

## FORM FOR STATUS REPORTS ON INDIVIDUAL PROJECTS 2005

This form must be used by the organization in connection with the submission of its status report for 2005. The report must be appended to the audited accounts and the "Form for Auditor's Report" for 2005, which must be sent to Norad by **31 May 2005 at the latest**. Organizations that receive funding for several projects must send in a separate status report for each project.

The status report should be 2-4 pages long and must be brief and concise. It must be filled in electronically and two paper copies must be sent to Norad.

### 1. GENERAL INFORMATION

**1.1 Name of organization:** The Norwegian Bahá'í Office of Social and Economic Development (NorSED)

**1.2 Agreement number:** ZAM 03/004

**Project title in Norwegian:** Utdanning for å fremme sunne familier og landsbyer

**Project title in English:** Health Education Project for Healthy Families and Villages (HEP)

**Region/country:** Zambia

**Name of local cooperation partner:** William Mmutle Masetlha Foundation (WMMF)

**1.3 Amount of funding received for the project from Norad in 2005:** NOK 500.000

**1.4 Brief description of the project**

The project is a community-based health education program for village communities and families in remote rural areas of Zambia (Northwestern, Northern, Luapula, Eastern, Central, and Southern Provinces). Training is offered at two levels - family education and community education, including specialty themes such as HIV/AIDS, Women's Health, Alcohol abuse and Disability. Participants are trained and then educate their families/communities. Villagers The target area is comprised of several villages and

scattered family cluster settlements; with an average of 12 communities in each of the five target areas.

## **2. PROGRESS OF THE PROJECT IN 2004**

### **2.1 Summary of activities carried out and results achieved in 2005**

Following the approved activity plan, 35 trainings were held in target areas (19 Family Health Education Courses, 10 Community Health Education Courses, and 9 Special Theme Courses). Total individuals trained: 623 (321 men and 302 women). Each course had an average of 18 participants

10 volunteers from four target areas were used: 2 in Eastern, 1 in Central, 3 in Luapula/Northern and 4 in Northwestern Provinces. They continued to receive training on facilitating and managing courses. A larger number of trainers than expected emerged from the activities and has provided a more solid base for sustaining community training after project funding has ended.

The second revision of the Healthy Community was completed in collaboration with curriculum development partners and will be published in English as a perfect-bound edition.

16 translation workshops were held simultaneously with other courses to allow translators access to participants who could assist in discussing working translations. This approach enabled finalizing the translation of the Health Community manual into four local languages: Bemba, Lunda, Chewa and Lenje and the Womens Health Manual into 2 languages: Bemba, Chewa.

9 special theme courses (3 Women's Health, 2 HIV/AIDS and 2 Alcohol) were held. Draft manuals were tested and finalised. 99 men and 81 women were trained.

13 local reflection gatherings were held. Participants discussed experiences gained and lessons learnt while carrying out activities. During reflection gatherings, participants were encouraged and motivated for further action in their communities. 3 National reflection gatherings were held to discuss and reflect on the entire project.

Training of the National Program Coordinator leading to MBA was continued. Infrastructure development for training and monitoring was carried out: purchase and rehabilitation of infra-structure in regional training facilities was undertaken

## 2.2 How do the goals and results compare with the original plans for the project? If they have changed, why have they changed?

The goals and results for 2005 are summarized in the table below:

### Goals

Type of Activity	Northern & Luapula Province	North-western Province	Eastern Province	Central Province	Southern Province	Total no. of courses
Healthy Family Courses	4	6	3	3	2	18
Healthy Community Courses	2	3	1	1	1	8
Special Theme Courses	2	2	2	1	0	7
Translation Workshops	4	3	3	3	3	16
Local Reflection Gatherings	3	4	2	2	2	13

### Results

Type of Activity	Northern & Luapula Province	North-western Province	Eastern Province	Central Province	Southern Province	Total no. of courses
Healthy Family Courses	4	6	3	3	3	<b>19</b>
Healthy Community Courses	3	2	2	2	1	<b>10</b>
Special Theme Courses <sup>1</sup>	3	2	0	2	0	<b>9<sup>1</sup></b>
Translation Workshops	4	4	4	4	3	<b>16</b>
Local Reflection Gatherings	2	3	2	2	1	<b>13</b>

<sup>(1)</sup> 2 additional Special Theme Courses were held in Uganda

19 Health Family Courses were held, instead of 18. This increase of 1 course was to test the translated manual in Central Province. The FHE course in the local language was able to attract more women taking part and increase their participation. 2 more CHE courses were carried out. This was also to test the translated versions in Bemba and Chewa respectively.

Two additional specialty courses were held in Uganda as part of the curriculum testing process. Testing was followed by meetings between the National Health Project Coordinator and curriculum collaborators. This meeting also resulted in review and finalisation of the Health Community Manual and the HIV/AIDS Manual.

16 translation workshops and 13 local reflection meetings were held as scheduled. The 3 reflections that were not held were changed to become translation workshops increasing the 16 workshops to 19. The change was made due to being behind schedule in the languages of these provinces. However, curriculum development had proceeded according to plan

### **2.3 Other relevant comments:**

The project effectively coordinated activities with regional and local Ministry of Health authorities and built positive working relationships for training Ministry-identified health workers. The project also collaborated well with local traditional/tribal authorities.

A number of written and verbal communications praising the activities and training materials as well as requests for additional courses have been received from local Ministry of Health officials, village headmen, non-governmental organisations and village groups. Copies can be provided upon request.

Management training was provided to area coordinators and volunteer facilitators on organizing courses, managing activities, assisting course participants in volunteer activities, and building co-operative networks.

Activities-to-date indicate that villagers taking part in the Healthy Family and Healthy Community Courses are enthusiastic and action-oriented. **106 out of the total number of 150 trained Community Health Educators have been appointed by local Ministry of Health officials to serve on Neighborhood Health Committees. Another 32 participants have been used or employed by other local organizations.**

Date: 31 May 2006-05-07

Signature: