembe community school for instance, 3 early marriages were recorded in 2010 compared to 2 in 2011 and none in both 2012 and 2013.

A key challenge recorded under this objective is identical to the one identified at baseline that is, the distances to the nearest health facilities, which compromised the referral systems. While the PCSCs were

and demand for health services, only basic services that can be readily available. Services such as ART and PMTCT could only be accessed at health facilities which for a number of communities were not easily reachable.

## Relevance

The Project Design Document identified the project to have been relevant to the needs of Zambia and in line with national priorities as highlighted in the national policy on education, priorities of the Fifth National Development Plan and the National AIDS Strategic Plan (2006-2010). The project also supported Millennium Goals 1; 2; 3 and 6 on eradicating extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women and; combat HIV/AIDS, malaria and other diseases. The project was also consistent with the Zambia-European Community Country Strategy Paper (CSP) and national indicative programme (2008-2013). The project was also in line with ROCS and CARE Zambia strategic directions.

The findings of the final evaluation also revealed that the project held its relevance to meeting the unmet needs of children including access to education, addressing emotional and psychological stress for vulnerable children and the promotion and protection of children's rights. Interviews at national, regional, district and community levels validated project relevance in reference to improved access to quality primary education given the long distances to conventional government schools. The project also bridged the gap of support to the selected community schools given that government is resource-stretched and constrained in reaching out to these schools.

Beyond the expiration of the Fifth National Development Plan in 2010, the project continued to contribute to the follow-on plan Sixth National Development Plan (2011-2015) with the goal *'increase equitable access to quality education and skills training to enhance human capacity for sustainable national development.'* The project directly contributed to the Sixth National Development Plan (SNDP) strategies around improving school governance, increased support to community schools, creating gender responsive school environment, improve school management through capacity building and making schools more accountable to the community.

## Efficiency

While this was predominantly an outcome evaluation, an analysis was conducted-though not to the magnitude of an economic evaluation-on the project's technical efficiency (effectiveness of producing an output with a given set of inputs) and allocative efficiency (choosing the optimal mix of interventions for a given level of expenditure). The project had to its disposal a total of Euro 1 million over a period of three and a half years with capacity building/strengthening as a key implementation mechanism. The project facilitated the capacity building of ROCS, who in turn built the capacity of the PCSCs. ROCS' capacity was built by CARE through a combination of formal training, coaching, mentoring and on-the-job training. CARE coached ROCS in supportive supervision while its mentoring focused on developing improved community mobilisation skill, project administration (i.e. financial accounting/reporting as per donor requirements) as well as report writing/proposal development.. ROCS in turn were able to train the PCSCs. In all this, partnership building and maintenance was a key ingredient that facilitated the optimal mix of

comes with the given resources. Efficiency was also assured and ROCS during which key lessons around implementation were drawn. The budget utilisation rate according to financial records stood at 86% four months before project close with one training in resource mobilisation, final evaluation, project documentation and final project audits as the remaining key project activities remaining, which also demonstrated the efficiency with which project inputs were transformed into outputs. Both ROCS and government structures agreed that the implementation mechanism was efficient and effective; especially that it also had sustainability considerations in place throughout implementation.

While acknowledging the financial limitations on the part of CARE, it was felt that ROCS in particular would have benefited more technically had the project invested in having dedicated staff to cover up the provision of technical assistance in key areas, rather than having one programme staff expected to possess all the technical know-how. One area that was singled out was M&E for which the project relied on expertise based in Lusaka at the expense of field staff in Chama and Lundazi receiving regular coaching and mentoring. Similarly, because of the administrative arrangement where CARE supported ROCS in Lusaka, ROCS Lusaka supported ROCS in the field and CARE (Lusaka and Chipata) assisted/supported SCORES/ROCS in the field, it took a bit of time before ROCS in the field (Lundazi and Chama) started receiving regular support in financial and administrative systems

### **Sustainability**

Sustainability is always a challenge to measure immediately following project end, but signs of or the lack of can be documented. The SCORES project was designed with sustainability as a key consideration and especially with capacity building and partnerships as key approaches. While there was no documented exit plan, the project carried out a number of activities to ensure that all key stakeholders were aware about the phasing out of the project and the need to minimize the risk of discontinuity of project interventions when the project finally came to an end. These activities included informing the schools and communities on the phasing out the project and their role in ensuring the sustenance of project gains, equipping ROCS with the necessary skills including proposal development, training the PCSCs in resource mobilisation and linking them to funding agencies such as the Constituency Development Fund and District Education Board Secretary's office and holding exit meetings at provincial, district and community levels. As ROCS will continue operating in these districts and considering that the project worked to link the PCSCs to Ministry of Education, Ministry of Health (MOH), Ministry of Community Development Mother and Child Health (MCDMCH) and the Ministry of Local Government structures raises hope for the sustainability of project achievements. At the time of the evaluation, ROCS had launched two projects that will take up the majority of project interventions in the project schools. The community schools had already started accessing learning and teaching materials from the MOE structures owing to the project efforts in linking them to the educational representatives who in future will be including the community schools on the distribution list.

There were areas that were identified as being at risk of continuing beyond project close. While the project encouraged innovation around income generation to finance PCSC activities, this often came later in the project implementation period and the PCSCs, without close mentoring, might not always have the likelihood of maximising on the knowledge and skills received through project initiatives. The trainings in

in the last year of project implementation. The assumption that on the willingness and goodwill of those trained, making the transfer of knowledge to the new PCSC members by the old and out-going not fully assured. In Lundazi, the PCSC at Kaikumbe was newly elected and had to begin afresh as there were no records left by the previous PCSC. The nature of the training was also not necessarily a training of trainers and therefore the transfer of skills may be compromised.

### Lessons learnt

A number of lessons can be drawn from the project experiences and at the time of the evaluation, an exercise to document project lessons had been commissioned.

- In designing a project like SCORES, consideration should be given to having a more effective strategy for mentoring and coaching in the areas of financial management, administration and M&E in Lundazi and Chama rather than relying on irregular visits from staff from Lusaka.
- The SCORES project has demonstrated that building the capacity of an organization like ROCS can strengthen its work with the communities it serves. Furthermore, the project proved that for a capacity building project to be appreciated and realize the required outcomes, it needs adequate sensitization at inception. The fact that it took almost six months for the PCSCs to understand the SCORES project leads to the conclusion that capacity building projects may not be as appreciated as projects with physical benefits. Projects like the SCORES project should also ensure that capacity building efforts don't begin and end at training, but are supplemented with intensive coaching and on-site mentoring for the organization whose capacity is being strengthened.
- For programmes to be effective, there is need to work with a wide range of stakeholders from project inception. While the Ministry of Health and the Ministry of Education were engaged from project inception, traditional and civic leaders, former Ministry of Community Development and the Ministry of Local Government as key stakeholders, were not engaged early enough to facilitate the full realization of partnership benefits.
- Empowering the CBOs with knowledge and skills translates into strengthened self confidence of the communities to identify problems and provide community designed solutions and this was demonstrated in the increased ability of the communities to mobilize resources to finance school projects. Community-designed solutions are ideal, however, it is difficult for the poverty-stricken rural communities to shoulder the costs of infrastructure development, mobilising learning and teaching materials for teachers and remunerating the teachers. Future projects should have a stronger component of advocacy and lobbying aimed at reminding the government of their duty to provide basic education for all, without putting conditions such as expecting the community to build a house for a teacher.

The *Strengthening Community Schools to provide Education and Other Related Services (SCORES)* project that was conducted between May and June 2013. The SCORES project started in January 2010 and came to an end on 30<sup>th</sup> June 2013. It was funded by the European Union who committed a total of Euro 750,000 to the project and CARE Deutschland-Luxemburg matched this amount with Euro 250,000. As part of the project design and contractual obligation, CARE as the prime organisation in the partnership instituted the end-term evaluation to assess the project's relevance, effectiveness, efficiency, impact, sustainability and lessons learnt.

This report therefore presents findings of the final evaluation of the *Strengthening Community Schools to provide Education and Other Related Services (SCORES)* project on the above domains and also refers to and makes comparison to data and milestones contained in the baseline and mid-term evaluations, which were conducted in 2010 and 2012 respectively.

The evaluation was conducted by external consultants Margaret Tembo (Lead Consultant) and John Banda (Associate Consultant) with support from the Monitoring Evaluation and Learning Unit (MELU) of CARE Zambia.

## 2. Background

Investment in education ranks high on the priority interventions for reducing poverty. With improved education, other key development areas are positively affected. The impact of investment in education is profound: education results in raising income, improved health, gender equality, improved climatic conditions, and ultimately reduced poverty levels.

With the increase in population size, the demand for education and health services within rural communities has continued to increase and with government's ability to provide these services being limited there has been an increasing need for a complimentary service provider. Zambia's community schools movement has over the years filled the gap in education provision with varying degrees of success. Increasingly, community schools have also become involved in locally-led responses to health needs especially those arising from the HIV/AIDS pandemic.

The SCORES Project was a European Union funded project which aimed to improve access to and quality of social services in education and health through the empowerment of local communities and NSA.

The SCORES project worked in two districts of Zambia; Chama and Lundazi and focused on building the skills and capacity of community school management structures, the *Parent Community School Committee (PCSC)*, to shoulder the increased responsibility arising from the dual role of education service provider and HIV/AIDS response coordinator and facilitator. In order to ensure sustainability of the action's results, the overall objective of strengthening PCSC was to be achieved in large part through a parallel effort to strengthen CARE's local partner, *ROCS (Reformed Open Community Schools)*.

The **Specific Objective** of the project was that *30 community schools in Lundazi and Chama districts of Eastern Province lead their communities in providing services in response to education and HIV/AIDS needs.*

As a result of SCORES interventions, the following expected results (ER) were aimed to be achieved:

ER 1: Strengthened capacity of ROCS to provide quality support to community schools

ER 2: Strengthened capacity of 30 PCSC to organize and manage community schools which provide educational services to around 6,000 school aged children (many of who are OVC)

ER 3: 30 community-based HIV/AIDS care and support networks established and led by PCSCs

Overall, SCORES interventions were to impact 30 communities in Lundazi and Chama Districts and approximately 30,000 community members.

### **3. Purpose and objectives of the evaluation**

The specific objectives of the evaluation were:

- a) Assess the degree to which the project objectives were valid and pertinent to the needs of the target groups/beneficiaries (relevance);
- b) Assess and document the degree to which the project achieved its objectives or desired outcomes (effectiveness);
- c) Assess the implementation mechanism (efficiency);
- d) Assess the sustainability of the project achievements and specifically the degree to which results can be sustained following project termination (sustainability);
- e) Document lessons learned for future programming and recommend follow-up activities.
- f) Detailed ToR (Annex I)

atives held by a number of stakeholders which included the SCORES implementing partners and stakeholders at national and district levels (MOE, MOH, MCDMCH, ROCS) and at community level (PCSCs, TIC, community members and pupils). Within the objectives outlined above, the evaluation was tasked to explore and draw conclusions on the issues around (a) project relevance, (b) project effectiveness, (c) project efficiency, (d) project sustainability and (e) lessons learned from project implementation and outcomes/impact also in line with the EU evaluation guidelines. Key performance questions were developed around each of the evaluation themes (imbedded in Annex 1).

## 5. Evaluation Methodology

The SCORES project was designed to be evaluated through the application of the pre-test/post-test design with three studies (Baseline, Mid-term and final evaluation). The final evaluation employed both qualitative and quantitative research methods in order to meet the evaluation data needs which were qualitative and quantitative in nature and in line with the proposed outcome indicators.

**Study sites:** The final evaluation was conducted in the two project districts (Lundazi and Chama), and in Chipata and Lusaka (project management districts) so as to reach out to the targeted project beneficiaries and participants including PCSCs and community schools, community members, MOE, MOH and ROCS and CARE field staff. Twelve (12) community schools were sampled for the study. These were randomly selected so as to be representative of the two districts. However, two of the initially sampled schools in Chama and one in Lundazi were inaccessible at the time of the final evaluation and as a result, the sample was redrawn using a sampling frame of reachable schools only. (Annex 2).

### **Data Collection Techniques**

A comprehensive **Literature Review** was conducted to collate existing information on project design, context and performance and included the review of the SCORES project Baseline and MTE Study reports, Project Design Document, ROCS strategy documents, SCORES activity reports, SCORES quarterly/semi-annual/annual reports and others of relevance to the final evaluation.

**Key Informant Interviews** were conducted with Teachers-in-Charge of community schools, MOE, MOH and MCDMC representatives, ROCS key staff at national and district levels, the CARE Eastern Regional Director and CARE technical and support staff at national, regional and district levels. Table I gives a breakdown of the type and sex of key informants consulted for the final evaluation.

Key informant/organization	Number interviewed	Male	Female
School Teacher-in-Charge	12	11	1
MCDMCH	2	1	1
Ministry of Education	2	1	1
Ministry of Health	1	1	0
ROCS	6	3	3
CARE	8	7	1
<b>Total</b>	<b>31</b>	<b>24</b>	<b>7</b>

Focus Group Discussions were held with PCSCs, community members and pupils in the selected schools so as to get their perceptions regarding the project and how it impacted them at school and community levels. A total of 11 FGDs were conducted with PCSC members, 3 with community members and 2 with pupils.

**Table II: FGD Participants**

Type of FGD	# of FGDs Conducted	Male	Female	Total FGD Participants
PCSC	11	56	39	95
Community Members	4	19	14	33
Pupils	2	11	7	18
<b>Total</b>	<b>15</b>	<b>76</b>	<b>53</b>	<b>129</b>

## Data Analysis

### Qualitative data

A digital recorder was used to record all verbal exchanges between moderator and participants. The grounded theory approach was then used for data analysis. This entailed repeatedly listening to the



that could undergo a thematic analysis. These themes were identified, coded, and grouped with demonstrative quotes from participants' interviews along with preliminary interpretations.

### *Quantitative data*

Quantitative data collected with structured questionnaires was entered into a data base and cleaned for inconsistencies and omissions. This was then analysed using the statistical software STATA. Frequencies and percentages were computed for quantitative data and these where possible, were compared with similar indicator statistics obtained during the baseline study and MTE.

To verify the accuracy of information obtained, the collected data on selected indicators was triangulated between various sources i.e. PCSC FGDs and key informant interviews. Where necessary, project reports were also consulted. In some cases quantitative data were derived from the discussions and analysed by means of frequencies and/or percentages.

## **6. Evaluation findings**

### **Relevance**

The evaluation sought out to assess the relevance of the project to the needs of the targeted beneficiaries and in line with the assumptions made at project design. The Project Design Document identified the project to have been relevant to the needs of Zambia and in line with national priorities as highlighted in the national policy on education, priorities of the Fifth National Development Plan and the National AIDS Strategic Plan (2006-2010). The project also supported Millennium Goals 1; 2; 3 and 6 on eradicating extreme poverty and hunger; achieving universal primary education; promoting gender equality and empowering women and; combating HIV/AIDS, malaria and other diseases. The project was also consistent with the Zambia-European Community Country Strategy Paper (CSP) and National Indicative Programme (2008-2013).

Beyond the expiration of the Fifth National Development Plan in 2010, the project continued to contribute to the follow-on plan Sixth National Development Plan (2011-2015) with the goal '*increase equitable access to quality education and skills training to enhance human capacity for sustainable national development.*' The project directly contributed to the SNDP strategies around improving school governance, increased support to community schools, creating gender responsive school environment, improve school management through capacity building and making schools more accountable to the community.

The project was also in line with ROCS and CARE Zambia strategic directions as educational and health promotion were key strategies to addressing poverty.

The findings of the final evaluation also revealed that the project held its relevance to meeting the unmet needs of children including access to education, addressing emotional and psychological stress for

*schools were far away. A few boys were going to the far away schools but for girls, it was rare for them to go. ...since the community school opened, more children are now going to school including girls because we have been told of the importance of educating both girls and boys..." (Male PCSC member, Kachizutu, Lundazi)*

vulnerable children and the promotion and protection of children's rights. Interviews at national, regional, district and community levels validated project relevance in reference to improved access to quality primary education given the long distances to conventional government schools. The project also bridged the gap of support to the selected community schools given that government is resource stretched and

constrained in reaching out to these schools.

The stakeholders, particularly teachers and PCSC members further felt that the project 'opened them up' by exposing them to new knowledge through training and mentoring. The acquired knowledge by the school authorities (teachers, PCSC members and the Teachers-in-Charge) led to improved contributions to the welfare of children through education, psychosocial support, awareness creation on child rights and HIV/AIDS and at the same time the knowledge led to better management of the community schools. It was confirmed in the two districts by the DEBS that they were more focused in supporting government schools and the coming of the project therefore ensured that community schools also received some external support and at project close, the DEBS had increased support to the community schools including in providing building materials and teaching and learning materials, outcomes that were achieved through project initiatives. The DEBS for Chama district simply summed up the relevance of SCORES project as *"the project did a lot to improving the learning environment for these schools"*. The CARE Regional Director of Eastern Province expanded on the relevance of the project as he said *"...early marriages have really reduced in these areas because parents have now learnt the importance of education..."* He also added, *"...the distances to the health facilities are also long but now some services can be accessed from community schools although this activity took long to take off since it was initially not well understood."*

The Teacher in Charge at Kachizutu gave a declining trend of early marriages. He said that in 2010, there were 11 marriages among the school going girls although these included a few older girls above the age of 17 but was not too sure how many the older ones were. In 2011, there was one early marriage, one in 2012 and none in 2013. At Matembe community school for instance, 3 early marriages were recorded in 2010 compared to 2 in 2011 and none in both 2012 and 2013. At Chibondwe community school, the Teacher in Charge indicated that early marriages were not a major problem in that school. In 2009, there were only two cases of early marriages in 2009 and there has never been any since that time.

### **Effectiveness**

The findings on effectiveness are presented in line with the three expected results and the analysis focuses on the extent to which the project achieved the set objectives. For each expected result, the discussion is centred on the indicators for the result and direct comparisons are also made with indicator values at baseline.

## provide quality support to community schools

To assess the degree of achievement of this result area and in line with the set indicators, evaluators investigated on the existence and implementation of the ROCS strategic and annual operational plans, functionality of the ROCS administrative and financial management system, ROCS ability in resource mobilization, ROCS technical ability in psychosocial support and supervisory visits to community schools conducted by ROCS. The evaluation revealed that capacity has been built for ROCS in the key areas of supportive supervision, monitoring and evaluation (M&E) and psychosocial support (PSS).

### ***Strategic plan and Annual Operational Plans***

The baseline study of 2010 noted that while ROCS had a strategic plan in place, the existing ROCS strategic plan was approaching its end and recommended that ROCS needed to institute measures for the development of the subsequent long-range strategic plan. The final evaluation revealed that ROCS had in place a strategic plan (2011-2013) developed in (2011) and that operational plans for the years 2011, 2012 and 2013 had also been developed and unlike at baseline where education-related strategies dominated, the strategy and plans now have health and HIV/AIDS also as key areas. The performance of the strategic plan was reported to be reviewed annually by ROCS during the planning for subsequent fiscal year. Based on the discussion with ROCS, the final evaluation estimated a 95% implementation rate of the 2012 operational plan. This is a good indication of strengthened good governance tenets.

### ***Functional administrative and financial management system in place***

While the baseline study reported that ROCS had adequate financial and administrative systems in place, going by the existence of regulations, standards and guidelines that were documented as well as the existence of a financial and administration staff at head office, a snap audit conducted by the CARE Eastern Regional Office recommended capacity building of ROCS at field level in both financial and administrative systems. This was addressed by increasing the supportive visits to the ROCS field offices in Lundazi and Chama by the Lusaka based ROCS Finance and Administration officer which resulted in improved adherence to financial and administrative guidelines at all levels. The following were put in place or strengthened as a result of ROCS interaction with CARE at different levels.

#### a. Financial Management System according to donor and CARE requirements

- Funds requisitions procedures,
- What constituted allowable and disallowable costs,
- Liquidation procedures
- Audit procedures
- Procurement procedures

#### b. Others

- Basic Monitoring and Evaluation
- Report writing

The baseline report also revealed that despite the fact that ROCS had been able to attract donor funding, some key strategic areas and aligned activities were not being addressed and notably the Water and Sanitation activities. This was attributed to gaps in funding for WATSAN activities. At the time of the final evaluation, the ROCS funding base had expanded beyond the traditional donors (Norwegian Church Aid, TEAR Australia, Firelight Foundation) at baseline to include the European Union, HACI/Red-ekenkind, Zambia Governance Foundation as well as CARE DL unit for Volunteers and School Campaigns). At the time of the final evaluation, ROCS was additionally implementing the *Engine project* (funded by the EU), the *Integrated Project* (HACI/Red-ekenkind), the *Participatory, School Governance and Advocacy Project* (ZGF) and the *School Partnership Project* (CARE DL unit for Volunteers and School Campaigns)). The *Water and Sanitation* project had also taken off, with funding from *TEAR Australia* thereby addressing a strategic area identified as a funding gap at baseline. A key observation at baseline was that ROCS had not invested adequately in building capacity in resource mobilisation. With support from the SCORES project, resource mobilisation and proposal writing trainings were conducted for ROCS and PCSCs with the ultimate aim of building the organisational capacity in fundraising. In monetary terms, ROCS had a total funding of 327,373.02 EUR<sup>1</sup> (\$444,422.18) in 2010 and by 2013; the figure had risen to 750,129.30 EUR<sup>2</sup> (\$1,018,348.62) according to the data gathered from ROCS key informants.

### **ROCS Technical Ability in Psychosocial Support**

At baseline, only two ROCS staff had received training in Psychosocial Support (PSS) and by the end of the project, all ROCS members of staff (3 female and 7 male) had been trained in psychosocial support with support from the project-with the exception of one staff member who had joined the organisation after the trainings had been conducted. The training included topics on child psychology, stages of child growth, child rights, child protection policies, early marriages, review on the code of conduct and counselling skills. This translated into strengthened ROCS capacity to provide support to the PCSCs who at baseline were also reported to have been lacking in this capacity. At baseline, only 11% of the PCSCs had been trained in PSS. With the project focussing its efforts on building the capacity of ROCS in PSS through training and mentoring, this ultimately translated into ROCS ability to provide support to the PCSCs and 100% of the PCSCs that were part of the final evaluation reported having been trained in PSS by ROCS through the SCORES project and reported applying this knowledge and skills in reaching out to children at school and within the community.

### **Supervisory visits to Community Schools by ROCS**

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<sup>1</sup> 1 USD = 0.736613 EUR; <http://www.xe.com/currencyconverter/convert/?Amount=1018348.62&From=USD&To=EUR>

<sup>2</sup> 1 USD = 0.736613 EUR; <http://www.xe.com/currencyconverter/convert/?Amount=1018348.62&From=USD&To=EUR>

Support to community schools was enhanced through the project officer positions, logistics, training and coaching and mentoring facilitated by SCORES office in Lundazi Eastern regional office based in Chipata, Head Office based in Lusaka and by the project officer of CARE Deutschland-Luxemburg in charge for SCORES. With the aim of enhancing ROCS capacity in supportive supervision, ROCS staff received training in resource mobilisation and proposal writing, monitoring and evaluation, advocacy, HIV/AIDS and gender. In addition to the training, the project also used coaching and mentoring as an approach for building the capacity of ROCS, particularly through supportive visits to ROCS and the community schools. This was done at inter and intra organisational level. In the first instance, CARE Zambia provided direct support to ROCS staff in technical areas such as M&E, financial and administrative systems by ROCS staff working directly with CARE staff at national, regional and district level in the technical areas. Staff from CARE Zambia and CARE Deutschland-Luxemburg also conducted supportive visits to the project districts right up to the community schools in which a gap analysis and needs assessment was conducted and corresponding remedial measures put in place. In the second instance, ROCS senior staff provided supervisory support to the field staff through scheduled supervisory visits that also went up to the community school level.

The support provided to ROCS translated into increased and quality support provided to community schools. The baseline study reported that 39% of schools were visited for mentoring by ROCS and at the end of the project, all the schools sampled for the final evaluation had been visited in the quarter preceding data collection (January-March 2013). The increased and improved support provided to PCSCs further resulted into improved community mobilisation efforts, sound management of community schools and ultimately improved pupil performance as will be demonstrated in the next section.

Over the lifespan of the project, ROCS also identified the need to strengthen the monitoring and evaluation function of the organisation to service the various projects. This was achieved through;

1. The identification of a focal point person in M&E at organisational level and ultimately the engagement of a full-time M&E officer by ROCS.
2. development and field application of data collection tools at community school level
3. the development of the ROCS M&E framework and database with the support of the SCORES project

According to the ROCS Education Officer, CARE facilitated the training of all ROCS staff (except the newly employed M&E officer) in;

- Psychosocial Support
- People Management
- HIV/AIDS and Gender issues
- Monitoring and Evaluation
- Report writing
- Proposal development

*this school started operating, our girls are not getting married early anymore.....”(PCSC FGD, Kaikumbe community school, Lundazi)*

*“When the project comes to an end, we still have our knowledge. We will continue raising funds through donations and also through the Income Generating Activities. We are fundraising through gardening and poultry rearing...”(PCSC FGD, Chibondwe community school, Lundazi)*

the evaluators established that all the 120 PCSC members (i.e. 100%) who were part of the evaluation were trained.

In broad terms, the project facilitated the training of PCSC members in leadership, organisation and management in all the 30 project supported community school. Specifically, the PCSC members that were part of the evaluation indicated that they had been trained in areas that included resource mobilisation, income generating activities, leadership, community mobilisation, financial management and psychosocial support. However, the final evaluation noted that the number of trained PCSCs was much higher in Lundazi than Chama and this was attributed to challenges the project faced in mobilising the PCSCs for training largely attributed to long distances to the training venues and harsh terrain in Chama that prevented some PCSCs members, particularly the women from attending the trainings.

The PCSCs greatly appreciated the projects capacity building initiatives as this has impacted positively in the way they conduct their business at the school as well as in the communities where they come from as one of the PCSC members from Chibondwe community school said, *“When the project just started, we had no idea on how to raise funds for the schools. Our PCSC was trained in income generating activities. Our current activities include gardening and livestock rearing through which we generate income”*

It must also be noted that at the time of the final evaluation, all the PCSCs in the sampled schools had held elections that ushered in new PCSC members. At the same time, all the PCSCs visited had 1-2 members who belonged to the previous PCSC except Kaikumbe community school in Lundazi, at which all the members were new.

## **ER 2: Strengthened capacity of 30 PCSC to organize and manage community schools which provide educational services to around 6,000 school aged children (many who are OVCs)**

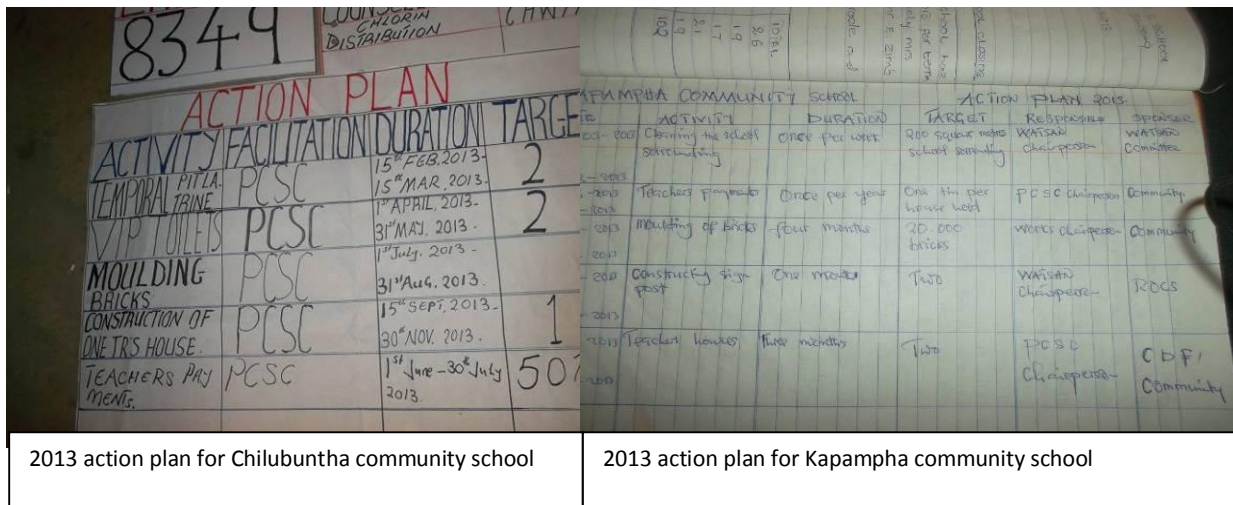
Measurements of achievement of this result area centered on management skills of the PCSCs, PCSC meetings and decisions recorded, holding of fair and transparent PCSC elections, availability of skilled teachers at community schools (e.g.12 Basic Teaching Skills) and pupil enrolment levels of community school

### **Training of PCSC members in management, leadership and organisation**

The baseline showed that 38% of the sampled committee members were trained in a management field and as of mid-line this had raised to 94% of the PCSC members in sampled schools having received training in management, leadership and organisation. By end-line,

support provided by the project to the PCSC is the noticeable mobilisation efforts by the PCSCs. Community and resource mobilisation are two cardinal approaches in the management of the community schools especially that the community schools are not directly supported by the government. For example, before the government can send a trained teacher to the community school, the community is expected to build a teachers house. The community is also expected to mobilise resources for remunerating/appreciating the volunteer teachers as well as mobilise learning and teaching materials for pupils and teachers respectively. While resource mobilisation efforts were not measured at baseline, the mid-term evaluation for example recorded a range of K50-K200 per term as payment for teachers and at the final evaluation the range had improved to K50-K650 per term per teacher (Annex 3). The project also worked to link the community schools to the DEBS as a source of school infrastructural and literacy materials and from only one school having cited the DEBS/MOE/Government schools as sources of mobilised resources at mid-term, all the schools visited for the final evaluation cited this source (Annex 4). Also as a result of the increased capacity in resource mobilisation, schools are now seen to graduate from having temporal classrooms, toilets and drinking points to having permanent structures and safe drinking water points. Another remarkable success is that Matembe community school in Lundazi has been identified as one that will be turned into a government school. This is owing to the fact that the school has durable and permanent structures, for the pupils and the teachers. The schools was funded K240,000 for constructing three classroom blocks and teachers houses. The school also has a borehole. At this school, there were 314 pupils and 6 teachers at the time of the final evaluation. Another aspect of school management i.e. action planning, improved in comparison to mid-term results. While at mid-term, 83% of the schools had developed medium to long-range plans, the figure had risen to 92% at final evaluation

Figure 1:PCSC Action plans for two community schools



**Regular PCSC meetings and decisions recorded**

Good management practice of the community school called for the regular meeting of school committees to discuss issues around school management, planning and performance review. At baseline, 91% of the

At end line, all the sampled community schools (100%) reported holding PCSCs. At baseline, 73% of the PCSC met every month, 18% met twice in a month and 9% met twice in a term. At final evaluation, 67% met once in a month, 25% twice in a month and 8% met three times in a month. 91% of the teachers in charge indicated that minutes of these meetings are kept. For those that met more than once in a month, the frequency of the meetings was also determined by the level and nature of activities taking place at school. According to the Teachers-in-Charge and verified by the physical inspection of records kept by the PCSCs, there was an improvement in the proportion of PCSCs that maintained minutes of the meetings from 82% at baseline to 91% at end line.

### PCSCs reporting holding fair and transparent bi-annual PCSC elections

At baseline 64% of the PCSCs reported holding elections on an annual basis (which was understood to be the recommended term of office) and at end line 83% of the PCSCs reported holding elections every two years. Also following the role played by the project in clarification on the MOE recommended frequency for holding school committee elections. As at baseline, there were school committees that reported holding elections outside the recommended tenure of office. For example in Chama district, 2 PCSCs said they have a one year tenure of office, 1 PCSC reported to have a tenure of office of 2 year while the rest (3) said to have a tenure of office of three years. All the PCSCs reported holding free and fair elections and particularly as the elections were monitored either by the traditional leaders or the Ministry of Education structures such as the zonal representatives. The holding of elections by the PCSCs was said to have inculcated a sense of legitimacy and confidence by the office bearers resulting into improved leadership especially where resource mobilization is concerned.

The 12 basic Teaching skills are teaching methodologies that a teacher is expected to use for teaching to be successful. The 12 basic teaching skills include: Using the local environment, testing for teaching and learning, questioning for teaching and learning, planning the chalkboard, using songs and rhymes, drawing, exploiting textbooks, encouraging communication, making and using teaching aids, organising group work, reflecting and planning lessons

However and despite the elections having been declared free and fair, the number of females participating in the PCSCs has continued to be low. A significant improvement has however been achieved compared to the MTE result. At the time of the midterm evaluations, females made up 24% of all PCSC member compared to 41% at the time of the final evaluation.

### Teachers receiving in-service or other training (12 Basic Teaching Skills)

The baseline study showed that on average, a community school had 5 teachers and at the end of the project, the final evaluation results showed that of the schools that were selected, the average number of teachers at a community school was 4. 84% of the community school teachers in the sampled schools had also received training around teaching skills compared to 30% at baseline. The female-male teacher ratio was 1:4 at final evaluation as at baseline. Overall, the project planned to train a total of 120 teachers across all community schools (average of 4 per school) and at the time of the evaluation, 113 teachers had been trained representing a 94% success rate on the target. However, the distribution of trained teachers



ndazi had more teachers receiving project supported training

**Table III: Community School Teachers**

District/School	Teachers			
	Female	Male	Total	Trained
<b>Lundazi</b>				
Tematema	3	2	5	3
Chagona	1	4	4	4
Kachizutu	0	5	5	3
Chibondwe	0	3	3	3
Kaikumbe	0	6	6	4
Matembe	1	5	6	6
<b>Chama</b>				
Chilubuntha	1	2	3	3
Kajimomo	1	1	2	2
Changozi	1	4	5	5
Kaozi	1	4	5	4
Zibambale	0	3	3	2
Kapampha	1	2	3	2

To ensure that the trainings met the Ministry of Education standards, the project consulted the MOE and followed the MOE recommendations for teachers to be trained in stages. The District Education Office recommendation was that the teachers should initially be trained in *Primary Reading Programmes* (Literacy) before focusing on the 12 *Basic Teaching Skills*. This was also meant to ensure that the trainings that were being conducted by the project were in line with the current Ministry of Education training programmes (calendar) to also facilitate ease of monitoring standards in community schools. Furthermore, the *Primary Reading Programmes* concepts was to make it easy for the teachers to effectively apply the 12 *Basic Teaching Skills*

### **Children Attending Community Schools (by sex)**

The project targeted to support service provision to 6, 000 school aged children and this target was surpassed with 6, 299 pupils being enrolled in the 30 project supported schools in 2013 compared to 4, 117 in 2010 (SCORES Annual Narrative Report, April 2012 -March 2013). At baseline, the number of pupils enrolled ranged between 80-295 per school and at end line, both lowest and highest enrolment figures had gone up to range 88-370 in the SCORES project supported school. The total number of pupils enrolled in the 11 schools consulted for the baseline survey was 1, 660 with 48% being girls and 52% being boys. At the time of the final evaluation, there were 2,476 pupils enrolled in 12 schools. One of the schools did not have the data disaggregated by sex in their registers (Books). In the 11 schools with available sex

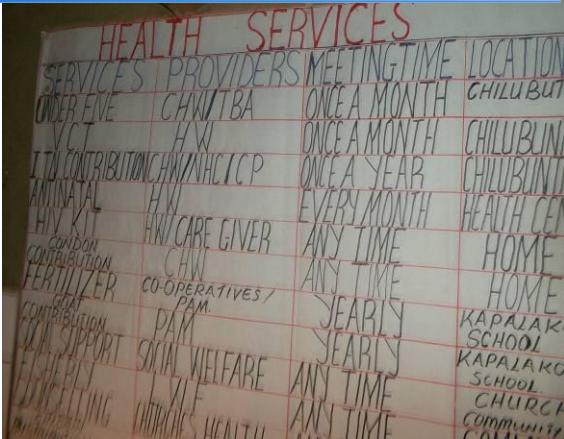
8% were girls. The ratio of boys to girls has therefore remained constant a reduction in the number of girls dropping out of school as a result of early marriages and pregnancies. This was attributed to the training on the importance of education, children's rights and the negative effect of early marriages. At the mid-term evaluation, it was also noted that early marriages were on the decline. At the time, it was attributed to the training that the PCSCs received in psychosocial support as it helped them to grow in efficacy and enabling them to sensitize their fellow community members on children's rights, girls' school attendance, and the negative effects of child labour, sexual abuse of children and early marriages.

**Table IV: School Enrolment**

District	School	Girls	Boys	Total Enrolment
Lundazi	Tematema	99	93	192
	Chagona			370*
	Kachizutu	157	147	304
	Chibondwe	60	66	126
	Kaikumbe	137	162	299
	Matembe	153	161	314
Chama	Chilubuntha	41	47	88
	Kajimomo	62	57	119
	Changozi	64	94	158
	Kaozi	115	118	233
	Zibambale	72	69	141
	Kapampha	57	75	132

(\*Figure not disaggregated by sex)

Despite ER2 achieving positive results as demonstrated above, there were challenges that were recorded. Teachers have continued to leave the community schools for what they termed better occupations just as reported at mid-term owing largely to the lack of standardised and attractive remuneration offered by the community schools as well as the lack of or inadequate job-aides that go with the teaching job. Female participation remains a challenge going by the number of females that take part in the trainings as well as PCSC membership. Government policy implementation at district level negatively affected enrolment rates particularly in Chama when it was announced that community schools should only handle lower primary schools (Grade 1-4). This was however reversed. The community members despite coming up with various mobilisation initiatives still feel handicapped to adequately meet all the needs at the community schools and



SERVICES	PROVIDERS	MEETING TIME	LOCATION
ORDER FIVE	CHINTBA	ONCE A MONTH	CHILUBUNTA
VCT	HW	ONCE A MONTH	CHILUBUNTA
ITD CONTRIBUTION	HW/HCTCP	ONCE A YEAR	CHILUBUNTA
ANTENAL	HW	EVERY MONTH	HEALTH CENTRE
HIV KIT	HW CARE GIVER	ANY TIME	HOME
CONDOM CONTRIBUTION	CHW	ANY TIME	HOME
FERTILIZER	CO-OPERATIVES/PAM	SEARLY	KAPAJAKO SCHOOL
CONTRIBUTION	PAK	SEARLY	KAPAJAKO SCHOOL
SOCIAL WELFARE	HW	ANY TIME	CHURCH
WELFARE	HW	ANY TIME	COMMUNITY

have continued to call for government direct intervention and support in the management of community schools.

**ER 3: 30 community-based HIV/AIDS care and support networks established and led by PCSC**

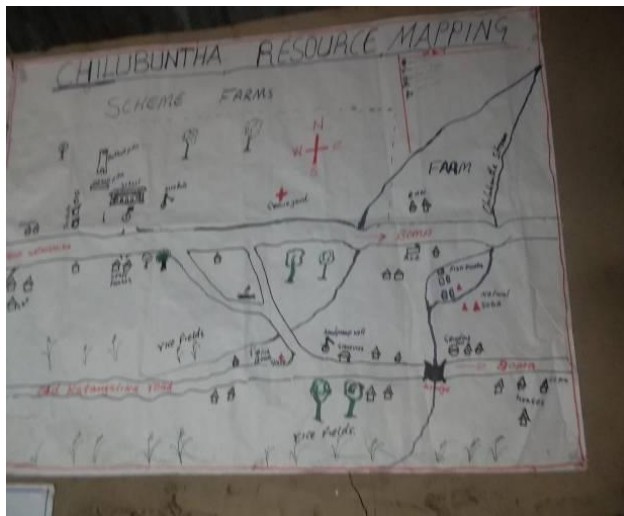
To assess the level of community-based HIV/AIDS and support networks available within the community and the role played by the PCSC in this area, the type of HIV/AIDS services available and other health related activities being implemented by the PCSCs were recorded. From the onset, Expected Result 3 was identified as a challenge with the baseline study reporting that PCSCs did not identify themselves with implementing health activities especially that

their mandate fell within school management. The mid-term evaluation echoed this challenge in that both the project and the targeted beneficiaries didn't initially fully appreciate the expected result though at mid-term, there were signs that this was being positively achieved.

**Number, type and frequency of HIV/AIDS support services available**

At baseline, 64% of the PCSCs reported either not having or having inadequate HIV and AIDS support

**Figure 3: Health Services provided at Chilubunta**



services. The project supported the strengthening of community-based health networks and the mapping of health services provided at community schools and within the communities surrounding the schools. All the schools in the final evaluation reported having identified, mapped and displayed health services and community health volunteers accessible to the community members (also verified through physical inspection). All the 12 sampled PCSCs also reported that their schools are now being used as centres for Integrated Management of Childhood Illness (IMCI) and particularly growth monitoring and mobile VCT activities by the health facilities.

However, not all the needed health services were said to be easily accessible to the community members despite the establishment of these health networks and this was the case for more specialised services such as ART and PMTCT which could only be accessed at health facilities and even then not all facilities provided this service.

Selected health facilities serving the communities within the sample of the final evaluation were visited and the services provided were recorded. Kansaro Community Health Post, which serves the community

ndazi, provided VCT services but not ART and PMTCT. This of whom is a Classified Daily Employee (CDE). On the other hand, Munyukwa Rural Health Centre which serves the community around Chibondwe Community school in Lundazi provides VCT services as well as ART and PMTCT, with four staff all trained in HIV/AIDS opportunistic infection, VCT and PMTCT among other trainings. In Chama, all the community schools visited said they have VCT services that are mainly mobile but provided right at the school by either the nearest health facility or the DMO's office in conjunction with the locals that include PCSC members in all the schools. Figure 3 shows health services that are at Chilubunta community school of Chama district by provider. Further, serviced by Kalovya health centre, Changozi community school has 2 PCSC members that belong to the Neighbourhood Health Committee (NHC) that was trained by the DMO's office. The NHC members are involved in HIV/AIDS sensitization and awareness creation, PMTCT awareness activities and counselling. To this effect the school has a safe motherhood action group that is more anchored in HIV/AIDS and PMTCT activities. Kalovya Health Centre provides the following services to Kajimomo and Changozi communities; HIV/AIDS, PMTCT, TB, under 5 care and school health services among others. All these services were said to be accompanied by awareness and sensitization campaigns that were done either on monthly or quarterly basis with participation from community members (including some of the PCSC members).

#### ***Number of health initiatives/campaigns managed by PCSC to increase uptake of available services***

Only 27% of the PCSCs reported implementing health-related activities at baseline and by the end of the project, all the 12 sampled PCSCs reported being involved in health-related activities and this was attributed to the projects efforts in sensitising the PCSCs to get involved in community health. The key activities that PCSCs were involved in are HIV/AIDS prevention, care and support, IMCI, and school health services such as hygiene. In addition, some PCSC members who were at the same time community health workers were involved in VCT services. The training of PCSCs in psycho-social support, HIV/AIDS and gender also strengthened the PCSCs involvement in health matters. All the PCSCs that were part of the final evaluation reported having been involved in sensitising the communities on the dangers of early pregnancies and marriages and they reported having observed a reduction in the two vices as a result of sensitisation activities. The early pregnancy vice in schools was more pronounced in community schools that go up to grade 6 and 7 when compared to those reaching grade 5 and below. This was validated by the Teachers in Charge who confirmed that there is now a reduction in the number of girls dropping out of school as a result of early marriages of pregnancies.

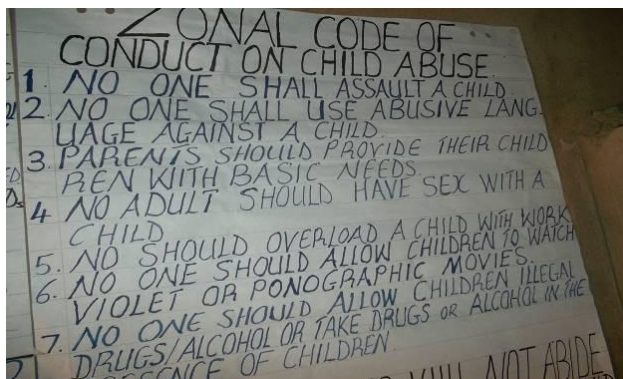
A key challenge recorded under this expected result is identical to the one identified at baseline, that is, the distances to the nearest health facilities which also compromised the referral systems. While the PCSCs were doing a good job in creating awareness and demand for health services, only basic services that can be provided by community health volunteers were readily available. Services such as ART and PMTCT could only be accessed at specific health facilities which for a number of communities were not easily reachable. Nevertheless, it is a given fact that the SCORES project has accomplished by initiating health servicing at the community schools much for the benefit of the communities where these schools are located.

The MTE recommended that a Code of Conduct specific to each PCSC should be developed to among others provide clearer guidelines for enabling women to assume decision-making positions and for them to play non-traditional roles such as leading advocacy discussions with authorities. The PCSCs have attempted to adhere to guidelines. For example, in the community schools visited during the final evaluation, 41% of the PCSC members were female, an improvement from 24% as at the midterm evaluation. This improvement is in spite of the fact that although the schools had zonal codes of conduct, the focus was mainly on child abuse. Gender issues were not clearly covered in the codes of conduct. For instance, at Kachizutu a statement almost covering gender issues from the zonal code of conduct stated *“If the school girl is married off, the committee shall call the parents of the girl to find out or sue the parents if they are at fault”*. All the schools visited, however, had the zonal codes of conduct in place but the involvement of women and girls in leadership positions is not addressed.

The female-male teacher ratio, standing at 1:4, raised concerns and the PCSCs cited pregnancy and domestic responsibilities as the main reasons for having fewer women among the teachers.

In terms of school enrolment, there was more or less a gender balance with girls making up 48% of all pupils enrolled at the time of the final evaluation. At three of the selected schools (Tematema, Kachizutu and Kajimomo) there were even more girls enrolled than boys (Refer to Table IV).

**Figure 4: Zonal Code of conduct**



### 7. Potential impact

The final evaluation also conducted an analysis of the project overall and strategic objectives to measure its contribution to the impact indicators measured around school attendance rates, community school exam success rates, number of individuals accessing VCT, number of individuals receiving other health services (PMTCT, ART) and number of community based IMCI events/services conducted at the community and/or communities.

The following results were observed on the above indicators;

ed over the life of the project starting from a collective total of  
in the selected schools, the increase was from 1,262 in 2010 to

2,476 in 2013. (See table V for details)

**Table V: Community School Enrolment Trends**

Comm. School	2010	2011	2012	2013
Chibondwe	102	122	125	126
kachizutu	229	238	272	304
Tematema	125	133	180	192
Chagona	-	300	365	370
Matembe	-	-	-	314
Kaikumbe	276	278	304	299
Changozi	75	125	125	158
Zibambale	110	112	138	141
Kaozi	150	191	199	233
Kapampa	86	102	126	132
Chilubonta	109	93	83	88
Kajimomo	-	75	64	119
<b>Total</b>	<b>1,262</b>	<b>1,769</b>	<b>1,981</b>	<b>2,476</b>

(-) Information not available

- II. **Improved exam success rate:** The final evaluation showed a progression of rate from grade 7 to 8 of 64% among the boys and 80% among the girls in 2013 in the schools that were included in the final evaluation. On the other hand project monitoring data showed that there was a fluctuation in the Grade 7 exam pass rates. In 2010, 86% of all pupils who sat for Grade 7 examinations succeeded. This dropped to 70% in 2011 and increased to 77% in 2012.
- III. **Numbers of clients receiving VCT services** also increased in the project districts. The final evaluation team faced challenges to collect this information at community level as the PCSCs did not effectively keep records on this and due to time constraints, it was difficult to collect this information from the four health facilities that were visited. However, the impact assessment conducted in 7 health facilities indicated that the number of people accessing VCT services has significantly increased over the past three years.

**Table VI: Number of Individuals Accessing VCT by Facility and Year**

District name	Name of Health facility	Females 2010	Males 2010	Females 2011	Males 2011	Females 2012	Males 2012
Chama	Chama DHO	3,632	3,591	5,299	5,870	6,970	7,244
	Kamwili	109	110	112	148	326	382
	Kavyola	146	128	172	184	316	357
Lundazi	Lundazi DHO	9,730	9,484	12,662	12,439	12,911	12,759
	Kanyanga	310	368	379	259	432	312
	Chasefu	0	0	54	69	66	91
	Munyukwa	311	170	534	312	500	303

of clients accessing **PMTCT services** increased (Table VII) and the attributed this to the non-availability of qualified staff and weak logistical systems in place. For **clients receiving ART services**, both impact study team and the evaluation team found challenges in measuring this as most of the facilities visited didn't provide this service. However at district level, there was a noted increase in the number accessing this service (Table VIII).

**Table VII: Number of Women on PMTCT by Year and Facility**

District	HF name	2010	2011	2012
Chama	Chama DHO	103	90	125
	Kambwili	78	37	125
	Kavyola	102	118	144
Lundazi	Lundazi DHO	2,948	3,427	3,178
	Kanyanga	24	17	16
	Chasefu	0	101	516
	Munyukwa	502	824	820

**Table VIII: Number of Clients on ART by Facility and Year**

District	District/HF	2010	2011	2013
Chama	Chama DHO	537	709	800
Lundazi	Lundazi DHO	43,240	57,539	39,288
Lundazi	Kanyanga	493	457	688

- V. All the health facilities visited for the final evaluation and impact study reported providing **IMCI services** including community IMCI. As reported in the discussion on ER3, community schools have also been identified as community IMCI centres.

The evaluators also noted factors that will facilitate continued contribution to impact indicators to include; strengthened institutional capacity of ROCS and PCSCs, improved governance, improved school and learning environment, increased community ownership through effective community mobilisation, increased awareness and knowledge of importance of education at community level and increased linkages between the schools and government structures.

**EFFICIENCY: Implementation mechanism**

While this was predominantly an outcome evaluation, an analysis was also conducted (though not to the magnitude of an economic evaluation) on the projects technical efficiency (effectiveness of producing an output with a given set of inputs and allocative efficiency (choosing the optimal mix of interventions for a given level of expenditure). The discussion on efficiency of project implementation mechanism is based on the data obtained through interviews with project implementing agencies including CARE and ROCS; key district partners (MOE, MOH, and MCDMCH) and project beneficiaries (PCSCs) as well as the review of the project design documents and the annual narrative reports.

to 1 million over a period of three and half years and the project

1. capacity building/strengthening of ROCS in technical areas
2. logistical and financial support to ROCS to implement capacity building interventions among the PCSCs
3. partnership building and strengthening with district level stakeholders (including line ministries)

The project facilitated the capacity building of ROCS who in turn built the capacity of the PCSCs. ROCS' capacity was built by CARE through a combination of formal training, coaching, mentoring and on-the-job training. CARE coached ROCS in supportive supervision and its mentoring focussed on developing improved community mobilisation skills. ROCS in turn were able to train the PCSCs. Efficiency was also assured through bi-annual planning between CARE and ROCS during which key lessons around implementation were drawn.

The project also effectively facilitated ROCS community mobilisation efforts through logistical and financial support. ROCS were provided with the required resources in a non-disruptive manner and had access to project/CARE resources at district level including project vehicles. The budget utilisation rate according to financial records stood at 86% four months before project close with one training in resource mobilisation, final evaluation, project documentation and final project audits as the remaining key project activities remaining which also demonstrated the efficiency with which project inputs were transformed into outputs. A review of the Annual Reports also indicated that the project always met its annual targets save for a few output indicators around ER 3 in the first year.

The project initiated partnership building from inception. By design, not all activities were implemented at the beginning, thus ER3 was implemented later in the project. Only the Ministry of Education was said to fully come on board to take part in project activities in the first year of implementation. By the end of the project, the Ministry of Health, MCDMCH, Ministry of Agriculture and Ministry of Local Government had all been mobilised to take part in project activities and were further central to project exit plans. Further demonstration of successful partnership as an efficient implementation mechanism was the linkage of the PCSCs to government resources with community schools at both mid-term and final evaluation identifying the DEBS and local government (CDF) as sources of materials and teachers' support for school projects. The partnership with the MOH also facilitated schools becoming centres for a number of health activities such as ANC, growth monitoring, vaccinations and VCT.

Overall, and except for the challenges outlined below, project stakeholders were of the view that the project implementation mechanism was efficient especially that it also had sustainability considerations in place throughout implementation. According to the CARE Regional Director for the Eastern Province-Chipata, *"...what contributed to the smooth running of the implementation process was the engagement of ROCS from the onset. In all decisions that were made about the implementation, ROCS was part and parcel."* This ensured that even as the SCORES project comes to an end, ROCS would still be able to work with the



institutions that were brought on board will continue to interact with CH, local government and MOH. Chama DEBS confirmed the Eastern Regional Directors' perception by saying *"ROCS where excellent in terms of consultation-100%, I will give you an example of developing the training materials for teachers"*. Meanwhile one PSCS member at Zimambale community school pointed out that even at school level, implementation mechanism had improved, that is *"we have witnessed improved response to community meetings due to improved level of commitment, as you can see a lot of people have come for this meeting when you compare the past..."*

A PCSC member from Tematema said *"...since SCORES came, we have been working hand in hand because whatever we implement here is what they agree with ROCS. For instance, they agreed to train us and all our PCSC members had some training."*

It was however felt that ROCs in particular would have benefited more technically had the project invested in having dedicated staff to cover up the provision of technical assistance in key areas unlike the approach of having one programme staff expected to possess all the technical know-how. One area that was singled out was M&E for which the project relied on expertise based in Lusaka at the expense of field staff in Chama and Lundazi receiving regular coaching and mentoring. Similarly, it took a bit of time before ROCS in the field started receiving regular support in financial and administrative systems.

Another challenge faced in line with project implementation was community buy-in. In the initial project stage, the community was highly expectant of the project in being the panacea of all school related problems. The project was expected to embark on infrastructure development, provision of learning and teaching materials, address teacher remuneration challenges etc and it took long for the PCSC members to appreciate the software nature of the project. The project team had to invest a lot of time to sensitise the community members about the project as it took a while for people to really understand that the SCORES project was not there to fulfil their wish list. .

## **8. Sustainability:**

A sustainability plan entails translating a vision into a list of activities, in the order of occurrence and when they need to be done. At the planning stage, potential stakeholders must be identified and a meeting set with them so as to agree on what needs to be done, by whom, when and how. Communication is of prime importance at every stage to facilitate buy in. If fundraising ventures will be required, these must be done together with the would-be beneficiaries so as to create ownership. A memorandum of understanding is also drawn at the planning stage and this must spell out continuity explicitly.

The project carried out a number of activities to ensure that all key stakeholders were aware about the phasing out of the project and the need to minimize the risk of discontinuity of project interventions when the project comes to an end. The project being a capacity building project had sustainability measures factored in at design. The project put in place and conducted the following sustainability measures among others:

unities and other stakeholders from inception that the project

- Promoting participation of managing the schools by community members
- Capacity building training for ROCS and PCSCs that also included resource mobilization beyond project close
- Sensitising and linking PCSCs to sources of external resources particularly the DEBS and local authorities -Constituency Development Funds (CDF)
- Linking the schools to the District Education Board Secretary's office and government schools as sources of teaching and learning materials
- Close out meetings for stakeholders at district and community level

Sustainability is always a challenge to measure immediately following project end but signs of sustainability or lack thereof can be documented. As ROCS will continue operating in these districts and considering that the project worked to link the PCSCs to Ministry of Education, Ministry of Health, MCDMCH and the Ministry of Local Government Structures raises hope for the sustainability of project achievements. At the time of the evaluation, ROCS had launched two projects that will take up the majority of project interventions in the project schools. The community schools had already started accessing learning and teaching materials from the MOE structures again owing to the project efforts in linking them to the educational zonal representatives who are including the community schools on the distribution list.

Based on the field observations, the evaluators are of the view that going with the magnitude of investments in training of ROCS staff, teachers of community schools, PCSCs and the ownership instilled into the community members, achievements under all Expected Results will be sustained to a large extent

There were areas that were identified as being at risk of continuing beyond project close. While the project encouraged innovation around income generation to finance PCSC activities, this often came later in the project and the PCSCs without close mentoring will not maximise on the knowledge and skills received through project initiatives. The trainings in resource mobilisation-IGA only happened in the last year of project implementation and not all PCSCs had adapted to this sustainability measure at the time of the final evaluation. Of the twelve PCSCs, 8 indicated that they attempted to conduct IGAs. There has been a mix of reports from different PCSCs on their performance with IGAs. One PCSC member from Matembe community school said, *"...we have tried to raise funds by keeping and selling chickens but they all died and we lost our capital. If we find money we may try again..."* On the other hand, a PCSC member from Kaikumbe community school said *"we are also relying on our garden to raise funds..."*

The assumption that the trained will train others will depend on the willingness and goodwill of those trained making the transfer of knowledge to the new PCSC members by the old and out-going not fully assured. In Chama district for example 7 out of 10 PCSC members did not know much about SCORES project because there were newly elected in the office (3 to 11 months old). The nature of the training was also not necessarily a training of trainers and therefore the transfer of skills maybe compromised.

the project experiences and at the time of the evaluation, an exercise to document project lessons had been commissioned and will elaborate on these. The lessons are divided into various areas as follows:

### **Project design**

- In designing a project like SCORES, consideration should be given to have in place full-time staff on the project for positions of financial expert, administration expert and M&E expert to ensure effective mentoring of the targeted organization. Expecting the programme manager to possess all these skills and expertise to a level where he/she will effectively impart skills to the organization under capacity building was expecting too much. In the same vein, monitoring and evaluation has been identified as a key management tool in project execution and from the onset of the project, there is need to assign a dedicated project officer to handle M&E duties to ensure smooth tracking of progress.
- The SCORES project has demonstrated that building the capacity of an organization like ROCS can strengthen its work with the communities it serves. Furthermore, the project proved that for a capacity building project to be appreciated and realize the required outcomes, it needs adequate sensitization at inception and this needs to be factored in at project design. The fact that it took almost six months for the PCSCs to understand the SCORES project leads to the conclusion that capacity building projects may not be as appreciated as projects with physical benefits.
- A project that supports training of teachers should also support the procuring or mobilizing of training materials. If the support given by the project to the community schools had included provision of learning and basic teaching materials, a situation where teachers were trained but could not deliver because they did not have teaching aids would not have arisen.
- All the expected results have to be explained very clearly so that each partner knows from the onset what has to be achieved (E.g. the case of ER3).

### **Implementation**

- Others projects like the SCORES project should also ensure that capacity building efforts don't begin and end at training but supplemented with intensive coaching and on-site mentoring for the organization whose capacity is being strengthened as was the case with the SCORES project.
- Empowering the CBOs with knowledge and skills translates into strengthened self confidence of the communities to identify problems and provide community designed solutions and this was demonstrated in the increased ability of the communities to mobilize resources to finance school projects. Future projects should have a strong component of advocacy and lobbying aimed at reminding the government of their duty to provide basic education for all, and to be clear from the onset how many schools are planned to be turned into government schools.
- Capacity building leads to an increase in skill and knowledge base that acts as a pull factor (attraction) of other ingredients of supporting community schools. For example community schools were able to access the Constituency Development Fund and DEBS resources, are attracting government teachers

of civil society organisations with similar interests and mandates  
community schools.

- With time, capacity building programmes begin to bear fruit. As the project empowered beneficiaries with skills and knowledge, this will manifest its benefits in future as they will use these skills beyond the life of the project. For example training of ROCS' staff in proposal development, report writing and psychosocial support has already proved beneficial beyond SCORES given that ROCS has continued to increase its funding base e.g. from EU and ZGF. Similarly, PCSC reported that the increase in community and resource mobilization initiatives has translated into positive results as evident from the community contributions on infrastructural development e.g. moulding of bricks, securing of building and river sand and labour contribution.
- **Sustainability:** There is need to have a clear and documented exit strategy and sustainability plan right from project inception. A well documented exit strategy is important in ensuring continuity when the project comes to an end.

## 10. Conclusions and Recommendations

### Conclusions

The final evaluation concludes that the SCORES project has been a success to a large extent. Capacity has been built for ROCS in the key areas of supportive supervision, monitoring and evaluation (M&E) and psychosocial support (PSS). The proportion of PCSC members that has been trained in a management field increased from 38% at baseline to 100% at the final evaluation. In spite of these successes, there are a few areas that need more attention. One such area is the participation of women and girls in positions of leadership.

The evaluation also concludes that the SCORES Project was relevant to the needs of Zambia and in line with national priorities as highlighted in the national policy on education, priorities of the Fifth National Development Plan and the National AIDS Strategic Plan (2006-2010). The project met the needs of children in-so-far-as access to education is concerned. It also empowered the communities with various skills including capacity building, how to generate income and how to mobilize resources.

The SCORES project was designed with sustainability as a key consideration and especially with capacity building and partnerships as key approaches. The project carried out a number of activities to ensure that all key stakeholders were aware about the phasing out of the project and the need to minimize the risk of discontinuity of project interventions when the project finally came to an end. The IGA, for instance risked not being continued after the SCORES project. While the project encouraged innovation around income generation to finance PCSC activities, this was implemented late, and without close mentoring. The PCSCs, therefore, will have difficulties in maximising on the knowledge and skills received through project initiatives on IGAs.



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ation, the following recommendations are suggested:

- The PCSCs were well trained and the impacts have been discussed in the report. However, due to the fact that they have a life-span of two years, it is recommended that they receive a refresher training every year, if capacities are existent, and that a new PCSC being voted in be trained by ROCS as opposed to training by the out-going PCSC as was suggested by various committees.
- It was observed that it was not clear that activities were going to be implemented gradually. For instance, the communities felt that ER3 was introduced much later in the project and thought it should have come earlier. In future endeavours, funding partners need be very explicit on the implementation patterns and expected results so that the implementing partners are sure from the start what is expected of them. Capacity building in the area of IGAs for instance, was implemented late. If this was implemented earlier, PCSCs would have been better equipped in the area.
- Most of the PCSCs expressed sadness at the ending of the SCORES project. Although they indicated that they would continue their activities after the SCORES project ends, they felt they would not do as well as they did while the project existed even when they portrayed the capacity. Therefore, future projects should ensure that there is a clear and well documented exit strategy from the project inception so that the beneficiaries are prepared.

## THE FINAL EVALUATION

### BACKGROUND

As the demand for education and health services within rural communities' increases and the government's ability to provide the same remains limited, there is an increasing need for a complimentary service provider. Zambia's community schools movement has over the years filled the gap in education provision with varying degrees of success. Increasingly, community schools have also become involved in locally-led responses to health needs especially those arising from the HIV/AIDS pandemic. The SCORES project proposed to build upon this foundation in two districts (Chama and Lundazi) of Eastern Province. SCORES focused on building the skills and capacity of community school management structures, the *Parent Community School Committee (PCSC)*, to shoulder the increased responsibility arising from the dual role of education service provider and HIV/AIDS response coordinator and facilitator. In order to ensure sustainability of the action's results, the overall objective of strengthening PCSC was to be achieved in large part through a parallel effort to strengthen CARE's local partner, *ROCS (Reformed Open Community Schools)*.

With funding from the European Union, the SCORES project started in January 2010 and will end in June 2013. The Overall Objective of the project is *improved access to and quality of social services in education and health through the empowerment of local communities and NSA*. The specific objective of the project is that *30 community schools in Lundazi and Chama districts of Eastern Province lead their communities in providing services in response to education and HIV/AIDS needs*. As a result of SCORES interventions, the following expected results (ER) will be achieved;

ER 1: Strengthened capacity of ROCS to provide quality support to Community Schools

ER 2: Strengthened capacity of 30 PCSC to organize and manage Community Schools which provide educational services to around 6,000 school aged children (many of who are OVC)

ER 3: 30 community-based HIV/AIDS care and support networks established and led by PCSC

Overall, SCORES interventions will impact 30 communities in Lundazi and Chama Districts with approximately 30,000 community members.

Over the past 3 years, the project has implemented activities around:

- Training ROCS staff in supportive supervision relevant to community schools
- Mentoring ROCS in multi-sectoral responses to HIV/AIDS provision of psychosocial support
- Training of PCSC in leadership, management and organisation
- Mentoring PCSC in community and resource mobilisation and long-range planning
- Facilitating PCSC to map other service providers such as VCT, under-5 care (IMCI), TB, HBC, PMTCT, psycho-social support, gender based violence, income generation, VSL etc. in or near the community
- Guiding PCSC in establishing and coordinating an active provider network of local responses to HIV/AIDS

ing relevant stakeholder groups  
 aluation has been commissioned to establish the extent to which the project objectives were achieved as well as to draw lessons for future programming and policy. The final evaluation will make reference to the baseline and mid-term evaluation results conducted in May 2010 and February 2012 respectively.

This end-term evaluation of the SCORES project is part of CARE’s agreement with the funding agency and reflects CARE’s commitment to improve its capacity and services.

**PURPOSE AND OBJECTIVES**

The purpose of the final evaluation is generally to assess the extent to which the project achieved its goals, objectives and expected results while focusing on relevance, effectiveness, efficiency, potential impact and sustainability. Specifically, the evaluation will:

- g) Assess the degree to which the project objectives were valid and pertinent to the needs of the target groups/beneficiaries (relevance);
- h) Assess and document the degree to which the project achieved its objectives or desired outcomes (effectiveness);
- i) Assess the implementation mechanism (efficiency);
- j) Assess the sustainability of the project achievements and specifically the degree to which results can be sustained following project termination (sustainability);
- k) Document lessons learned for future programming and recommend follow-up activities

**COVERAGE AND SCOPE**

The evaluation will involve SCORES implementing partners (CARE Zambia and ROCS) district stakeholders (MOE, MOH, MCDMCH, MLG, MAL) and community stakeholders particularly the PCSCs, CBOs and community members. Within the objectives outlined above, the evaluation is tasked to explore and draw conclusions on the following questions/issues. The list is not final but illustrative and will be reviewed and completed following the establishment of the evaluation work plan and through consultations within the constituted evaluation team.

Specific evaluation objectives	Key Questions
Relevance	1. To what extent did the project respond to priority issues in line with global, regional or national goals? 2. How was the project harmonised with existing efforts and structures aimed at addressing the identified issues 3. How did the project contribute to national policy formulation/strengthening? 4. What was the value of the project in relation to CAREs long range strategic plan i.e. Was the project goals aligned to the organisation’s (CARE) mission, vision and goals at a strategic level?

ect respond to the strategic agenda set by the donor for the

	<p>6. What was the added value SOGRES provided at national, provincial and district level?</p> <p>7. How has evidence and information produced by the programme been used to improve programming and policy?</p> <p>8. How did the project address national priorities and spirations of the targetted communities?</p>
Effectiveness- Achievement of project results	<p>9. Have the programme outcomes (focus on higher results) been achieved in relation to the stated objectives and expected results?</p> <p>10. How do partners, stakeholders and communities perceive the achievements?</p> <p>11. How did external factors and events hinder or support the achievement of results?</p> <p>12. How were cross-cutting issues (gender equality, human rights, democracy, good governance, HIV/AIDS, child rights) addressed by the programme?</p> <p>13. What unforeseen outcomes, if any, did the project record? (negative or positive)?</p>
Efficiency of project planning and implementation	<p>14. How effective were planning mechanisms? To what extent were stakeholders involved in the planning process?</p> <p>15. Was the project implemented in accordance with the developed plans? Were key activities implemented and planned outputs achieved?</p> <p>16. Was financial spending in line with the developed plans?</p> <p>17. What was the quality and nature of the relationship and coordination mechanism with partners and donor and their effects on implementation?</p> <p>18. How did government structures and systems affect implementation – including commitment, resources, etc</p>
Sustainability of achievements	<p>19. To what extent was the exit/sustainability plan implemented?</p> <p>20. What evidence is there to indicate project sustainability?</p> <p>21. Which achievements can technically and financially be sustained by partners and stakeholders?</p> <p>22. Which achievements are at risk?</p> <p>23. What are the factors that support or hinder sustaining achievements? Is the social and political environment conducive for project sustenance?</p>
Lessons learned and recommendations	<p>24. What lessons can be drawn from the project experiences?</p> <p>25. What were the best practices?</p> <p>26. Were there any “worst” practices?</p> <p>27. What lessons does the project provide that will influence policy?</p> <p>28. What recommendations can be offered (e.g. to CARE, GRZ, EU and other donors, ROCS, etc) for follow-up beyond project end?</p> <p>29. What recommendations can be offered for future programming?</p>



While the specific methodology and tools will be outlined by the evaluation team as part of establishing the evaluation work plan, this section proposes the methodological approach that will blend quantitative and qualitative analysis.

*Study sites:* the final evaluation will be conducted in the project locations of Lundazi and Chama districts for purposes of reaching out to the targeted beneficiaries including PCSC and community schools, community members, Ministry of Education, Ministry of Health and other relevant government departments and ROCS and CARE field staff; in Chipata with CARE regional management and in Lusaka with ROCS and CARE representatives. The consultant will select a representative/ideal sample of both project supported and non-project supported community schools in the two districts.

**Data Collection Techniques:** The following will be considered and will be confirmed once the evaluation team is in place:

A comprehensive *Literature Review* will be conducted to gain an understanding of the context and environment in which the SCORES project operated and will include the review of the SCORES project Baseline Study (May 2010), project mid-term report (February 2012), Project Design Document, ROCS strategy document, accounts documents, SCORES activity reports, SCORES quarterly/semi-annual/annual reports, SCORES ROM report (2012) and others of relevance and will prepare an overview table based on monitoring matrix that shows baseline, target and final achievement for each indicator.

*Key Informant Interviews* will be conducted with school managers and PCSC Chairpersons, ministry of education and ministry of health representatives, MCDMCH, ROCS key staff at national and district levels, project staff, CARE technical and finance staff backstopping the project.

To collect information on the type and level of social and health support being offered to community members, *Focus Group Discussions* will be held with the PCSCs and affiliated sub-committees in the project districts of Chama and Lundazi.

*Observation Techniques* will be employed to verify existence of materials/records/documents such as minutes of meetings, financial and administrative records, strategic and operational plans, teaching aides and materials, etc.

The final evaluation will be conducted by an external consultant with input from the *Monitoring, Evaluation and Learning Unit (MELU)* of CARE Zambia. CARE Deutschland-Luxemburg, the CARE senior management and ROCS management will input into the ToR for the final evaluation, ensure the usefulness of the evaluation methodology and quality of reporting. The evaluation team will consist of external consultants, MELU, ROCS, MOH (Chama & Lundazi) and MOE (Chama & Lundazi).

### **Responsibilities of Evaluation Team**

The evaluation team will:

- Conduct desk review of programme and other secondary data/documents;
- Design the specific evaluation approach and details of the procedures to be used, within the budget and timeframe available;
- Develop an evaluation work plan based on the ToR and the methodological approach, i.e. evaluation protocol and instruments. The plan specifies the tools for data collection and analysis, information sources, the tasks of the evaluation team members, and outlines a detailed schedule of activities;
- Encourage partners, stakeholders and beneficiaries to communicate concerns, ideas, questions and suggestions to the evaluation team during the evaluation process and actively solicit their views;
- Ensure a logical and plausible link between information gathered and analysed and results and conclusions presented;
- Record all aspects of methodological choices, assumptions, and limitations of the evaluation process and present a critical review during a debriefing with the Review Panel and as part of the evaluation report;
- Keep records of material collected and analysed, which will be submitted to CARE for reference.
- Draft the report according to the reporting timeframe and template;
- Disseminate the evaluation findings at the end of project meeting for project stakeholders

### **Key Deliverables**

- Evaluation plan
- Data collection tools
- Datasets and transcripts of analysed data
- Draft report
- Final report

### **Reporting and Dissemination**

The primary function of the evaluation report is to inform CARE (Zambia and Deutschland-Luxemburg), the EU and the project partners and other relevant stakeholders about the findings, conclusions and recommendations developed through the evaluation process. The evaluation team is expected to follow a progression in logic to arrive at useful and valid interpretations of the information collected.

ensure a concise document.

1. Executive Summary (1)
2. Introduction (1)
3. Project Profile / Background Information (2)
4. Evaluation Methodology (2)
5. Evaluation Findings (15)
6. Conclusion / Lessons Learned (2)
7. Recommendations (2)
8. Annex (unlimited)

The Annex should include at least the ToR, evaluation work plan (incl. schedule), list of people met, list of documents reviewed and tools used (e.g. questionnaires).

The draft report will be sent to CARE Zambia, CARE Deutschland-Luxemburg and project partners for input. The evaluation team will review the comments and suggestions received and issue the final report which will eventually be submitted to EU. CARE Zambia will also submit a management response following the issuance of the final report.

#### **Timetable of the Final Evaluation**

The final evaluation is expected to last a maximum of seven (7) weeks. The team will spend up to 10 days in the two project districts and will be split into two district teams.

The final report will be submitted and disseminated before **15 June 2013**

#### **Profile of the consultant:**

The Lead Consultant will have the following qualifications and experience:

- University degree qualification
- Demonstrated experience in complex evaluations and quantitative and qualitative evaluation methodologies;
- Strong writing skills and demonstrated ability to draft concise reports and communicate the evaluation results clearly, accurately and in a timely fashion;
- Understanding of current trends and challenges in the education sector (including community schools);
- Ability to interact with team members and stakeholders in a sensitive and effective way
- Understanding of institutional capacity building;
- Proficiency in Nyanja/Chewa/Tumbuka/Senga

cy, bidding consultants should submit a detailed Technical and

Financial proposal to the following.

[chabwelap@carezam.org](mailto:chabwelap@carezam.org); [bandad@carezam.org](mailto:bandad@carezam.org); [simonmwanzae@yahoo.com](mailto:simonmwanzae@yahoo.com)

Closing Date for receiving proposals is: 15 May 2013

Kindly specify the title of the study in the email subject field

## ANNEX 2: LIST OF SELECTED SCHOOLS

School Initial selection	Final selection	District
Chibondwe	Chibondwe	Lundazi
Kachizutu	Kachizutu	Lundazi
Tematema	Tematema	Lundazi
Kasuku	Chagona	Lundazi
Matembe	Matembe	Lundazi
Kaikumbe	Kaikumbe	Lundazi
Zibambale	Zibambale	Chama
Kanyolonyolo	Kaozi	Chama
Kaunga	Changozi	Chama
Kapampa	Kapampa	Chama
Chilubunta	Chilubunta	Chama
Kajimomo	Kajimomo	Chama

FGD Participants					
District	School	Type of FGD	Male	Female	Total
Lundazi	Tematema	0	0	0	0
	Chagona	PCSC	5	5	10
	Kachizutu	PCSC	5	3	8
	Chibondwe	PCSC	5	4	9
		Community	2	6	8
	Kaikumbe	PCSC	4	6	10
		Community	8	1	9
	Matembe	PCSC	6	4	10
Pupils		7	4	11	
Chama	Chilubuntha	PCSC	7	3	10
	Kajimomo	PCSC	7	3	10
		Community Members	5	4	9
		Pupils	4	3	7
	Changozi	PCSC	2	1	3
		Community	4	3	7
	Kaozi	PCSC	6	4	10
	Zibambale	PCSC	4	3	7
	Kapampha	PCSC	5	3	8

and source by PCSCs in the study

			Sources of resources
Chibondwe	Lundazi	Educational materials	Govt schools
Kachizutu	Lundazi	Money for teachers and builders, building materials	MOE, ROCS, STEPS OVC
Tematema	Lundazi	Bricks, sand, stones, educational materials	Community, MOE, Gov schools, zone centre
Chagona	Lundazi	Bricks, sand, stones, educational materials, money	Community, govt schools, church, cooperative
Matembe	Lundazi	Bricks, sand, stones, educational materials, money	Community, govt schools
Kaikumbe	Lundazi	Educational materials, bricks, sand, stones, iron sheets, seed, school field	Community, DEBS
Zibambale	Chama	Educational materials, sand, grass, poles, benches, manpower	Community, govt schools, DEBS
Kaozi	Chama	Educational materials, sand stones, poles, grass	Community, DEBS
Changozi	Chama	Educational materials	DEBS, resource centre, ROCS
Kapampa	Chama	Educational materials, bricks, water, labour	Community, DEBS, SCORES
Chilubunta	Chama	Educational materials, sand bricks, grass, poles, labour	Community, DEBS, govt schools
Kajimomo	Chama	Educational materials, sand bricks, grass, poles, labour	Community, DEBS, govt schools

used by PCSCs

of payment for

		teachers
Chibondwe	Lundazi	KR50 per Term for term 1 and 2, term 3 parents cultivate teachers' fields
Kachizutu	Lundazi	KR200 per term but it is not fixed
Tematema	Lundazi	maize or money
Chagona	Lundazi	money but no fixed amount
Matembe	Lundazi	money -KR150 term 1, KR650 term 2 and KR350 term 3 plus 5 bags of maize per teacher
Kaikumbe	Lundazi	cash and kind
Zibambale	Chama	pay in kind
Kaozi	Chama	130 per month
Changozi	Chama	-
Kapampa	Chama	pay in kind
Chilubunta	Chama	pay in kind
Kajimomo	Chama	KR90

## OR SCORES FINAL EVALUATION

### INTERVIEW GUIDE FOR USE WITH MELU DIRECTOR

1. What has the role of MELU been on the SCORES project?
2. Has your M&E system been functional?
3. Has it been helpful in executing your M&E duties?
4. Have you been using all your 22 indicators to monitor the project progress?
5. Apart from the logical framework, are there any other frameworks that you have been using?
6. Did the M&E activities for the SCORES project progress as planned?
7. What monitoring tools have you been using for the project?
8. How often have you been monitoring the project?
9. Have there been any changes in the monitoring tools since inception of the project? If yes, what changes have there been and why?
10. Have there been any changes in the indicators that were used? If so, what indicators were changed and why?
11. Have you been having meetings with partners? If yes, how often?
12. Do you feel the project has achieved its goal? Explain.
13. Do you feel the project is sustainable? Explain.
14. What outstanding achievements of the SCORES project can you cite?
15. What factors do you think affected the project?
16. What were the strengths and weaknesses of the project?
17. What lessons can be drawn from the project experiences?
18. What were the best practices?

**THANK YOU VERY MUCH FOR YOUR PARTICIPATION**



**- CHARGE**

Question	Response				
1. District:					
2. Name of School:					
3. Name of Head Teacher:          Sex:					
4. Number of teachers at school:		Jan 2010	Jan 2011	Jan 2012	Jan 2013
	<b>Males</b>				
	<b>Females</b>				
5. Number of pupils?		Jan 2010	Jan 2011	Jan 2012	Jan 2013
	<b>Boys</b>				
	<b>Girls</b>				
6. Number of class room blocks					
7. Does the school have a toilet?	Y	N			
7b. What type of toilet does the school have?  PLEASE TICK	Flush toilet Ventilated pit latrine Pit latrine Bucket toilet No facility/bush/field Other(specify).....				
8. What is the source of water for the school?	Piped water Borehole Well River water/pond/lake Other (specify).....				

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pencils, chalk, toys etc) Please explain			
10. Where does the school get these materials from? Name all sources.			
11. How many teachers have ever received teaching skills training?	<b>Males :</b>		
	<b>Females:</b>		
12. Do you feel this training was adequate?			
13. Who provided the training?			
14. How many teachers have ever received training in the following areas?  PROBE: Which other areas have they received training in?	Area	Male	Female
	Gender equality		
	Human rights		
	HIV/AIDS		
	Child rights		
	Health Education		
	Other(specify)		
15. What is the maximum number of pupils can the school enrol?			
16. Is there a policy regarding over enrolment of pupils? Explain			
17. Does the school do anything to encourage enrolment?			
18. Do you feel that there are any cultural issues that affect enrolment? Explain. Probe on the sex ratio of the pupils if necessary?			
19. How many pupils sat for the exams in the last grade seven examinations?	<b>Boys:</b>		
	<b>Girls:</b>		

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Boys:

Girls:

21. What role does the PCSC play in mobilizing the community and resources for the school?	
22. Name the resources that are mobilised.	
23. What form of payment is given to the teachers?	
24. How often does the PCSC hold meetings?	
25. Are minutes for these meetings kept?	
26. Are teachers also members of the PCSC? If yes, how many are members?	<p><b>Males:</b></p> <p><b>Females</b></p>
27. Does the PCSC make follow ups on behalf of the teachers on children not coming to school? What effect has this had on school attendance?	
28. What role does the school play in health promotion? (Probe for HIV/AIDS awareness, sexuality skills)	

**THANK YOU VERY MUCH FOR YOUR PARTICIPATION**

## HEALTH CARE REGIONAL DIRECTOR – EASTERN REGION

1. What is the role of the Regional Office on the SCORES project?
2. Do you feel the project has attained the three expected results?
3. Has the partnership between ROCS, government ministries and other stakeholders been good throughout the project? Explain.
4. Has the budget been well utilised throughout the project?
5. What successes has the project scored?
6. What challenges has the project faced?
7. Was anything done to overcome these challenges? If yes, what was done?
8. Where there any changes made to the initial implementation plan? If yes, what changes were made and what led to these changes?
9. Do you feel the project is sustainable? Why/why not?
10. What lessons can be drawn from the project experiences?
11. What were the best practices?

**THANK YOU VERY MUCH FOR YOUR PARTICIPATION**

**DISTRICT HEALTH OFFICER**

1. What do you know about the COORRES project? What do you think of it?
2. What role do you play as the district health officer?
3. What health services are available in this community? (Tick available service and fill out table for ticked service).

Service	Is service adequate for the community?	Easy to access service?	Campaigns to sensitize on availability of service	How often are these campaigns?
1.HIV/AIDS(general)				
2.PMTCT				
3.VCT				
4.TB				
5.Under 5 care(IMCI)				
6.Early childhood development				
7.Other service1 -----				
8.Other service 2 -----				

4. Do you have a directory of health services in your community? \_\_\_\_\_  
 (b) If yes, who contributed to its development? \_\_\_\_\_
5. (a) Do you belong to a network of HIV/AIDS service providers? \_\_\_\_\_  
 (b) If yes, what network is this? \_\_\_\_\_  
 c) When was it established and by whom? \_\_\_\_\_

**THANK YOU VERY MUCH FOR YOUR PARTICIPATION**

## MEETING WITH THE HEALTH AND HIV/AIDS DIRECTOR, CARE

1. What role do you play in the SCORES project?
2. What support do you give to the SCORES Project Management Coordinator (PMC)
3. What have you done to try and establish community based HIV/AIDS care and support networks?  
What support have you given the PCSCs in this regard?
4. Has there been any capacity building in this area?
5. Have the support networks been successful? Explain.
6. What achievements have been scored in the SCORES project?
7. What challenges has the SCORES project faced and how have they been addressed?
8. What lessons have been learnt?

**THANK YOU VERY MUCH FOR YOUR PARTICIPATION**

## FINANCE, AUDIT AND ADMINISTRATION

1. What has been your role in the SCORES project since its inception?
2. For how long have you been associated with the SCORES project?
3. Do you have any financial and administrative management system in place?
4. Have there been any capacity building activities conducted for ROCS staff on the SCORES project in the area of financial management?
  - a. When were the capacity building activities carried out?
  - b. Who conducted these activities?
  - c. How often were they conducted?
  - d. How many people were trained in these activities?
5. Where the ROCS taken through the set of, regulations and standards for managing the grant at their disposal?
6. Has ROCS complied with the set out rules, regulations and standards for managing this grant throughout the project?
7. Have the ROCS staff members been putting into practice what they have been trained in?
8. Did it improve the running of the project?
9. What support have you been giving to ROCS with regard to financial and administrative management?
10. How often do you visit the district offices, if at all?
11. What have your visits revealed about the financial and administrative management in the districts?
12. What lessons can be drawn from the project experiences?
13. What were the best practices?
14. What did not work well?

**THANK YOU VERY MUCH FOR YOUR PARTICPATION**

Topic Area	Variable	Variable Measure
<b>Background</b>	District Name:	
	Facility Name:	
	Type ( hospital, health centre, health post )	
	Respondent Name:	
	Respondents Job Title:	
		Number of staff members:
<b>Training</b> <i>Do you have members of staff trained in:</i>	Adolescent sexual and reproductive health (Yes/No)	
	HIV/AIDS opportunistic infection treatment (Yes/No)	
	HIV counselling (Yes/No)	
	HIV counselling and testing(Yes/No)	
	HIV testing using rapid tests(Yes/No)	
	Prevention of mother-to-child transmission (PMTCT) (Yes/No)	
	STI diagnosis and treatment (Yes/No)	
	Psychosocial counselling	
	IMCI	
<b>Interventions</b> <i>Does the clinic offer the following services to the community:</i>	HIV testing and counselling (Yes/No)	
	HIV counselling for pregnant women, pregnant women Y/N	
	HIV testing, pregnant women (Yes/No)	



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		(Yes/No)
	STI diagnosis and treatment (available) Y/N	
	Nutritional support for clients on ARVs (Yes/No)	
	Psychosocial support for abused children (Yes/No)	
	IMCI	
<b>Work Relationship with Community:</b> <i>Which of these community groups is the health facility currently working with? Please explain how?</i>	Neighbourhood Health Committees (Yes/No)	
	Traditional Birth Attendants (Yes/No)	
	Community Health Workers (Yes/No)	
	Parents Community Schools Committees (Yes/No)	

### HEALTH FACILITY QUESTIONNAIRE-II

Variable	2010		2011		2012		2013	
	M	F	M	F	M	F	M	F
Catchment Population								
VCT								
ART								
ANC								
HIV +								
PMTCT								
Growth monitoring								

**MINISTRY OF EDUCATION BOARD SECRETARY (DEBS)**

1. What role did the Ministry of Education/ DEBS office play on the SCORES project?
2. What kind of support did the DEBS office give to the community schools supported by The Reformed Open Community Schools (ROCS?) (Probe: financial, training since inception of SCORES project)
3. What did the support your office gives to community schools depend upon?
4. Apart from ROCS, what other organizations are providing support to community schools in the District and to what scale are they doing this in relation to ROCS?
5. Which of the schools working with ROCS has DEBS office given support to since the beginning of the SCORES project and in what form?
6. How well has the SCORES project utilized government systems and structures?
7. How have MOE structures and systems– including commitment, resources, personnel affected implementation of the SCORES project?
8. To what extent is the DEBS office integrated into ROCS' PCSC capacity building activities including support to committee elections, orientation of new committees and trainings?
9. What achievements of the SCORES project are you aware of?
10. What are your impressions of the SCORES project now that it is coming to an end?
11. What were the main challenges facing the SCORES project from what your observations?
12. Which SCORES project achievements can technically and financially be sustained by partners and stakeholders?
13. Which project achievements are at risk? (Please elaborate.)
14. What lessons can be drawn from the project experiences?
15. What were the best practices?
16. What did not work well?
17. What recommendations can you make for the remaining period of project implementation?

**THANK YOU VERY MUCH FOR YOUR PARTICIPATION**

**MISSION GUIDE FOR USE WITH THE PCSC**

S/n	Questions/probing	Notes
<b>General Information</b>		
1	Briefly tell us about this project (take note of the implementation models). What is the purpose or aim of the project?	
2	How where you involved in the project (check for project conceptualization, consultations, needs assessment, prioritization of needs, and relevance of needs, usefulness, timeliness, planning, and implementation of programme)? To what extent were you able to play your role (check for challenges, constraints and enabling factors)	
<b>Relevance</b>		
4	How does the aim or goal of your school fit into the project and district level plans (on education, HIV/AIDS, OVC and others?)	
5	How did the project address the needs of the target beneficiaries and communities considering the socio-economic and cultural dynamics in the communities/catchment areas?	
6	How were the priorities of the project determined? (Probe for information on needs assessments, community and other stakeholder involvement, project addressing urgent needs of community)	
<b>Effectiveness- Achievement of project results</b>		
7	Have the planned project/school results been achieved in relation to the stated objectives and expected results?	
8	How do partners, stakeholders and communities perceive the achievements? e.g. Do the achievements present any strategic importance?	
9	How did external factors and events hinder or support the achievement of results	
10	<p>What strategies were used to achieve the result of the project? What systems were in place to ensure effective implementation? How effective were these strategies?</p> <ul style="list-style-type: none"> <li>• Probe for capacities ( skills) of committee members</li> <li>✓ Financial management</li> <li>✓ Record keeping</li> <li>✓ Monitoring</li> <li>✓ Resource mobilization</li> <li>✓ Community mobilization</li> <li>✓ Supportive supervision</li> <li>✓ Psychosocial support/counseling for OVCs</li> <li>✓ Monitoring and evaluation</li> </ul>	

	ers by different categories	
11	How does the approach of the project integrate with other project i.e. inclusion of other services, multitasking? (Probe to see whether or not the project is vertical and assess multiplier effect)	
12	How is the information shared among the project stakeholders (plans, progress reports etc)? Any  Challenges in information sharing	
<b>Efficiency-</b> project planning and implementation		
13	How effective were planning mechanisms? To what extent were stakeholders involved in the planning process?  <ul style="list-style-type: none"> <li>Does the committee have a written operational/action plan</li> </ul>	
14	Were your activities implemented in accordance with the developed plans?	
15	How were the services of your committee accessed by beneficiaries? (Probe for clarity the school plan and community outreach plan )	
16	Was financial spending in line with the developed plans?	
	How was targeting of direct beneficiaries done?	
18	Does the committee take time to review the action plan? If yes, when was the action plan last reviewed and updated	
19	How are the results of the review used to improve the operations and decision making?	
20	Were activities implemented and planned outputs achieved?	
21	What was the quality and nature of the relationship and coordination mechanism with partners and their effects on implementation? ( include area of support & collaboration)  <ul style="list-style-type: none"> <li>ROCS</li> <li>DEBS</li> <li>MCDMCH</li> <li>Others</li> </ul>	
22	How did government structures and systems affect implementation – including commitment, resources, etc	

	<p>(intended and unintended) on the beneficiaries and communities in general? If no impact, why did the programme fail to have any impact?</p> <ul style="list-style-type: none"> <li>• Changes to the school as a result of your efforts with support from ROCS</li> <li>• Changes to the community as a result of your efforts with support from ROCS</li> <li>• Any other changes</li> </ul>	
24	What are some of the success stories that can be shared?	
<b>Ethical Soundness</b>		
25	How does the project ensure inclusion of vulnerable children? (Probe for value statement on how interests of young people)	
26	What policies are in place to ensure that the project upholds and respects human rights e.g. PLHIV and OVC? (probe for policy or consideration of confidentiality)	
27	What policies are in place to ensure equitable distribution of services? (Do those with greatest need access the service – VCT, education etc)	
28	How do you ensure both women and men participation in your committee & activities?	
<b>Sustainability</b>		
29	How did the stakeholders and communities view the programme in terms of ownership?	
30	Did you (PCSC) have any appropriate sustainability and exit strategy? If so, how was it prepared and implemented?	
31	<p>What policies are in place to ensure continuity of services? (Probe for systematic weaning or phase out strategies, skills transfer)</p> <ul style="list-style-type: none"> <li>• With reference to achievements, which ones can technically and financially be sustained by your committee?</li> <li>• Which achievements are at risk?</li> </ul>	
32	What is the likelihood of the success of the sustainability and exit strategies (What is bound to stop and what impact will this have? What is bound to continue and who will fund it)?	

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	<ul style="list-style-type: none"> <li>• Within PCSC</li> <li>• Community</li> <li>• School</li> <li>• DEBS</li> <li>• DMO/Health Facility</li> </ul>	
<b>Lessons and Recommendation</b>		
34	What lessons can be drawn from the project experiences?	
35	What were the best practices?	
36	What did not work well?	
37	And how have these learning points been used to strengthen the project?	
38	What recommendations can be offered for similar future programming	

## FOR USE WITH COMMUNITIES/LEARNERS

1. What is this (NAME OF COMMUNITY SCHOOL) doing for this community?
2. Where your children to other schools before this school started?
3. Are all children (both boys and girls) being sent to these schools by their families or are there any preferences. If there are, what are the reasons for this? (Probe if traditional norms and practices are responsible for this).
4. What has changed since the school was started?
5. Does the school do anything to help in the area of health in this community? If so, explain.
6. Do your children share with you what they learn at school? If so, what have they told you about what they learn? Probe: Do your children learn about HIV issues. Learners invited to elaborate.
7. Learners: what have you learnt/benefited from the school which you otherwise may not have benefited?
8. Do they bring any books on HIV or other health matters to show you?
9. Have you attended any meetings at school?
10. What do you discuss at these meetings?
11. Have you observed any changes in your children since they started coming to this school? (E.g. knowledge about HIV/AIDS).
12. Do you feel that if the SCORES project comes to an end the school will continue? Why/Why not?
13. Is there anything that you feel should have been differently at the school? If you had the power to change things about the programme to the benefit of the pupils or to the benefit of the providers, what changes would you make?

**THANK YOU VERY MUCH FOR YOUR PARTICIPATION**

### General information

1. Briefly tell us about this project (take note of the implementation models). What is the purpose or aim of the project?
2. How were you involved in the project (check for project conceptualization, consultations, needs assessment, prioritization of needs, relevance of needs, usefulness, timeliness, planning, and implementation)? To what extent were you able to play your role (check for challenges, constraints and enabling factors)

### Relevance

3. How does the aim or goal of SCORES relate or fit into the district level strategic plans? ( MOE and MCDMCH).
4. How did the project address the needs of the target beneficiaries and communities considering the socio-economic and cultural dynamics in the district?
5. How were the priorities of the project determined? (Probe for information on needs assessments, community and other stakeholder involvement, project addressing urgent needs of community)

### Effectiveness- Achievement of project results

6. Have the project outcomes (focus on higher results) been achieved in relation to the stated objectives and expected results? ( Ask for results framework)
7. How do partners, stakeholders and communities perceive the achievements? E.g. do the achievements present any strategic importance?
8. How did external factors and events hinder or support the achievement of results
9. What strategies were used to achieve the result of the project? What systems were in place to ensure effective implementation? How effective were these strategies? ( elaborate on capacity building).
10. How does the approach of the project integrate with other project i.e. inclusion of other services, multitasking? (Probe to see whether or not the project is vertical and assess multiplier effect)
11. How is the information shared among the project stakeholders (plans, progress reports etc)? Any Challenges in information sharing?

### Efficiency- project planning and implementation

12. How effective were planning mechanisms? To what extent were stakeholders involved in the planning process?
13. Was the SCORES implemented in accordance with the developed plans?
14. How were the services of the SCORES accessed by beneficiaries? (Probe for clarity on community outreach plan or disbursement / distribution plan)
15. Was financial spending in line with the developed plans?
16. How effective were M&E systems e.g. was monitoring data collected as planned, analysed, disseminated and utilised for decision making?
17. Where key activities implemented and planned outputs achieved?
18. What was the quality and nature of the relationship and coordination mechanism with partners and donor and their effects on implementation?



systems affect implementation – including commitment,

20. Did you receive adequate capacity building from CARE?

### Potential Impact

21. What has been the potential impact of the project (intended and unintended) on the beneficiaries and communities in general? If no impact, why did the programme fail to have any impact?
22. What are some of the success stories that can be shared?

### Ethical soundness

23. How does the project ensure inclusion of vulnerable children? (Probe for value statement on how interests OVC, PLHIV and women are taken care of)
24. What policies are in place to ensure that the project upholds and respects human rights e.g. PLHIV and OVC? (probe for policy or consideration of confidentiality, informed consent and safety issues)
25. What policies are in place to ensure equitable distribution of services? (Do those with greatest need access the service – Education, Psychosocial support and VCT services etc?)

### Sustainability

26. How did the stakeholders and communities view the programme in terms of ownership?
27. Did the intervention design include an appropriate sustainability and exit strategy? If so, to what extent were you involved in the preparation/implementation of the sustainability/exit strategy?
28. What policies are in place to ensure continuity of services? (Probe for systematic weaning or phase out strategies, skills transfer)
29. What is the likelihood of the success of the sustainability and exit strategies (What is bound to stop and what impact will this have? What is bound to continue and who will fund it)?

### Challenges, lessons learnt and recommendations

30. What are some of the challenges of the project?
31. What are some of the lessons learnt? And how have these learning points been used to strengthen the project?
32. Any recommendations for similar future programming?

### Supplementary questions

33. How much have you received from CARE for SCORES project?
34. Did you spend according to the approved budgets? What has been the rate of utilization of these funds?
35. Did you have any concern with the budget, release of funds or anything concerning finances?
36. How did you ensure visibility for European Union? Please list them.

**S FIELD COORDINATOR/OFFICERS**

		Recordings/Measure
<i>Background</i>	1. Name of officer Interviewed:	
	2. Position:	
	3. District:	
	4. How many schools is the organisation working with?	
<i>Strategic Planning and Implementation</i>	5. What is the organisation's vision statement?	
	6. What is the organisation's mission?	
	7. What role does the district play in the implementation of the organisation's strategy?	
	8. Does the district have an operational plan?	
	9. What targets did you set for the whole life of the project?	
	10. Were these targets met? Please elaborate.	
	11. What kind of challenges did you face in the implementation of the strategic plan?	
<i>Supervision and Mentoring</i>	12. What kind of support did you receive from CARE?	
	13. Was this support adequate? Why do you say so?	
	14. What if anything, would you have liked to see change in the support you received from CARE?	
	15. What kind of support did you receive from ROCS head office?	
	16. Was this support adequate? Why do you say so?	
	17. What if anything, would you like to see change in the support you receive from ROCS HQ?	
	18. How often did you receive supervisory visits from ROCS head office?	
	19. How did you view these visits?	
	20. What kind of support did you give to the community schools and the PCSCs?	
	21. How many quarterly supervisory visits have you made to the community schools?	

	<p>...e you given them in health (Probe for development directory of health services and forming networks)</p>	
	23. How do the PCSCs regard the support you gave them?	
	24. How do the PCSCs perceive their role in health promotion?	
	25. How often were you expected to conduct supervisory or mentoring visits to community schools and the PCSCs?	
	26. During the life of the project were you able to meet the target?	
<i>Administrative Abilities</i>	27. Does the field office have the following?	
	a. Computers?	
	b. Internet?	
	c. Fax machine?	
	d. At least one well serviced vehicle?	
	e. Enough stationery?	
	28. Has the field office at any time run short of office supplies and logistics to an extent that it was unable to carryout field work?	
<i>Technical Ability</i>	29. In the life of the project , did you attend any skills training? If yes, in which area?	
	30. Have you received training in psychosocial support?	
	31. Who provided the training and when?	
	32. What model of building the capacity of ROCS is being used?	
	33. Did the model of building the capacity of ROCS work?	
	34. What would you recommend for future similar projects?	
	35. On a scale of 1-5 (with 5 being the highest score, how would you rate your skills level/capacity in the following	
	a. Capacity Building (e.g. facilitating community trainings including for the PCSCs) <i>Please explain</i>	

	areas of expertise you have in	
	b. Mentoring and supervision of PCSCs? <i>Please explain your rating</i>	
	c. Community engagement? <i>Please explain your rating</i>	
	d. Leadership skills? <i>Please explain your rating</i>	
	e. Resource mobilization? <i>Please explain your rating</i>	
	f. Financial management? <i>Please explain your rating</i>	
	g. Administrative management? <i>Please explain your rating</i>	
	h. Monitoring and evaluation? <i>Please explain your rating</i>	
Strengthened capacity of 30 PCSCs to organize and manage community schools which provide educational services to around 6,000 school aged children (many of whom are OVCs)	36. How many PCSCs have you strengthened their capacities to organize and manage community schools?	
	Did ROCS capacity building activities include training of teachers and PCSCs in PSS? Please provide details.	
	37. How many PCSC members have you trained in management, leadership and organisation (disaggregated by gender) to date?	
	38. What changes in knowledge, skills and attitudes have been observed in PCSCs and teachers who have undergone training in this area?	
	39. Has the aspect of participatory monitoring and evaluation been included within the capacity building activities targeted at PCSCs?	
	40. What did ROCS, with the help of CARE do to work with the Ministry of Education to ensure that the elected committee members are adequately oriented?	
	41. Describe how ushering of new PCSCs is done while ensuring that the new PCSCs taps into the experience of old committee members who have management skills	

	done about training a cadre of as trainers to include	
	community school teachers, retired civil servants, and previous committee members in school management skills?	
	43. How often are the PCSCs required to meet?	
	44. What is the number of regular meetings and decisions recorded? (minutes of meetings)	
	45. How often are the PCSCs required to hold elections?	
	46. What has been done to ensure that all schools hold regular elections as they should?	
	47. Who is present during the elections (DEBS' office, ROCS personnel)	
	48. How many PCSCs report holding fair and transparent elections?	
	49. How many teachers are there in the project schools by gender?	
	50. How many teachers have received in-service training or other training (12 basic teaching skills? (disaggregated by gender)	
	51. Please specify other training received and number of teachers trained by gender	
	52. How satisfied are you with the training you facilitated?	
	53. What changes in knowledge, skills and attitudes have been observed in teachers who have undergone training in these areas?	
	54. What challenges have you faced in conducting training for PCSCs and teachers?	
	55. How many teachers have been trained in psychosocial support by gender?	
	56. How satisfied are you with the training you facilitated?	
	57. What changes in knowledge, skills and attitudes have been observed in PCSCs and teachers who have undergone training in this area?	

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	How many community based care and support networks have been established and led by the PCSCs? Please elaborate.	How many are attending school in the last 12 months by gender?
30 Community-based HIV/AIDS care and support networks established and led by PCSC	59. What has been done to help PCSCs bring community agents working in the field of health on board to help integrate health into their activities and thereby bringing basic health activities to community members?	
	60. What has been done to help PCSCs see health promotion as falling within their mandate, and to find creative ways of making them integrate it into their agendas/activities?	
	61. How many communities (or percentage) have developed a comprehensive directory of services?	
	63. What is the percentage of health initiatives/campaigns managed by PCSC to increase uptake of available services?	
	64. What has been done to help PCSCs bring community agents working in the field of health on board to help integrate health into their activities and thereby bringing basic health activities to community members?	
	65. What has been done to help PCSCs see health promotion as falling within their mandate, and to find creative ways of making them integrate it into their agendas/activities?	
	66. What are the major achievements you have made since the launch of the SCORES project? What can you attribute this to?	
Achievements	67. Which achievements are at risk?	
	68. What are the factors that (a) support sustaining achievements? (b) hinder sustaining achievements?	

		or challenges you face in your	
<i>Challenges</i>	70. Any recommendations for similar future programming?		
<i>Supplementary questions</i>	71. How much have you received from CARE for SCORES project?		
	72. Did you spend according to the approved budgets? What has been the rate of utilization of these funds?		
	73. Did you have any concern with the budget, release of funds or anything concerning finances?		
	74. How did you ensure visibility for European Union? Please list them		