

Evaluation of Response Network Zambia

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1. Executive summary

The evaluation was commissioned by Norwegian Church Aid (NCA) in September 2008. NCA hired Mrs. Robie Siamwiza and Mr. Atle Karlsen respectively to conduct the evaluation in partnership.

The evaluation team, with the main stakeholders, agreed on a schedule for the evaluation that included two weeks of field work (5-17 October) with preparation and tools development prior and report writing after.

The two consultants spent one week each in the field, visiting six communities, participating in one village meeting/ sensitisation each and conducted interviews with district authorities and chiefs. The relatively small sample of villages visited could have been a problem, but the consistency of the findings makes the consultants confident in the findings and recommendations of the report.

The consultants found that Response Network (RN) in many ways proved that they are a development organisation that practically puts their vision in to practice, and that deliver something different than the usual development organisation. The organisation reaches the beneficiaries they claim to work on behalf of, in a relatively cost-efficient way.

The operations of the organisation verifiably acts as a catalyst for increased developmental activity in the communities it engages, but the potential for a more sustained development in the communities beyond the RN intervention, through the facilitation of other development actors is still untapped to a too large extent.

Response Network is a young organisation and probably needs to fortify its organisational structures to continue developing their relationships to more donors and stakeholders.

The organisation would also benefit from developing simple methods for quality assuring the activities in the communities, ensuring stability and quality in the most vital activities. RN also needs to develop a system for monitoring and evaluating the Outcomes and Impact of their work.

2. Background

Response Network Zambia (RNZ) is a subsidiary of Response Network Norway (RNN). The Norwegian organisation was founded in 2003 and consists of a Board and contact persons working on a voluntary basis. The only money spent in Norway is for the annual auditing. The Zambian organisation was registered formally in 2004 and consists of a Board and an administration. The RNZ Board consists mainly of local resource persons, from the communities, from politics and from business.

2.1 *The organisation, its vision and modus operandi*

Response Network is an NGO developed based on the long experience of several Norwegian development practitioners, most notably Håkon Spigseth and Arnfinn Solli. The organisation is very much coloured by the experiences of these individuals, e.g. what they believe is the failure of donor-driven development of the last 20+ years and the ideas of popular education, self-empowerment promoted and advocated by the likes of Paolo Freire (in his *Pedagogy of the Oppressed*) and liberation theology to mention just a few probable inspirations.

The organisation's vision is *"to empower local communities to know their rights by encouraging them to start their own "know your rights and Governance clubs" and other Self-help education activities in order to learn how they can satisfy their basic needs like education, water, food and health, until GRZ will be able to take full responsibility"*. They are also clear that they want to act as a catalyst to development and a motivator for self-empowerment in rural communities. The "ideology" of the organisation restricts its involvement with the communities to motivation and education (training), RN wants to *"sow a thousand seeds and see them bloom"*.

RN has a small formal organisation, with volunteers playing a vital part in the implementation of activities both in the field and in more administrative matters. This present organisation is a function of the tight budget the organisation has worked under for the first three years of its existence, and it has both its strengths and weaknesses; the small organisation has proven efficient in delivering on the promised activities with a relatively small administrative budget, even though actually deciding on what is real administrative percentage is not immediately obvious. The flip-side is that important tasks in a growing organisation can be delayed by the relative lack of personnel, or rather the dependence of voluntary personnel to conduct tasks that may be critical in the growth phase.

RN interacts with communities through meetings, trainings, and manuals developed by the organisation to assist communities to set up and organise self-help activities. Networking is a part of the organisational strategy, and one they have managed to develop in relation to the community schools.

The way RNZ works in the field is relatively simple; RN always starts with a pre-arranged “village meeting” or “sensitisation meeting”, where the facilitators from RN speaks to the villagers about the resources surrounding them and how they can use them to improve their lives without external support. The meeting lasts from two to four-five hours, depending on the response from the villages and communities, and is a mix between facilitator introduction and facilitated discussions (or Question – Answer sessions). At the end of each village meeting an introduction to the RN manuals is given, both as a general principle and in some detail on specific manuals.

Following the village meeting, a Goal Oriented Project Planning (GOPP) training workshop is conducted to help the villages turn problems into opportunities, and to reflect on their lives in a more creative and constructive way than before. The GOPP was conducted as standard the first year and re-introduced in 2008 in some villages. The next step in the process (and what happens immediately after the village meeting if a GOPP-workshop is not conducted) is the volunteer follow up. This is the next critical phase of the RN “intervention” and one that needs as much quality as the other activities. The evaluation team was not completely convinced that this phase is quality assured in a way that guarantees the best possible activities, consistently, and this will be recommended for improvements..

In addition RN provides some training in the use of the manuals, and basic skills. The volunteers follow the groups/ activities generated through the first two years after the intervention, but mostly on a “call-up” basis. The volunteers monitor the relative status of the village groups throughout the two years, using monitoring templates developed by the organisation. This could be a good way of monitoring the status of the groups but, also, other indicators relative to effect and impact. The evaluation team finds that the monitoring has potential for improvement and development both in terms of quality and scope.

RN also wants to network with other actors, both in the North (Norway, Sweden etc) and in Zambia (other NGOs, district authorities etc), to assist groups that are “ready” for more assistance by connecting them with donors and supporters. RN has managed to do this in the education-sector, to a certain degree, assisting communities to build some 20 community schools. This has happened with the support of potential donors of materials, mostly from Sweden (Academic works) and Norway. RN has also been able to facilitate assistance to some 20 boreholes. In addition the communities themselves have managed, with the help and facilitation from RN, to build an additional 180 schools. These community schools educate thousands of students every year, and the adult literacy classes (some 100 of them)

teach adults to read and write. The report will discuss these Outputs in more detail later in the report, but it is important to state already here that although the numbers are impressive the evaluation team felt that the quality assurance of these Outputs was not evidence for objectively verifying Outcomes (changes), and that this is an important challenge to RN in their future work.

2.2 Zambia, Southern Province and Kalomo/ Kazangulu Districts

Zambia is one of the poorest countries in the world, currently ranked 165 out of 177 countries with data in the UNDP Human Development Index (HDI) 2007-2008. Of the population of 11.5 million more than 65% live in the rural areas. The development trends are not conclusively positive.

Some of the main Indicators are found in table 1 below.

Table 1

<i>Indicator</i>	Under-five mortality rate (poorest 20%), per 1000 live births	Public expenditure on education (as % of total gov't spending)	Adult literacy (% aged 15 and older)	Life expectancy at birth, annual estimates
<i>Most recent data</i>	192	14.8 ¹	68 ²	40.5

Poverty

The *Fifth National Development Plan* (2006) defines non-income poverty by looking at the social dimension of deprivation and its impact on households. The social dimension of poverty includes attention to access to education, health care services, water and sanitation, quality of accommodation, and environmental degradation.

The incidence of poverty³ remains quite high in Zambia in spite of various interventions, including the Poverty Reduction Strategy Paper (PRSP) which has been in affect for several years. According to the *Living Conditions Monitoring Survey* (2004), 68% of the population fall below the national poverty line, earning less than K111,747 (p.28). Generally, rural areas have a higher number of poor people than

¹ 2002-2005
² 1995-2005
³ According to the *Fifth National Development Plan* (2006) the 'incidence' of poverty measures the number of people falling below the poverty line irrespective of how far from the poverety line they are. 'Extreme' poverty is measured by taking a lower poverty line that reflects the minimum requirements of food spending and excludes some of the items included in the national basic poverty line (p28).

urban areas, however, there are pockets of urban poverty that are as severe as rural areas.

Poverty in Zambia has a young face ... *approximately 71% of children below 18 years live in poverty, with 78.1% and 56% representing children affected in rural and urban areas respectively* (Dialogue Africa, 2007, Executive Summary, p.iv). Childhood poverty on such a large scale has the capacity to undermine all national and local development efforts. Children who are extremely poor generally have serious health problems brought about by inadequate nutrition especially at critical points in their life when rapid growth and development are taking place. They, also, have less opportunity to access adequate education and training necessary to enable them to find employment, start their own business, or manage income-generating activities.

Through the Protracted Relief and Recovery Operation 10310 (PRRO) for the Southern Africa Region, World Food Program (WFP) supports a school feeding program to increase access to educational opportunities by OVC⁴. Since January 2003, WFP has been targeting orphans, street children, and other vulnerable children with an initial project in Lusaka that aims to increase access to education, to support families hosting vulnerable children and to contribute to maintenance of the nutritional status of these children (PRRO 10310 Implementation Strategy, p. 57, 2005). A 2002 WFP research paper found that the majority of OVC obtained education through the informal community school mechanism. Initially the program was confined to urban communities but rural areas were added later in recognition of the symbiosis between household vulnerability and drought.

At the end of 2006 children in 526 community schools in 11 districts of 4 provinces benefitted from food aid. The standard take home ration (THR) consists of a months worth of cereal to feed the entire family. The targeted areas are: Lusaka Province (Lusaka, Kafue, and Chongwe Districts); Eastern Province (Chipata, Katete, and Petauke Districts); Western Province (Mongu District); and Southern Province (Livingstone, Kazungula, Kalomo⁵, and Monze Districts). The schools facilitate the provision of wet-feeding to all pupils with 139,609 pupils benefiting, and take home rations (THR) only to the most vulnerable households with 34,380 households benefiting⁶. Child-headed and elderly-headed households are prioritized for THR, provided children in the household regularly attend school, i.e. 80% of monthly

⁴ This section of the paper is taken from Lee, D. and R. Siamwiza's *Orphan and Vulnerable Children in Zambia: An Assessment of Vulnerability in Selected Districts*, a report for World Food Program, 2006.

⁵ The feeding program attached to community schools in Kalomo has ended because WFP had inadequate resources to continue the program

⁶ Wet-feeding and take home rations are provided by WFP working in collaboration with Project Concern International.

attendance. The selection process for THR is carried out by 7 implementing partners in coordination with school staff, parents, local leaders, and the wider community⁷.

HIV and AIDS

Estimates put the HIV prevalence rate in Zambia at approximately 16% among the 15-49 years age group. About 1 million people in the population are estimated to be living with HIV, and over 200,000 people are in need of antiretroviral therapy.

The epidemic is characterized as follows:

- Feminization of the epidemic with women 1.4 times more likely to be infected with HIV than men, and infection rates among young women ages 15-24 years 4 times higher than those for young men in the same age group.
- HIV rates vary considerably among and within provinces, ranging from 7.7% in Northern Province, 15.8% in Southern Province, and 22% in Lusaka Province (DHS, 2007).
- Nearly 80% of HIV transmission in Zambia is through heterosexual contact, exacerbated by high-risk sexual practices, gender inequity, high levels of poverty, stigma and discriminatory practices and high prevalence of sexually transmitted infections and tuberculosis. The remaining 20% is predominantly due to mother-to-child transmission during pregnancy, at birth or whilst breastfeed.
- 7.7% of young people 15-24 years are estimated to be HIV infected.
- HIV Prevalence Estimates for Kalomo and Kazungula (CSO, 2004)

District	HIV Prevalence%	Male	Female	Total
Kalomo	18.6	7,149	9,854	17,003
Kazungula	18.6	2,943	3,770	6,713

Care and Support for People Living with HIV and AIDS

Health care, psychosocial support, and home-based care are the primary types of HIV and AIDS care and support. The *National HIV and AIDS Strategic Framework 2006-2010 Operations Manual for HIV and AIDS Multi-sectoral Response in Zambia (May 2008)* identify the following strategic objectives in under the theme of “Expanding treatment, care and support”

- Provide Universal Access to ART including access to confidential counselling and testing at all treatment centers.
- Expand treatment for Tuberculosis, sexually transmitted infections and other opportunistic infections

⁷ The primary implementing partners in the Zambia OVC community school feeding program were Project Concern International, CARE, and the Catholic Diocese.

- Strengthen home/community-based care and support including access to comprehensive palliative care and pain management
- Support the utilization of alternative and/or traditional medicines which have scientifically demonstrated efficacy
- Promote appropriate nutrition and positive living for persons living with HIV.

The Operations Manual describes the decentralized response to the epidemic which includes national, provincial, district, and community level structures for carry out the National HIV and AIDS Policy, facilitating the mainstreaming of HIV and AIDS into various sector programs, and monitoring the impact of interventions.

The National Decentralization Policy states that Area Development Committees shall be established in each ward, and shall promote community participation in decision-making, development planning, and implementation. Sub-district level implementation of HIV and AIDS program coordination, supervision, monitoring and implementation have been undertaken by various structures such as the Neighborhood Health Committees organized by the Ministry of Health, Area/Resident Development Committees organized by the local authority/district council, and community based organizations.

Background information on Kalomo district⁸

Kalomo is situated 354 Km from Lusaka and 120Km from Livingstone, and encompasses a geographical area of 15,000km². According to the national census, the population size was 167,446 in 2000 and the district had a population growth of 2.7 percent. Most of the population are concentrated along the Great North Road and the rail line, which transects the Southern Province. Most of the people working in formal employment in the district are employed by the Government or NGOs. However, 90 to 95 percent of the inhabitants are engaged in agriculture and cultivate crops such as maize, tobacco, sunflower, groundnuts, cotton, fruits, and vegetables. Small-scale mining in Amethyst and Tin is another productive activity undertaken in the district.

According to the district development plan, about 43.3 percent (94,942 people) have no access to safe drinking water; and the dependency ratio is 115 per 1000 (19,256 people are dependants). The teacher pupil ratio is 1:71 and the pupil progression rate is 20.8 percent. The district has a short fall of about 653 permanent classrooms.

Topography

⁸ Syacumpi, Muriel S. *District Response to HIV/ AIDS: An Assessment of Itezhi-Tezhi, Kalomo, Kazungula, and Namwala District HIV/AIDS Task Forces*. January 2003, a report for the POLICY Project, USAID Contract No. HRN-C- 00-00-00006-00; Kalomo District, *Kalomo District Development Plan, 2006 – 2011*, September 2005

The predominating topography of the district is a high plateau that is typical for most areas of Southern Province, consisting of a soft undulating plain. Its altitude is mostly around 1,300 m above mean sea level. Towards the South, the steep slopes of the escarpment towards the Zambezi River dominate the landscape.

Hydrology

The general drainage pattern is towards the South, to the Zambezi River. There are only few perennial rivers in the District; the most noticeable of which is the Kalomo River. Fishing is also possible in a few minor lakes and reservoirs, which have water throughout the year. Dambos are scattered throughout the district but usually dry out after the rainy season.

Settlement Structure of the District

The transportation corridors mainly determine the settlement pattern in the district, and this is composed of the following elements:

- Kalomo Urban Centre, which is considered as a typical line-of-rail town in the sense that it was developed along the railway line. The main shopping centre is located between the Great North Road and the railway line. The Great North Road establishes a buffer between the low/medium cost areas and Mawaya, the main informal compound.
- Zimba Urban Sub-Centre which is located approximately 40 km south of Kalomo Urban Centre.
- Scattered rural villages.

History

Kalomo Town was founded in the early 1900s as the capital of Northern Rhodesia (from 1902 to 1907). The administrative centre was located at the Boma Township. During the 1950s, Kalomo's urban growth and development accelerated when Mwaata Compound, Town Centre and Police Camp were developed. Later Amira Compound, Kalomo Secondary School, and later Green Acres were developed.

Ethnicity and Culture

- **Tribe:** The dominant tribe in the district is Tonga.
- **Social structure:** In rural areas the extended family system is highly respected and dominates the social organization. Although the Tonga are matrilineal, after marriage male children usually live in the same vicinity as their parents.

In urban areas the family is predominately nuclear in character. Families that have been living in urban areas for several generations often only retain weak links with their wider extended family in rural areas.

- **Customs, Beliefs and Practices:** Cattle ownership is the traditional form of wealth. Men's prestige and the respect they command is related to the number of cattle they own. Women also own cattle and can have personal property and assets separate from their husband.

Traditional medicine is still commonly used and is often practiced concurrently with modern medical practices.

Gender Profile of the District.

Gender discrimination is practiced with women lacking access and control over many productive assets. The incidence of low incomes adversely affects the woman more than it does the man, and women spend more time working for food for their families. Polygamous marriages, ritual cleansing and property grabbing are still prevalent in the district.

Traditional Authority:

The rural communities are organized on the basis of villages, normally led by a village headman who is assisted by elders. The overall traditional set up is under the jurisdiction of the Chief. There are, at present, four chiefs in the district (Sipatunyana, Simwatechela, Chikanta, and Siachitema).

District Development Priorities

The Kalomo District Development Plan⁹ identified the following as major issues of concern, which are listed below in their descending order of priority.

- 1) Low income from agricultural produce at house hold level
- 2) Inadequate access to safe drinking water
- 3) Poor road and communication infrastructure
- 4) Inadequate access to health services
- 5) High HIV prevalence rate and large number of AIDS cases
- 6) Inadequate number of school places and low literacy levels
- 7) Unregulated mining and underdeveloped mining opportunities
- 8) Low disposal of court cases
- 9) Inadequate social service provision by local authority
- 10) Low industrial development
- 11) Depletion of natural resources

The 2006-2011 District Development Plan feature strategies to address these concerns.

⁹ The district development plans were supposed to be developed through a participatory manner with widespread consultation with communities and stakeholders. There is some indication that this took place in many areas of the country but the degree of consultation cannot be verified for Kalomo. The KDDP states the following “The Kalomo District Development Plan (DDP) document is a true reflection and shared view of the development issues and priorities of the people of Kalomo as expressed, through participatory poverty assessment methodologies used by the people themselves. The DDP is therefore a true road map of development priorities and resource allocation for Kalomo district. It is my hope that this shared view of development priorities will be supported not only by the people themselves but also all stakeholders, particularly the donor community and other development partners.”

Background information on Kazungulu district¹⁰

Kazungulu is a new district and previously it used to be under Kalomo District. It lies in the southern area of Kalomo with a total land area of 16,873 Km². The district shares international borders with Zimbabwe on the South-East, Botswana and Namibia on the South-West, and completely surrounds Livingstone except for a short stretch where Livingstone shares borders with Zimbabwe. Kazungulu stretches along the Zambezi River to share borders with Sesheke district to the west, Kaoma to the North West, Namwala to the North and Kalomo to the East.

The district has many peasant farmers who mainly grow maize and sorghum. Also notable is cross border trading around the border with Botswana and fishing in the Mambova area. The rural community often travels in and out of Livingstone for business purposes. This results in a mixed lifestyle that combines both traditional village and town life. Cross border trading and delays in clearing truckers at the border coupled with the harsh economic climate contributes to the flourishing practice of prostitution in the area.

Topography

Most of the land covered by state owned forestry and game reserves and there is a large area covered by swamps along Sesheke border. Therefore, the district is sparsely populated with almost 4 people per square kilometre.

Hydrology

Apart from the Zambezi, the district has no perennial rivers. However, it has more than 17 man-made dams and wells with most of them constructed during the 1940s and 1950s. Due to old age and lack of rehabilitation and maintenance, the dams have problems of siltation, leakages, overgrown vegetation and damaged walls and spillways. This has resulted in the dams being unable to hold enough water for livestock and human consumption and for various other uses. Persistent droughts over the past years have also contributed to difficulties associated with water availability in the district. The people in the district largely depend on hand dug wells and a few old boreholes for their drinking water. In cases where these are not available people especially women and girls have to travel long distances to existing water points.

Settlement Structure of the District

The population of Kazungulu is predominantly rural. According to the 2000 census of population, about 98% of the population of the district resides in rural areas while only 2% are urbanised. The population density for the district is 4.0 persons per square kilometre. This is significantly lower than the national and provincial figure, which stand at 9.8 persons and 14.0 persons per square kilometre respectively.

¹⁰ Syacumpi, Muriel S. *District Response to HIV/AIDS: An Assessment of Itezhi-Tezhi, Kalomo, Kazungulu, and Namwala District HIV/AIDS Task Forces*. January 2003, a report for the POLICY Project, USAID Contract No. HRN-C- 00-00-00006-00; and Kazungulu District, *Kazungulu District Development Plan*,

The total population of Kazungula district according to the 2000 Census of Population and, Housing was 66,140 with a growth rate of 3.97% comprising of 33,815 females and 32,325 males. The administrative centre of the district is at Kazungula Township border. However, most some of the government departments are still operating in Livingstone, the Provincial Headquarter.

The chiefs own about 95 % of the land in Kazungula with the most land being under Chief Nyawa. Access to this land for investment is subject to the chiefs granting land and ratification by the local authority.

Ethnicity and Culture

- **Tribe:** Toka, Leya, Tonga and Nkoya are the dominant people in the district.
- **Social structure:** In rural areas the extended family system is highly respected and dominates the social organization. Although the Tonga is matrilineal, after marriage male children usually live in the same vicinity as their parents.

In urban areas the family is predominately nuclear in character. Families that have been living in urban areas for several generations often only retain weak links with their wider extended family in rural areas.

- **Customs, Beliefs and Practices:** Cattle ownership is the traditional form of wealth. Men's prestige and the respect they command is related to the number of cattle they own. Women also own cattle and can have personal property and assets separate from their husband.

Traditional medicine is still commonly used and is often practiced concurrently with modern medical practices.

Gender Profile of the District.

Gender discrimination is practiced with women lacking access and control over many productive assets. The incidence of low incomes adversely affects the woman more than it does the man, and women spend more time working for food for their families. Polygamous marriages, ritual cleansing and property grabbing are still prevalent in the district.

Traditional Authority:

The rural communities are organized on the basis of villages, normally led by a village headman who is assisted by elders. The overall traditional set up is under the jurisdiction of the Chief. There are, five chiefs in the district (Mukuni, Musokotwane, Sekute, Moomba and Nyawa).

District Development Priorities

The district identified the following as major issues of concern and are listed below in their descending order of priority.

- 1) Establishment of the district administrative centre
- 2) Tourism
- 3) Agriculture:
- 4) Roads & Transport
- 5) Water & Sanitation:

- 6) Health: inadequate
- 7) Education: Inadequate school places (low literacy)
- 8) Security: Low disposal of court cases
- 9) HIV/AIDS: HIV/AIDS prevalence

The 2006-2011 District Development Plan feature strategies to address these concerns.

Education

Education for Children and Youths

The Government has developed the Fifth National Development Plan (FNDP) to provide a more holistic perspective to sector development policies under the general thrust of economic growth and poverty reduction (MOE, 2007) with the overarching theme of "Broad-based Wealth and Job Creation through Citizenry Participation and Technological Advancement." The Education Sector is seen as contributing to poverty reduction efforts in the country by contributing to the development of human resources, and socialization of citizens into productive members of society. *Educating Our Future* (1996), the MOE national policy framework recognize Government's obligation to provide education to all children in accordance with both national and global human rights declarations as articulated.

The Ministry of Education (MOE) recognizes and promotes public-private partnership in the provision of education to enhance access. In addition to exclusive private provision, the Government recognizes and encourages mixed modes of provision that sometimes limit the non-governmental sector's responsibilities for running certain categories of schools (grant-aided) to the provision of funding and teaching staff.

A community school is community-based owned and managed learning institution that meets the basic/primary education needs of pupils, who for a number of reasons, cannot enter Government schools. The community school provides learning that may compensate for the time lost by some groups without compromising set standards. The community school may be either locally or externally initiated but it places management and organization of the school in the hands of a committee comprising representatives of a local community (MOE & ZCSS, 2005)

The community school response in Zambia came about largely because of the number of children that could not be accommodated into publicly financed schools. In 2004 it was estimated that there are 290,000 out-of-school children in the age bracket 7-13 years (FNDP, 2006). Because of the proliferation of community schools in a relatively short time, the Zambia Community Schools Secretariat (ZCSS) was formed in 1996 to coordinate development of community schools. However, ZCSS

was disbanded in 2006 and this created a vacuum for MOE. In the absence of ZCSS, MOE is encouraging civil society to create an umbrella body to replace the defunct ZCSS (MOE, 2007c).

MOE estimates there are over 3,300+ community schools in the country with facilities varying considerably in the quality of education provided, teacher qualifications, material and other resources, and capacity of the parent committee to assist the school. A national assessment of learning achievements in the education sector in 2005 showed children in community schools were performing relatively well compared to children in GRZ schools¹¹.

Adult Literacy

Literacy is a complex construct and not easily captured by one indicator (CSO and ORC, 2001/2002). Traditional measures of literacy focus on ability to read a simple sentence about everyday life. However it does not capture functional literacy which provides information on whether an individual can read a sign indicating danger or understand the instruction on a medicine bottle. In Zambia literacy of people with some or no primary education is assessed by their ability to read part or all of a sentence in a language in which they are likely to be literate.

Nationally, 70% of women and men between ages 15 and 24 are literate. Although most of the population have some schooling, there are sizeable differences by sex, urban-rural residence, and province. Men have completed an average of 7 years of schooling compared to the 5.3 completed by women. In Southern Province the mean number of years of schooling is 6.3 years and the literacy profile as reflected in the 2001/2002 Demographic and Health Survey is as follows:

No Schooling	Some Primary	Completed Primary	Some Secondary	Completed Secondary	More than Secondary	Don't know	Total	Sample size
8.7	33.2	27.7	21.9	5.9	2.2	0.5	100.0	1,045

Differences in literacy by sex, residence and province parallel those in educational attainment. Women are less likely than men to be able to read. 60% of women and 81% of men are literate. Adults in urban areas are more likely than those in rural areas to be able to read. In rural areas 48% of women age 15-49 and 75% of men 15-49 can read, compared with 79% of women and 90% of men in urban areas.

¹¹ “The primary purpose of the National Assessment surveys is to assess learning achievement levels and how they are changing over time relative to educational objectives and investments. In order to optimise investments in education, National Assessment Surveys assist in making focused and targeted investments in order to maximise the benefits” (Kanyika et al, 2005).

3. Findings

The evaluation was asked to provide answers to a set of questions outlined in the ToR. The Findings chapter of this report is structured along the lines of these questions. The findings are derived from the desk review (plans, reports, organisational), the interviews with RN staff and stakeholders and in particular the field study. The evaluation team has also used OECD-DAC's evaluation criteria where appropriate.

3.1 What contributed to or restrained the establishment of self-help Education activities in the RN targeted villages?

The evaluation team spent considerable time attempting to define success, and to understand what RN considers success, in order to find a baseline from which to assess critical areas of contribution and restraint. RN personnel and community respondents were asked to describe a successful intervention as opposed to a failed intervention. RN perceived success in terms of positive processes such as the initiation of self-help activities, widespread acceptance of the activities by community residents, and a sense of ownership, and commitment to initiating multi-projects to meet the needs of a comprehensive cross-section of community residents. On the other hand, failure was perceived by RN as a community not responding to the facilitation message and inability to initiate or sustain self-help activities.

The sampled communities' perception of a successful self-help intervention was described as achieving tangible outcomes such as positive changes in the household's standard of living (e.g. increased income), ability to perform a task that could not be done before (e.g. literacy), and availability of services such as community schools. Failure was defined as being non-productive in generating a material change or changes in an individual's personal life. Again the community's emphasis was placed on tangible outcomes as a result of an intervention.

Although RN and their community partners had different perceptions about success, the perceptions were sufficiently compatible to generate a productive relationship. The self-help education activities were assisted by the RN staff's belief in and commitment to the facilitation and information-sharing process, and by the community's belief in its effectiveness in generating tangible benefits. None of the six sampled villages questioned the efficacy of the self-help process but took it as a matter of faith that it would generate good results.

The constraints that influence the establishment of self-help education activities include the physical environment and the nature of human settlement in the district. Kalomo is one of the largest districts in Zambia and has a poor network of roads. It

is difficult to reach some villages on a regular basis. Although RN operates with a network of volunteers, who are equipped with bicycles that enable them to travel relatively long distances, they complained about the vast areas to be covered and the inadequacy of a bicycle in reaching distant places. A request was made for a motorbike. However, RN staff has had several accidents with motorbikes and management is reluctant to supply them on a larger scale. Also the type of motorbike used (*Jailing*) is not strong.¹²

Kalomo is a drought prone area with few natural sources of surface water. The pattern of settlement is determined by the availability of water. Consequently, villages are scattered and situated near water sources rather than main transit areas. This constrains the easy flow of materials to project sites.

3.2 Is the RN method and implementation practice sustainable?

Sustainability is one of the five OECD-DAC's evaluation criteria and as such very much related to donor funding. The OECD-DAC defines it as "...measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Projects need to be environmentally as well as financially sustainable".

The RN practice of self-help/ -empowerment in theory should ensure some kind of sustainability since it is the communities themselves that are responsible for what they want to do and how they want to do it. In many cases this is certainly the fact, and the evaluation team was impressed by the relative commitment by some of the groups we met. However, the study indicates that longer-term commitment, and thereby chances of sustainability, is more connected to the relative "success" of the groups in producing results within a relatively short time after they are established than RN has allowed for. The potential for the groups not only to produce but reproduce the expected results obviously seem very important to them. Granted, RN states that they are only there as the catalyst, the communities themselves will decide what to do and they will also practically experience that some groups fail and some succeed, but this (almost Darwinist) approach leaves an unfulfilled potential that the evaluation team believes RN could and should attempt to fill. If the hypothesis that additional (mostly material, but also additional training) support to groups at certain points in time is important for sustainability and thereby improved quality of life for the beneficiaries it would be unfortunate not to attempt to facilitate this additional support. The evaluation team believes that is a responsibility RN should accept to a larger degree than they presently are doing. It would include more analytical work with the communities in the initiation phase and more follow-up once the groups and activities have been initiated. This work

¹² Observation noted in the Minutes of the Board Meeting Held on 11th April 2008.

should not necessarily be conducted by RN, but they should help facilitate such work.

3.3 Did individuals and the communities benefit from the RN self-help education facilitation project?

The sample interviewed in this evaluation shows that individuals and communities benefited from the RN facilitation, at least in the short run. The consultants were able to identify tangible and intangible benefits. The tangible benefits were in line with the outputs that the communities identified as illustrative of a successful project, and the intangible benefits reflected individual and community growth indicators identified by RN staff.

Tangible results include increasing access to education for children in the targeted communities through the creation of community schools. RN has facilitated the development of more than 200 schools since its inception. Initially, the Kalomo District Education Board was overwhelmed by this development and questioned the quality of the schools. However, the Ministry of Education's national policy framework recognizes and promotes public-private partnership in the provision of education to enhance access to children who cannot or who choose not to be absorbed into public schools. Questions have been raised about the quality of the community schools because many do not have qualified teachers and some have not been registered with the District Education Board. Nevertheless, their provision is part of a larger process of expanding educational opportunities in Kalomo District and it is envisioned that ultimately the schools will be upgraded. The Ministry of Education includes community schools when reporting on progress in meeting the MDGs for education. It is also important to state that the District Education Board of Kalomo district was positive towards RN and its program, and they are doing their very best to register the community schools established through RN activities. They would, however, like to see RN facilitating a slightly better (mainly larger) blueprint for the community schools, and this has been taken into consideration by RN in their latest schools projects.

The skills training program in bricklaying, carpentry and blacksmithing has enabled some residents to participate in the creation of community infrastructure. Members of the skills clubs work on building community schools as shown in the illustration below. The training creates a reservoir of skills that can be used to develop other community infrastructure.



Members of the community in Siamawva Village working on school extension.

Another tangible result is the community's receptivity and enthusiasm for organic vegetable growing. The RN narrative report for January to September 2008 recorded 76 organic vegetable growing groups with 851 participants. Although the consultants did not ascertain the commercial value of the activity, members of the focused groups said the gardens contributed to improving household nutrition. This is an important benefit because of the recent cessation of school feeding programs in the district¹³, and the need for highly nutritious food for people living with HIV, especially those who are undergoing anti-retroviral therapy. Kalomo District's HIV prevalence rate was estimated to be 18% in 2004. The availability of fresh vegetables on a regular basis and the ability to grow maize (the staple food) using organic methods has great potential for ensuring that the district is food secure for most of the year.¹⁴

¹³ At the end of 2006 children in 526 community schools in 11 districts (inclusive of Kalomo) in 4 provinces benefitted from food aid. The program was part of the Protracted Relief and Recovery Operation 10310 (PRRO) for the Southern Africa Region and carried out by World Food Program (WFP).

¹⁴ Kalomo District is prone to droughts that affect maize production on a large scale, however dams have been provided in strategic areas and can be used to water vegetable crops throughout the year.



Onions growing in an organic vegetable garden.

An important but intangible result is related to the literacy classes, particularly the impact on women's empowerment. 34 clubs were started in 2008 with 482 learners. Most of the participants were women. Literacy skills in women are correlated with many development indicators including improved maternal and child health status, more children in school who complete a basic level of education, and women's personal empowerment. Anecdotal evidence supporting this comes from Simbayi Village, where a woman said in that "in the past she did not take her children to the clinic in a timely manner but waited until they were very sick because she was embarrassed that she could not read the signs on the doors, and was reluctant to ask others to read for her. Now that she is in the Adult Literacy program and can read, she feels that she can go anywhere she wants."

From an RN perspective, the communities benefit from learning practical skills such as carpentry, blacksmithing, crafts, and gardening and learning how to organize themselves to engage in self-help activities. RN collects data using process indicators on a quarterly basis to identify benefits and progress in achieving program results. Data is collected on the number of clubs/groups formed, the number of participants, and the number of villages reached.

The communities interviewed reiterated RN's perception of tangible and intangible results. Mr. Anderson Chingobe, Headman of Chingobe Village commented "RN has stimulated the community to come together to undertake activities and work towards common goals. People meet and share ideas in a coordinated manner."

An Impact evaluation exercise needs to be considered, both from donors and RN, to really get reliable data from a larger data set that can verify impact beyond the process indicators used in RN reporting.

3.4 What was the community and individual benefit after the education phase of the community education initiatives ended? Did the community co-operation end there, or did an entrepreneurship or “co-operative” phase follow?

All the villages the evaluation team visited were happy with the intervention and the support of RN post-intervention. When it comes to community and individual benefits due to the RN intervention the interviewees were mainly positive, but also relatively unclear on the concrete benefits gained. The majority of respondents defined success as a material outcome or an improvement in their lives.

In Simbayi a woman said in the past she did not take her children to the clinic in a timely manner but waited until they were very sick. She was embarrassed that she could not read the signs on the doors and was reluctant to ask others to read them for her. Now that she is in the Adult Literacy program and can read, she feels that she can go anywhere she wants. Other respondents referred to success as RN keeping a promise and ensuring that something positively happened in the community. The evaluation also discussed what constituted failure and the respondents had several thoughts on this, indicating that not all the activities generate (immediate or longer-term) benefits. Failure was defined as opposite of success, e.g. as being non-productive in generating a material change or changes in an individual's personal life. Chingobe village defined failure as “promises” but failure to deliver and lack of sustainability. For instance, it is only possible to have a garden for a limited period of time because of water problems. A borehole would open possibilities for extending the growing season. The respondents in Siamawva village had a sustainability view and perceived failure as the inability to move forward on a program. For instance, lacking spare parts to repair equipment, failure to send the community school teacher for teacher training, or the absence of a sewing machine to make uniforms for school children.

The evaluation found that most respondents had perceived benefits from acting upon the RN intervention, both as individuals and as communities. However, the evaluation also found that where activities does not generate these perceived benefits the feeling of lost opportunities (in relation to expectations) may be larger than immediately understood by RN. A group or activity started and then ended may entail a larger loss in morale than just the lost opportunities of that specific group. Sustained perceived and real benefits seem to be the key to real development for all respondents.

The evaluation found that approximately 70% of the activities/ groups started due to RN facilitation and were still operational two-three years later¹⁵. This is a very good result and it shows that RN creates real and committed ownership at community level. Without a baseline is it difficult to measure the level of new entrepreneurship after the RN intervention, but the evaluation team was certainly impressed by examples of both individual and group creativity within the sample. What is not easy to measure is impact on the communities and individuals if the RN intervention has indeed created a new sense of entrepreneurship; some places it seemed that lack of a natural and practically approachable market in the longer-term would lead to less activity. A community can only absorb so many new chairs made by carpenters, so many new mats made by women's groups and so many new hoes made by blacksmiths. The evaluation team does not doubt the effect that more chairs and new mats have, but the question is whether lives will be changed and MDGs (ultimately) met by this kind of development.

3.5 What were the major challenges the communities experienced when initiating and running the self help activities?

The evaluation found several interesting things under this question; The volunteers ranged in age from 20/21 to 45 years. Among the younger volunteers sampled, the youngest ones tended to be women. This may be an indirect challenge because of the prevailing gender discrimination that exists in Zambia (*Muyakwa, Stephen Zambia Country Report in The African Women's Protocol Harnessing a Potential Force for Positive Change, Rosemary Mukasa (ed.), Oxfam, 2008*). Some of the women in the focused group discussions talked about empowerment issues and how the RN intervention is facilitating this at household level but the consultants did not identify and explore any negative ramifications to the changing social order in households and at community level.

¹⁵ The small sample was mainly taken from "old" village-interventions, 2005-2006



Young female volunteers attending a facilitation meeting

RN reports that the young women were chosen as volunteers because they are respected and perceived as capable of promoting the self-help process. However, various reports on gender and development in Zambia indicate disparities between men and women in power and authority, social status, access to social protection, and ability to control their personal life and social situation. Young women have been found to be among the most disadvantaged category of people in the country, and are subject to acts of violence and gender discrimination countrywide. There continues to be a strong belief that women, particularly young women, should be under the authority and protection of males and should have limited freedom of movement. Therefore, a possible challenge to the RN program of operation may be the way in which young women are perceived when taking leadership positions and traveling alone in the countryside. Presently, the information-sharing activities do not adequately address gender discrimination and its impact on economic and social development although it is touched upon in the *Let's Start Our Own Community "Know your Rights" Club Manual*.

Another challenge is the human resource base in RN, which is composed of volunteers and staff. The Minutes of the Meeting for April 2008 observed that the RN target had been met for 2007 and all of its activities for the year had been performed but the quality of reporting was poor and did not adequately capture what had been achieved. This discrepancy was attributed to poor reporting by volunteers and lack of a GOPP follow-up program for communities. This suggests a need for skills building among volunteers.

RN has initiated contact with Kalomo District Council and the district office of several sector ministries such as the Ministry of Education and Ministry of Community Development and Social Services. However, contact between the decentralized agents of Government and the local communities remain underdeveloped at best and non-existent under the worse circumstance. This has caused tension around some of the projects, especially those that Government would be expected to support either in the short or long-term. For instance, Government has responsibility for registering and certifying social infrastructure such as schools and health facilities, and supplying qualified personnel and an annual subvention to operate the facility. These responsibilities are carried out according to a district plan that is linked to the national development plan and budget. Extraneous and off-budget activities are difficult to accommodate.

3.6 What role did the community self- help resources manuals play in the RN self help facilitation strategy in the villages?

The evaluation looked specifically at this question in the semi-structured interviews with village informants and found several interesting, but sometimes deviating indications of the value of the manuals in the work of RN.

In the discussions with respondents the manuals were discussed as part of the RN intervention, and as such it was appreciated by the communities. It was clear from the interviews that some groups had used the manuals actively in setting up their organisation and in starting up their activities. In some of the communities, in activities particularly relating to the education sector and the rights of children to attend school, some groups have used the information in the manuals to approach the local District Education Board with complaints. The organic vegetable manual was stated as the most useful one in terms of practical information, while the community schools manual was the one reportedly having had the greatest impact on the communities.

The evaluation team also saw the manuals misused several times, noting that they perhaps did not mean as much to the communities as one should believe, but these incidents should not be overstated in significance.

The evaluation team found the manuals in Kalomo Community Development offices, and they were well know and recognized by district authorities interviewed.

3.7 What role did the RN encouragement and information approach in the targeted villages play to achieve the UN millennium goals on a micro perspective?

RN has a challenge in that it has not attempted to measure Outcome and Impact of its activities, and so far relied on process indicators to guide their work. The indicators from Zambia, Southern Province and Kalomo district related to the MDGs does not yet show conclusive improvements, and this challenges RN to come up with intermediary indicators that can link their process indicators to the MDGs, even in a micro-perspective and at a very local level.

The evaluation team asked the interviewees whether they knew anything about plans for development in their district, province, in Zambia or in the world (MDGs). The team also asked whether the communities had been informed about these plans, especially plans that relate directly to them (District Development Plans/ Strategies). Very few of the respondents were knowledgeable about the plans and goals. A few had heard about particular sectors such as the Education Sector and Water and Sanitation Sector because of their own special interests and involvement in the Community School and Borehole projects. None of the community partners had discussed the plans and goals with community groups and/ or authority representatives (including traditional leaders).

There will be need to educate the community about the MDGs and how they are linked to national development goals and objectives so that they will begin to design their activities with this in mind. The evaluation found that very few people had heard of the MDGs, the Fifth National Development Plan (FNDP), and the District Development Plans (DDP). The evaluation is not saying that this necessarily should be the job of RN, but the understanding of a community of their “place” in a system is a way of capacitating them for future advocacy work and as part of a general democratization process.

The advantage to incorporating FNDP, district development goals, and MDGs into community programs is the support (financial, material, and technical support) that could be made available from Government and civil society organizations to help communities. Communities would decide what they wanted to achieve and how they want to work but having access to a wider pool of resources would be helpful for achieving their aspirations.

There are instruments that have intermediate indicators that could be further refined to micro-level to report on the activities undertaken by RN and linked to the MDGs. Zambia regularly submits reports to the UN and other international agencies on how well it is doing in achieving progress on the international protocols to which it is a signatory such as the State of the Child to UNICEF; the United Nations General

Assembly Special Session (UNGASS) report; and reports made on the Convention on the Elimination of all forms of Discrimination Against Women. Indicators have been developed to facilitate transmission of progress in these areas. Sector ministries, the planning office of the district council, and civil society organizations could provide technical support to RN and communities to help develop micro-level indicators that are linked to higher level ones in the area of education, small-scale farming, and women's empowerment.

3.8 Did the RN community self- help approach in the targeted communities contribute to achieve the Norwegian Parliament's overall development goal of "reaching the poor"?

Whether "reaching the poor" is a development goal in itself this evaluation will not discuss; it will only attempt to say whether RN reaches the poor and whether RN reaching the poor has had an impact on their livelihood and poverty status.

The evaluation finds that RN clearly reaches the poor, in a way that most Norwegian organizations rarely do. RN actually puts their vision into practical activities in the rural communities in Kalomo and Kazangulu districts. The evaluation verified that RN beneficiaries are the poor, in remote rural villages, that lack access to markets and basic social services such as schools and health clinics.

As the evaluation has attempted to argue in the above points, it is not conclusively clear that the RN interventions make a sustained impact on the lives and livelihoods of the communities where they work. Early indications are good, but the attempts to measure have been too few and logically weak that it is difficult to state anything conclusively. The evaluation finds areas of unused potential in the interventions of RN, a potential that if filled can lead to sustained positive impact.

3.9 The evaluation team should recommend improvements to the RN method and implementation practice.

See chapter 4.

4. Conclusions and recommendations

The conclusions and recommendations from this report are based on the findings presented in the chapters above, mainly in chapter 3. They are meant as points for

improvement for an organisation (Response Network) that in many ways has impressed the evaluations team, and should be read as such.

4.1 Conclusions

The evaluation finds that RN is an organisation that puts visions into practice, really making an attempt at reaching the poorest of the poor in the rural areas of Zambia's Southern province.

It is a small organisation with what seems to be a relatively cost-efficient *modus operandi*, and a good understanding of the ways and means of rural life in Zambia. The evaluation team will propose a development of the organisational structures of the organisation, believing this will help both the operations and the way it is managing and reporting on its work. These recommendations may be seen as making RN less cost-efficient, but the team believes that the gains in operational strength and understanding of the Outcomes and Impact will be potentially large.

The operations of the organisation verifiably acts as a catalyst for increased developmental activity in the communities it engages, but the potential for a more sustained development in the communities beyond the RN intervention, through the facilitation of other development actors is still untapped to a too large extent.

4.2 Recommendations organisation

Response Network has grown as an organisation since its inception just four years ago, and the Board and Administration need to acknowledge this fact and implement some organisational improvements aimed at strengthening and fortifying the organisation.

a. **The organisation need to cement the role of the volunteers engaged, to solidify and make more permanent and dependable the outputs they produce (or are expected to produce). As it stands at the moment some of the voluntary work is ad hoc in nature and the quality and relevance of the work depends a lot on the ability and capacity of the Director to follow up and quality assure.**

b. **The Board of the organisation needs to follow up and quality-assure the work of the administration in an even more thorough way than presently done. It needs to be active participants in the development of strategies and longer term plans, as well as the further development of the philosophy of the organisation. This is a natural development and will make the organisation stronger and more sustainable.**

c. **RN needs to write down its main processes in a structured way, together making up the procedures of the organisation. This is a way of ensuring**

consistent quality in all the activities of the organisation, and makes the organisation less dependent of specific staff and more on the functions and processes agreed upon.

RN is already doing a lot of work on facilitation and networking, but this is such an essential part of the sustained positive impact of its work that it needs to be strengthened even more in the future

4.3 Recommendations tools and M&E

The monitoring and evaluation is one of the areas where Response Network really needs to improve if they want to grow and learn as an organisation.

a. One of the first things that RN should do, with or without the assistance of other organisations, is to establish a baseline for both Kalomo and Kazungulu districts. This baseline, not conducted upon establishment of the program, would greatly increase the possibility to report on real Outcome and Impact indicators for the program itself and for the beneficiaries in general. When it comes to indicators there are a number of relevant ones the organisation could adopt to show either direct or proxy linkages to the National Development Plan and the MDGs. Examples of good indicators could be qualitative, beneficiaries' perception of their livelihood security / beneficiaries' perception of their increased self-confidence in dealing with external groups, authorities (through sample surveys), or quantitative, percentage of grade 7 students from community schools that go on to next level in relation to public school students (District Education Board has these data) or increased mean income in villages.

RN has developed tools for monitoring of process indicators in relation to the communities, and as such the templates work well enough even though the evaluation team found large quality differences and inconsistencies when sampling the reporting of the last few years. But there is an un-tapped reservoir of data that the organisation could gather without increased costs.

b. The organisation should implement a system for sampling and quality assuring the above mentioned monitoring reports, and this could be done by senior staff participating in the gathering of data with the volunteers. The monitoring templates should also include more indicators, like the ones suggested above, and not only process indicators.

As mentioned in 4.5, the cooperation and networking is an area where there is a large un-tapped potential. This also goes for M&E activities.

c. RN should initiate cooperation with other development actors and district authorities where sharing of data would be the main focus. RN has such an outreach that they could easily gather huge amounts of information that would not only act as verification for their own work but that could also be used as basis for more informed public planning and planning of other development interventions.

4.4 Recommendations field processes

RN's bread and butter are its ability to conduct consistently good and effectual village meetings/ GOPP seminars and volunteer follow-up in the field. These are three critical elements the organisation needs to quality assure and build capacity around.

a. The organisation needs to build capacity in general, but particularly in the field processes; this means writing down in a process document, accompanied by quality indicators, the general process expected to take place in a village-/ sensitisation meeting, in a GOPP-workshop, and in the follow up by volunteers. Process documents can act as guides to implement with consistent quality, and frequent quality sampling by the Director (or third party monitoring) will assure this consistency.

b. In addition the organisation needs to train at least one more senior facilitator, not to rely solely on the present village facilitator in the future. More training is also needed to make sure that the volunteers hold and keep to the level of quality needed and desired by the organisation.

4.5 Recommendations networking

The consultants observed that most villages had several organizations promoting development within the same area but often there was no coordination between them. Some organizations had preceded RN in the area whilst others came later. The residents interacted with the various organizations in a vertical fashion with some activities duplicated or at least overlapping in terms of technical support.

The RN methodology could be used to help communities to better assimilate and coordinate the programs offered by different development partners. It would require changes in the messages given during the first meeting, e.g. that all other development approaches are bad or less effective than a self-help approach. No community is an island and will have to establish links with Government and other agents in order to survive and prosper.

- a. It is recommended that during the early stages of facilitation and information-sharing, the advantages of networking should be introduced and information provided on how to do this effectively.**

- b. It is also recommended that RN become a member of the District Development Coordinating Committee in the districts that it is operational to facilitate knowledge of the district council's plans and priorities for the area, who is working in the district, and who would make an effective partner in the area in which they are operational. This type of networking could help villages reduce transaction costs by providing information about what is required of them when they partner with specific organizations; and enable them to more effectively coordinate how they will engage with various organizations, when, and for what reasons.**

Annex A, Terms of Reference

RESPONSE NETWORK (RN)

Evaluation 2008

TERMS OF REFERENCE

DRAFT 16.3.08

BACKGROUND

The aim of Response Network was to provide information and encouragement for sustainable self-help education projects of local community priority. Response Network aim to empower local communities to initiate self-help education activities, which are planned and implemented by the local people.

Response Network believes that sustainable development must mobilize peoples own human an environmental resources, and therefore we offer facilitation for self-help projects.

Response Network does not run projects. RN does only deliver services in the form of encouragement and information based on GRZ policies and regulations.

In the community meetings Response Network provides encouragement and information that serves as eye openers to enable the community members to see their potentials:

Firstly, the traditional leaders welcome the approach.

Then there is the community sensitisation meeting where RN provides motivation and information concerning self-help education activities to satisfy the needs.

The community is also informed about their rights and where to go to ask for advice and support towards their self-help education activities after forming a board and recruiting volunteer instructors.

After the sensitization meeting, the RN volunteers, in the position of Area-coordinators, will follow up and visit each village. They provide motivation, factual information and encouragement to the community leaders during the process of establishing the self-help education activities.

The community needs detailed information about available resources concerning their chosen education project in order to implement the plans solely on self-help. The relevant self-help resources manuals, in English or ChiTonga, are given to the leaders since such knowledge is not easily available to the people from other sources.

The self-help resources manuals are:

- No 1. Let's start our own community school, (2002)
- No 2 Let's start our own community sports club, (2003)
- No 3 Let's start our own community literacy class,(2005)
- No 4 Let's start our own community skills training, (2005)
- No 5 Let's start our own women's group;(2005)
- No 6 Organic vegetable growing;(2005)
- No 7 Let's start our own community HIV/Aids support group. (2006)
- No 8 Let's start our own community health and nutrition club. (2006)
- No 9 Let's start our own community know your rights club (2006)

The following manuals came in use from 2008:

- No 10 Let's start our own community Alcohol awareness and support group
- No 11 Let's start our own Mental Health Club
- No.12 Let's start our own Community Participation (Governance) Club
- No.13 Let's start our own Community support Group for Children with special needs

The resources manuals were produced gradually, therefore only the six first manuals were available from or during 2005 when the project started and the manuals in ChiTonga were ready in 2006-2007.

The 13 manuals are printed in about 100 000 copies in total and also distributed nationally through NCA office in Lusaka.

Response Network believes that *seven UN Millennium Development Goals* are within reach of 2015 if stimulation to self-help with the RN approaches on the micro level, is in focus in addition to traditional institutional investments.

The main project area for Response Network has so far been Kalomo District.

In addition RN trained Church leaders and district and provincial officers in how to implement self-help. Response Network has advised the communities to approach the local authorities and ask for advice and support. RN strengthened the focus on a right based approach to self help initiatives from 2007.

The evaluation shall endeavor to find out:

1. What contributed to or restrained the establishment of self-help Education activities in the RN targeted villages?
2. Is the RN method and implementation practice sustainable?
3. Did individuals and the communities benefit from the RN self-help education facilitation project?

4. What was the community and individual benefit after the education phase of the community education initiatives ended? Did the community co-operation end there, or did an entrepreneurship or “co-operative” phase follow?
5. What were the major challenges the communities experienced when initiating and running the self help activities?
6. What role did the community self- help resources manuals play in the RN self help facilitation strategy in the villages?
7. What role did the RN encouragement and information approach in the targeted villages play to achieve the UN millennium goals on a micro perspective?
8. Did the RN community self- help approach in the targeted communities contribute to achieve the Norwegian Parliament’s overall development goal of “reaching the poor”?
9. The evaluation team should recommend improvements to the RN method and implementation practice.

Reference Materials available:

Project documents containing targets and plans for 2005, 2006 and 2007.

Annual reports 2005, 2006 and 2007 containing results.

www.responsenetwork.org presents information about RN and partnerships.

Lists with project names and activities from 2006 and 2007, and partly 2005.

Thirteen community self help resources manuals.

Internal evaluation report from 2006.

Project study report by Dr Simon Kunkhuli Mbewe, ZOU from 2006

Project study summary by Randi Jacobsen, HiO presumed ready in early 2008

Annex B, List of informants

RN staff/ Board members:

Håkon Spigseth, Director RNZ
Arnfinn Solli, Advisor (writing manuals)
Caleb Chabauni
Frayor Chabauni
Bjørn Ertzgaard, retired volunteer (sponsor recruiter)
Weston Sianchongwe, Senior Self-help Facilitator
Pierce Sianduwa (Staff member)

RN volunteers

Florence Choongo
Mildred Simuunza
Charles Moono
Brenda Machalele
Webby Milambo
Beverly Siambizi
Grabel Sianjoola
Dave Siantoblo
Raphael Simoombe
Mads Roser, Score Volunteer

Villagers/ Community interviewees:

Chingobe Village

Anderson Chingobe, Sr. Headman
Wilson Siamulena, Vice Headman
Rosemary Siababwa, Chair and Adult Literacy Instructor, Women's Group
Collins Cinkusu, Chair, Adult Literacy

Muntana Village

Dillon Sibboli, Chair of Community School

Siamawva Village

Derina Matubulani¹⁶, Chair of Women's Association (23 clubs)
Prison Julu, Headman's Representative
Given Simbayi, Head of Carpentry Group

Andeliki Village

Mathias Musanja, Chair of the PCSA
Pauline Siachoma, RN contact person

¹⁶ Mrs. Matubulani is the wife of the former Member of Parliament for the area, and who is also a member of RN Board (Hon. Peter Matubulani).

Elija M, Headman
Simbunji Village
Headman
Chair of PCSA
Chair of Women's Group

In addition Focus Groups were interviewed in each of the six villages, with participation from both men and women in groups ranging from 5 to 35 participants.

District authorities and traditional leaders:

Mr. Hamilemba, District Education Board Secretary, Kalomo District
Mr. Oliver Belete, District Commissioner, Kalomo District
Mr. Nglande Kingsley, Community Development Officer, Kalomo District
Chief Sipatunyana, Kalomo District

Annex C, List of villages and criteria

Andeleki
Muntana
Chingobe
Siamawva
Simbayi
Simbunji

In addition the team observed two village meetings/ sensitisation sessions, both in Kalomo district.

The criteria used to select the sample villages were the following:

- a. At least one village meeting/ sensitisation meeting should be observed.
- b. Village status in terms of success, non-success/ failure; at least 50% of the villages visited should have RN status as non-successful.
- c. Number of activities taking place in a village; at least 50% of the villages visited should be villages with few activities (less than 4). This criteria says nothing about the quality of the activity, the villages could have few but good activities.
- d. Time frame; the evaluation was mostly concerned with "old" interventions and so all the villages were to be from 2005-2006.

Annex D, Literature consulted

On Hiv-Aids:

Central Statistical Office 2004 *HIV and AIDS Epidemiological Projections*

Central Statistical Office, Ministry of Health, Tropical Diseases Research Centre, University of Zambia, and MEASURES DHS, Macro International *Zambia Demographic and Health Survey 2007*, Preliminary Report.

National HIV/AIDS/STI/TB Council *The HIV/AIDS Epidemic in Zambia Where Are We Now Where Are We Going?*, September 2004

Saasa, Oliver S. *HIV and AIDS Indicators Monitoring and Evaluating the New Response in the Context of the New Aid Architecture*, a report for the Swedish International Development Agency, Lusaka, 2 January 2007

On Poverty:

Dialogue Africa *Country Contextual Analysis*, a consultancy report for ActionAid International – Zambia, 2007

Lee, Daniel and Robie Siamwiza *Orphan and Vulnerable Children in Zambia: An Assessment of Vulnerability in Selected Districts*, a report for the World Food Program, Lusaka, December 2006

Ministry of Finance and National Planning *Fifth National Development Plan 2006-2010*, Lusaka, 2006

On Education:

BEMVI Associates *Report on the Analysis of the Education Act Chapter 134 of the Laws of Zambia and the Education Bill, 2006*, Lusaka, January 2007

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Annex E, Tools used in the evaluation

Key Informant Question Guide, a conversation guide and individual data gathering tool

Question Guide RN staff, a conversation guide for interviews with RN staff and volunteers

Focus group Discussion Guide, a guide for focus group discussions and group data gathering tool

Village Fact Sheet, a tool for gathering data on villages, groups and activities

The guides/ tools were used in a semi-structured way, and the consultants discussed the use of specific questions between the field trips. In addition a number of more informal discussions with stakeholders took place during the field visit.