

**PCTFI HIV/AIDS AND EDUCATION PILOT PROJECT:**

**IZERE PROJECT BURUNDI**

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## ABBREVIATIONS

ABUBEF	Association Burundaise pour le Bien Etre de la Famille (local NGO specialized in sexual and reproductive health)
AIDS	Acquired Immune Deficiency Syndrome
AMADE	World Association of Childhood Friends
ANSS	National Association of HIV and AIDS patients
ARV	Anti Retroviral
BGE	Basic and Girls Education Unit CARE
CNLS	National Committee of Action against AIDS
CNV	non-violent communication
CPC	Child Protection Committee
CPLS	Provincial Committee of Action against AIDS (Comité Provincial de Lutte contre le SIDA)
CRS	Catholic Relief Services
CSO	Civil Society Organisation
ECD	early childhood development
FVS	Famille pour Vaincre le Sida (local NGO specialised in assisting orphans due to AIDS and OVC)
GE	Gender and Empowerment Unit CARE
GoB	Government of Burundi
HIV	Human Immunodeficiency Virus
IATT	inter-agency task team
IGA	Income Generation Activities
INGO	International Non-Government Organisation
KAP	Knowledge, Attitudes and Practices survey methodology
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MoE	Ministry of Education
MTR	Mid-Term Review
NGO	Non-Government Organisation
OICEO	Organization for Community Integration of Orphan Children
OVC	Orphans and Vulnerable Children
PCTFI	Patsy Collins Trust Fund Initiative
PLWHA	People living with HIV and Aids
PSS	Psycho social support
PTA	Parent teacher association
RBP+	Réseau Burundais des personnes séropositives (Burundian network of PLWHA)
SAEB	Syndicate of Education Actors of Burundi
SEA	sexual exploitation and abuse
SMC	School Management Committee
SSDF	School Statistical Data Form
SSI	Semi structured interview
SWAA	Society for Women Against AIDS in Africa
TOSA	Private family foundation that awards gifts to charitable and educational causes
UNESCO	United Nations Educational, Scientific and Cultural Organisation

## EXECUTIVE SUMMMARY

The final evaluation of the PCTFI pilot project Education and HIV/AIDS Izere project in Burundi was undertaken in February 2012. The project ran from 2008 to early 2012, targeting 12 primary schools in the Gitega and Makebuko Communes of Gitega Province in central Burundi. After project redesign in 2009, to bring the project firmly into the school, the global objective was that ***OVC, especially girls, are empowered to mitigate the impact of & reduce their risk to HIV/AIDS through increased access to equitable education.*** The project worked within the CARE Burundi Child Empowerment program.

The evaluation was carried out through document review and field work, including qualitative review through semi-structured interviews and focus groups with the impact group and stakeholders, and quantitative review through administration of a KAP survey over a period of 11 days.

Training was very strongly perceived as the key methodology for the project, while HIV/AIDS was seen as central to the learning brought by Izere. Levels of satisfaction across the various Izere activities were highest for materials provided for OVC, followed by clubs and events, and training. However, the material support to OVC did not facilitate sustainable support by PTA, which was being addressed only towards the end of the project, by fundraising through savings and loan schemes, goat rearing and food cultivation in various schools. Material support to children, along with the extra lessons, provided through additional external funding, were the two elements of the project that were regarded as non-sustainable. Stakeholders felt that all other activities were sustainable and that they would continue to implement and build upon them after Izere had withdrawn.

Data was readily available for evaluating progress in most of the four objectives, except for Objective 2, improved performance and retention, which was not possible without disaggregated analysis across schools provided by the Commune and Provincial education authorities. Data provided at a later date confirmed that the OVC in project schools demonstrated improved academic performance from the year 2010-11 to the current year, and pass rates had also increased. The project timescale also campaigned against adequate measuring of progress; two years is not long enough to measure durable impact on retention and performance, especially with the progression of key beneficiaries to secondary school, where the project was not involved.

The project redesign enabled measurement of progress in most other areas in line with projected change, using the logframe indicators. For Objective 1, targets were not reached (according to the KAP survey, which was given to children in project schools, including those not directly benefitting from project activities), that is the target for 100% of children to score at least 75% (ie 18 out of 23 answers correct, which is actually 78.26%) fell short by 30.1%. However, analysis of KAP survey responses shows that 80.7% of the children surveyed scored 17 or more out of the 23 questions (which is 73.91%), it is clear that the scores are not far short of the target. The key finding on result 1, on the objective to mitigate the impact of HIV/AIDS on OVC, particularly girls, is that knowledge improvement appears to fall short of improvement in attitudes and behaviours. This was supported by the qualitative feedback obtained in interview and focus groups; most children responded in

terms of working to influence the behaviour of others rather than informing them of facts around HIV and AIDS.

The KAP survey shows a reduction in levels of satisfaction with service provision. The shortfall of 30.1% for the target of '60% very satisfied' is a reduction on the Mid term review (MTR) result of 30.7%, which just exceeded the target for that point in the project. However, the levels of uptake and satisfaction vary across services; take-up of psycho social support and legal services were quite low (3.38% and 3.86% respectively); education is highly satisfactory, with 79.1% of children highly satisfied, compared to the average of high satisfaction across the range of Izere project activities, which was 59.71%, just below the target 60% for service provision. The reasons behind satisfaction levels need to be investigated further, since raised awareness also raises expectations, and this could be one among many reasons for the take up and satisfaction results; this was confirmed by stakeholders at the evaluation workshop who gave a range of possible reasons for non-take up of services. The partnership with SWAA (Society of Women against AIDS in Africa) enabled the project to address issues holistically, with complementarity between the sensitisation activities each organisation undertook.

The investment made by the Izere project paid dividends in the improved commitment, ownership and attitudes of stakeholders involved directly in the school. Across all those consulted, parents were reported to be more interested and confident in working with teachers as partners in their children's education. This was reported in interview and focus group to have positively affected school performance of both boys and girls and reduced drop-out; however, quantitative data is limited due to the relatively short-term nature of the project, and the lack of access to information that could attribute specific achievement to the Izere project. This said, the TOSA initiative, which supported the project by targeting children in the project schools by providing funds for extra lessons for children needing educational support, has clearly had a very positive effect on children's confidence and performance.

***The theatre events were very effective. Sometimes people would end up in tears, because they could see what it was they were doing, and how unfair it was. We would present a real situation about real pupils in the school, and then provoke discussion about it, so that people could see that they were discriminating against others. It is really effective.***

*Tubiyage actor*

Partnerships between Izere and local organizations Tubiyage and Radio Isanganiro succeeded in creating a strong impulse to changed behaviours as part of **Objective 3**, promoting a child friendly environment conducive to learning; the two organizations, especially the theatre group, highlighted local cases discrimination and in some cases shocked the watchers into realizing the injustice of their attitudes towards vulnerable people. The participative approach to sensitisation activities made them more accessible, and while they were memorable, recording information and activities in some way would help safeguard veracity for replication, since there have been instances of in inaccurate information sharing in the project, for example, where one very enthusiastic parent took the initiative in convening a discussion group with children, but relayed the information about HIV and AIDS incorrectly. Close monitoring of the group identified the problem almost immediately, avoiding any lasting damage.

Although there was a 100% increase in the number of children feeling secure in school, this still fell short of the 50% target by 24.2%. In contrast, children reported a very notable increase in integration, at 72.8%, 22.8% above the project end target. They also reported that teachers showed much more sensitivity towards children than in the past; whereas they would beat the children for being late, or not having equipment or uniform, they now give them time, and want to listen; although, according to parents, children and also the teachers, the children still get hit by teachers this is sometimes symbolic rather than to hurt. To measure children's perception that teachers showed increased sensitivity, a target of 60% was set; this was surpassed by less than 1%, and only by 4.8% over the MTR. The criteria for achievement was that three reasons were given to support the statement that teachers were more sensitive. Taking two reasons as the benchmark means that the target is surpassed by 25.2%, so that some justification might have been lost.

The school is by far the safest place in children's view, with the woods being the most frightening place. The lack of school or project control over places which children find frightening could absolve them from any action in the areas that scare children, however, it begs the question of how stakeholders are also members of the wider community, and the way in which they can influence what goes on in the community.

Objective 4 – improved community response to OVC needs and aspirations – has been achieved in the last half year of the project, in that a provincial child protection committee was established, and an action plan developed. Indicators for the results set for this objective focus on provincial and local mechanisms to protect children; interim steps and targets would have helped the project to ensure that they were on the right path, and also support stakeholders in their efforts to take ownership of child protection; future projects could benefit from such interim targets.

The sex education guide devised in partnership between Izere and the education authorities reached the ministry of education and at project end its adoption was under consideration. Debate as to the age at which children should be introduced to sex education had not been resolved; High expectations by the project that the guide would be integrated into the curriculum were dashed by the minister arguing that this should not be before 15 years of age, meaning that many classes targeted by the project would be precluded from access to the sex education package. The need for concerted and overt advocacy at national level requires avoiding the assumptions that support at lower levels in the MoE translates to the highest level.

The evaluation concludes that the project has achieved considerable progress in raising awareness and increasing knowledge of HIV and AIDS for children and adults, but that knowledge lags behind attitudes, and this needs a focused effort to ensure accurate information. Support for sex education has notably increased over the life of the project, changing from resistance and sometimes hostility to unanimous demand for more activities in and outside the classroom, a great success. The project achievements underline the relevance of the activities, with the exception of the material support to OVC, which should be superseded as early as possible by income generating activities (IGA) activities for sustainability. In addition, the focus on grades can lead to reduced focus on older children, especially if they have started or returned to school late and are outside those grades.

Scale up of the project is appropriate in both Burundi and applying the Izere experience in other countries; although care has to be taken to avoid making assumptions that strategies, such as holiday time trainings, can be transferred to different cultures and education climates.

It can be concluded that sex education is firmly embedded in the life of the Izere project schools, and is also favoured by the education authorities, and that it will be continued on an informal basis in those schools, with the participation of both teachers and parents and the support of Commune and provincial education authorities. Continued partnership with local NGOs SWAA, Tubiyage and Radio Isanganiro would be welcomed, but is unlikely without external support.

Recommendations for activities for future interventions include improved knowledge and information capture through focus on knowledge around HIV/AIDS and M&E processes, and enhanced impact and effectiveness of sensitisation activities by recording in some way events and trainings to both support revision and ensure accuracy.

Early IGA development and a strategy for sustained academic support are needed to maximise the scope for sustainability, as well as caution in harnessing short term opportunities that could perpetuate dependency.

Advocacy at both local and national levels are crucial to ensure that achievements at one level are not hampered by lack of receptivity or progress at other levels, specifically evidence based advocacy should be used for policy change in sex education in primary school;

and application should be made of successful school-based strategies to the wider community for improved pupil safety and therefore increase the potential for return to and retention in school.

The KAP survey showed varied levels of take-up of services by children, without scope for analysis of the reasons behind these variations. Motivation for non-take up of services should be investigated, along with developing mechanisms to measure expectations on provision and service standards.

While maintaining the focus on schools, project sphere of influence should be expanded to reach older children in lower grades, and using mass social events to overtly target out of school girls for a return to school who would have been reached through other project / program interventions

## 1 BACKGROUND AND INTRODUCTION

Burundi, covering an area of 27,834 km<sup>2</sup>, is one of the world's three poorest countries with a population of 8.6 million, according to the 2008 census data.

Burundi is one of the countries hardest hit by HIV in the sub-Saharan in the region. About 20% of the urban population and 6% of the rural population are HIV positive, with an estimated national prevalence of 4% (Strategic Plan for AIDS Control 2007-2011).

It is the 16th most affected country in the world in terms of infection rates, and currently has about 650,000 orphans, that is, nearly 17% of children aged between 0 and 16, according to the data supplied by the CNLS. Among orphans, 240,000 (37%) are AIDS orphans.

Located in the center of the country, Gitega is one of the most populous provinces of the country, with approximately 715,018 inhabitants over an area of 1978.68 km, which includes 56,950 orphans and vulnerable children, according to the integrated operational reintegration plan of the Gitega province.

The number of schools in Gitega increased from 226 to 244 between 2009/10 and 2010/11, with an additional three schools in Gitega Commune. Student population is on the increase – compared with the more than 169,453 for the 2009/10 academic year, the student population of Gitega was estimated for the academic year 2010/2011 to be more than 173,574 students, across 11 communes and 244 schools, which include 49 and 19 primary schools in the communes of Gitega and Makebuko respectively.

A national policy on reproductive health for birth control was set up by the government while CARE Burundi has developed a strategy for primary school based sexual education, which is currently awaiting confirmation of approval by the Minister of Education.

As a member of the East Africa Community, Burundi is currently working towards the introduction of an expanded basic education to include up to grade 9.

The Izere project works within one of the two CARE International programs currently operating in Burundi, namely the Child Empowerment Program (the second program being Women Empowerment). It operates in twelve primary schools in the communes of Gitega (7 schools) and Makebuko (5 schools), having been modified from the original target of 15 schools at project inception. Its target impact group is HIV/AIDS affected and/or infected children, especially girls, suffering from gender-based marginalization and/or discrimination originating from cultural barriers, as well as the HIV-status of OVCs. The impact group of CARE Burundi's Child Empowerment Program covers the age range 6 to 18, and the Izere project focused within that age range, on children between around 10 and 18 years of age.

The student population of the schools targeted by Izere stood at 9313 (4,773 girls and 4,540 boys), made up of 5048 (2595 girls and 2453 boys) in Gitega Commune, and 4265 (2178 girls and 2087 boys) in Makebuko (*Izere mid-year report 2011*). While it has been observed that the number of girls exceeds that of boys, this does not necessarily mean that more girls are going or returning to school, since the demographic is not certain. This, along with the monitoring of retention and progress of

girls through the school grades, would facilitate accurate analysis of the supposition that retention of girls is improving.

The targeted communes have an estimated 6,808 and 4,387 OVCs in Gitega and Makebuko respectively (July 2011). The Izere project baseline study reported that 27% of the population of the primary schools surveyed were orphans.

According to provincial education authority data gathered during the inspection process, during the 2009/10 school year, dropout reached 3.4% of the population of more than 169,000 pupils

Work began on the project in May 2008, and the situational analysis and baseline study were carried out in August and between November 2008 and January 2009 respectively. The baseline study corroborated the findings of the situational analysis, that culture and taboo campaigned against addressing issues around HIV and AIDS, including punishment of children for using sexually weighted language; children infected and affected by HIV/AIDS were not easily distinguishable from other children, and discrimination, violence and stigmatisation is common; HIV/AIDS education was optional, and therefore not undertaken in class in any formalised or consistent way, although teachers were willing in principle to teach sex education; dropout is common for boys and girls, the latter often for marriage or due to pregnancy; catholic schools are well disciplined, and provide support to children, however, condoms are not used as a means of prevention so the project, which worked in both government and faith based schools, needed to be sensitive to the culture of individual schools.

Official project launch of activities started in April 2009. The project objectives were reviewed in the second half of 2009, since when the project worked towards the following overall objective

***OVC, especially girls, are empowered to mitigate the impact of & reduce their risk to HIV/AIDS through increased access to equitable education.***

The specific objectives and the expected results related to them are outlined in Table 01 below:

OBJECTIVE	EXPECTED RESULTS
To mitigate the impact of HIV/AIDS on OVC, particularly girls	OVC have acquired Knowledge Attitude and behaviour to reduce risks to HIV
	Infected or affected OVC by HIV benefit from care and support
To increase access to education for OVC, particularly girls	OVC, especially girls, are enrolled and stay at school
	OVC, especially girls, have increased their education performance.
To promote a child friendly & conducive learning environment for OVC, particularly girls	Stigma and discrimination against HIV affected and infected OVC, especially girls, reduced.
	Violence (under its various forms) at school is reduced
To improve the community response to OVC (especially girls) needs and aspiration	The coordination of provincial education stakeholders and OVC response actors is improved.
	The OVC response provincial coordination has developed and implemented a joint action plan.

Table 01: Project objectives and expected results

The project team was restructured in early 2010 to consist of project coordinator, capacity building officer, a field coordinator for each of the Gitega and Makebuko commune offices, and one driver.

The M&E tools were reviewed as part of the project restructure. The MTR was undertaken using the indicators established for the adjusted objectives; the KAP used was to enable comparability between the baseline data and that gathered by survey and qualitative interview and focus group.

## 2 EVALUATION OBJECTIVES

The evaluation of the Izere project is one pillar of this PCTFI pilot project evaluation. The three objectives globally are

### 1. Project Execution

- To document the extent to which each project's intended results were achieved.
- To assess the extent to which the project contributed to each CO's long-term program strategy/program approach
- To assess each project's impacts and outcomes.
- To assess and document effective practices exhibited through the PCTFI pilots, and identify opportunities for future interventions within the same domain, in Burundi and Mozambique, individually.

### 2. Project Documentation

- To formulate recommendations, based on the impacts, and promising practices, that will inform or support long-term programming in each Country Office.
- To lead CARE staff through a reflective process to strengthen program quality, uphold standards and CARE's program approach, and strengthen Country Office programs.

Within the global evaluation objectives, the objective of the specific evaluation of the Burundi Izere/Education and HIV/AIDS project is to report key recommendations that include findings around:

- To what extent have the project goals and specific objectives been met, comparing actual results with the original, and revised, intentions of the project.
- To what extent do key stakeholders understand the situation of vulnerable adolescent girls.
- To what extent were project objectives and strategies relevant and appropriate to address the root causes of girls' marginalization and vulnerability?
- Opportunities for scale-up and greater impact for future programming
- To what extent have the results of the situational analysis has been addressed
- How the initiative has helped to advance the program approach within the country
- To what extent are the project activities, and the project impacts sustainable? Additionally, what recommendations can be made to enhance these two levels of sustainability?
- To what extent have the projects applied a gender sensitive approach, and how may impacts be different based on gender?
- To what extent were the project activities inclusive of, and created opportunities for meaningful participation throughout implementation
- To what extent has each project worked with partners (formal and non-formal) for implementation and advocacy purposes?

### **3 REPORT STRUCTURE**

The findings are reported in terms of each of the four objectives, and within these sections, in terms of each of the two results. The exception to this is for objective 4, for which the two results have been combined. There is an initial section on general findings around the project. Some of the project activities do not fit naturally into one single objective or target one single result. For example PTA funding mechanisms fit within both objective 1, result 2 (Infected or affected OVC by HIV benefit from care and support) and objective 4 (Community response to OVC); where this is the case, the activity or achievement is described where its impact is seen to be greatest, and referenced but not repeated, in other relevant section(s). The conclusions are presented in sections based on the criteria laid out in the evaluation objectives.

The table measuring the level change between the MTR and the final evaluation in terms of KAP survey and achievement towards targets, is presented at Annex 01. This table is used throughout the report where appropriate in the analysis of project effectiveness and achievement.

### **4 EVALUATION METHODOLOGY**

The evaluation was carried out over a one month period, from mid-January to mid- February 2012. It consisted of a combination of document review and participative field work, which included targeted interviews at PCTFI global level. Documents reviewed are listed at Annex 02

Field work was carried out over a period of 11 days, and consisted of a KAP survey and individual semi-structured interviews and focus groups in six of the twelve schools which participated in the project. Interviews were held with directors, and focus groups with parents, teachers and the direct beneficiaries, the pupils. Interviews were also held with key education authority personnel and CARE Burundi Izere project and other staff. A workshop was held at the end of the field visit to present and validate findings, and to ensure stakeholder participation and ownership of the process. The list of attendees is included in the field visit record at Annex 03, and an analysis of the KAP survey respondents at Annex 04

The KAP survey was administered to 207 OVC (133 girls and 74 boys) aged between 10 and 18 from grades 4 to 6 across the six schools visited. The survey was designed to mirror that of the MTR, to maximise comparability. A team of ten researchers was employed, most of whom had worked on the baseline study KAP and some on the MTR. All were familiar with CARE Burundi's methodology and research culture. A meeting was held before the field work began, to ensure understanding of the task, and consistency in recording responses. Researchers carried out the survey in the schools in parallel with the interviews/focus groups.

Teachers were also invited to complete a short questionnaire to elicit their level of involvement and views of the project. A total of 200 teachers submitted responses, 78,74% of the teaching body in the twelve schools. In 9 of the twelve schools, more than 75% of teachers responded to the questionnaire; the exceptions were Bwoga (52.17%), Mushasha I (61.9%) and Maramvya (60.71%). 80% of teachers who submitted questionnaires responded that they were involved in the project, being 63% of the total teaching body.

Interviews were semi-structured, meaning that although there was an interview guide this was adapted to accommodate the responsiveness of the interviewee. It was remarkable that since most

interviewees and focus group members were so ready and eager to talk about the project, to some extent the structured questions were superfluous; the required information was volunteered so that questions were often superfluous, the information having been already given. The qualitative element of the field work required interpretation as most interviews and focus groups were conducted in Kirundi; the interpreter had a copy of the interview/focus group guides, but this proved largely unnecessary.

There was no record made of any children who participated in both the survey and focus groups, and although there was space for inserting the child's name on the survey, the data has been recorded into the SPSS database anonymously. In all cases of interview and survey, the respondents were asked to give their consent to their information (and photographs) being used. There was general enthusiasm for their feedback being recorded and shared.

Members of focus groups tend to respond as a group, giving a consensus of views rather than individual responses, therefore analysis of focus group responses does not distinguish individuals unless this is noteworthy within one group. The total number of interviews/focus groups is generally given as 39 therefore, as listed in the field visit record. In an attempt to analyse the responsiveness of the focus groups, specifically the pupils focus groups, the number of responses per individual in the group was recorded, and this was used to crudely measure the participation levels of the pupils. Most members of the PTA focus groups were women (69%) and only one school had a balanced parents' focus group in terms of gender; this analysis is therefore not done for the PTA focus groups.

Of the six schools, the pupils at Rukundo were by far the most articulate and participative. None of the children were reticent, and all contributed evenly to the discussion, both boys and girls. The second most participative and vocal of the pupil focus groups was at Maramvya school, although the age groups differed between the boys (all grade 5 aged 11 to 13) and girls (all grade 6 aged 17 and 18). The girls tended to be more articulate, and also obviously to have had more experience of the project activities. Of the eight COMIBU pupils in contrast, the age groups were reversed (all the children being in 6<sup>th</sup> grade), and the boys were more vocal, although with encouragement the girls expressed their views and did not simply agree with the more vocal boys.

The quietest of the pupil groups was from Karoba EP, where two of the boys (one from 5<sup>th</sup> and one from 6<sup>th</sup> grade) tended to be more vocal than the rest of the group, followed by one 6<sup>th</sup> grade girl who appeared to lead the views of the other girls. At Gasasa school, pupils were all in grade 5 and were quite timid; there was one boy and one girl who appeared to lead the others and to think independently of other people's views, however the rest of the group tended to concur with the views of these two.

## **5. THE PROJECT IN PRACTICE**

In terms of building partnership, in all schools, CARE was regarded as a friend, who visited frequently, probably once a week, though none of the directors could stipulate exactly. Relations between the project staff and stakeholders is reported, and observed, to have been very positive indeed, with no particular group being treated more or less favourably.

Strategies for implementation of activities took account of the need to avoid interfering with the very full and tight school calendar. Training and other events were therefore held in school holidays.

This did not diminish enthusiasm for participation by pupils, teachers or parents, all of whom interviewed appreciated the project's efforts to adapt to the local environment. Club activities took place on Fridays, within the school routine; Stop Aids clubs, instigated by the MoE, take place at 3pm each Friday, and therefore other clubs taking place in the same timeframe do not make additional demands on the school timetable or teachers' commitments. The project worked with schools to plan clubs according to local circumstances, so that in some schools different clubs (football, dance, Stop Aids) took place concurrently, while in others, clubs took place on a rotational basis, one club per week over the month.

Reports and other project documentation is thorough, and includes quantitative information on project activities, which reflects a culture of research and analysis that was evident in interviews with the project team and wider CARE Gitega and country offices.

The adjustment of the project objectives has been largely positive, and from feedback from both current and past project team members, it helped to focus the project more positively, making the objectives more manageable, and providing the structure of expected results, most of which could be measured (see section on Objective 2). The support from the BGE Unit (later the GE Unit) in Atlanta were deemed highly useful, but infrequent. An example is the initial workshop held in Vilanculos in Mozambique, together with the team of the corresponding pilot project being launched under the same PCTFI initiative; this was highly valued, and established high hopes for synergies between the two projects, opportunities for which did not emerge during the life of the project. According to CARE Atlanta, this was in large part (but not only) because of language; Burundi operating in French and Mozambique in Portuguese meant that exchanges and cross learning were hampered by logistical requirements. Also, the projects were initially designed from a country office basis, as opposed to from the PCTFI global perspective. This meant that the project designs were not necessarily working from the same basis, and the two country offices, while sharing superficial similarities (for example, having come out of a conflict situation, and with high HIV rates) are fundamentally different in many ways. These issues were not however clear to staff of the Izere project, who regretted the lost opportunity to share learning and ideas.

Various stakeholders asked for clarification as to the status of the project: since it was termed a pilot, there was expectation and hope that it would continue, or would be evolved into a further intervention building on the Izere lessons and experiences. While the project team had responded professionally to such questions without commitment for a future project intervention, stakeholders continued to question what would happen next. The status of the project as a pilot in PCTFI terms appears to have been confused with its status in-country, which could explain the local expectations.

The redesign of the project in the second half of 2009 resulted in more integration of HIV and education; whereas initially there was a broad brush approach to HIV intervention, the redesign brought the focus firmly back to the school, which was to enable the project to focus on teacher efficacy, and stigmatisation and discrimination issues within the school. That said, the change in focus effectively robbed the project of the time already invested in activities around the earlier objectives, which only serves to emphasise the achievements of the project in the condensed timeframe.

During the evaluation fieldwork, as is often the case, the feedback is largely positive if only because the stakeholders want to please and want the project to continue, however one useful observation

was made by a school director that the timing of certain activities could have been better; sometimes very little notice was given, which made life difficult for the parents, who had commitments and routine that was not easily changed; it also made it difficult for the school to find the parents at all. For example, the school was only informed of the evaluation visit the previous day. However, there was never any question of not participating in the activities in question, as they were highly valued.

## 6. GENERAL OBSERVATIONS

Of the 39 focus groups/semi-structured interviews held with beneficiaries and stakeholders, seventeen were able to stipulate that the project had had a greater effect on one group in particular: six stipulated that girls had benefited most while five said that the greatest impact was on children in general; four stipulated OVC (not stipulating girls or boys) and one specifically girl OVC. One person/group said that the greatest impact was on parents, and one other that it was on teachers. The other groups/individuals could not stipulate a specific group, but felt that the project impact had been felt substantially by all groups.

Of the teachers surveyed, 80% (160 teachers) felt that the project Izere was excellent (35%) or good (45%) in support and help to OVC, and a slightly higher percentage (82.65%) reported that they were involved with the project in some way, mainly in attendance at courses, or in involvement in school clubs. The Chart 01 below gives an indication of teachers participation in training events.

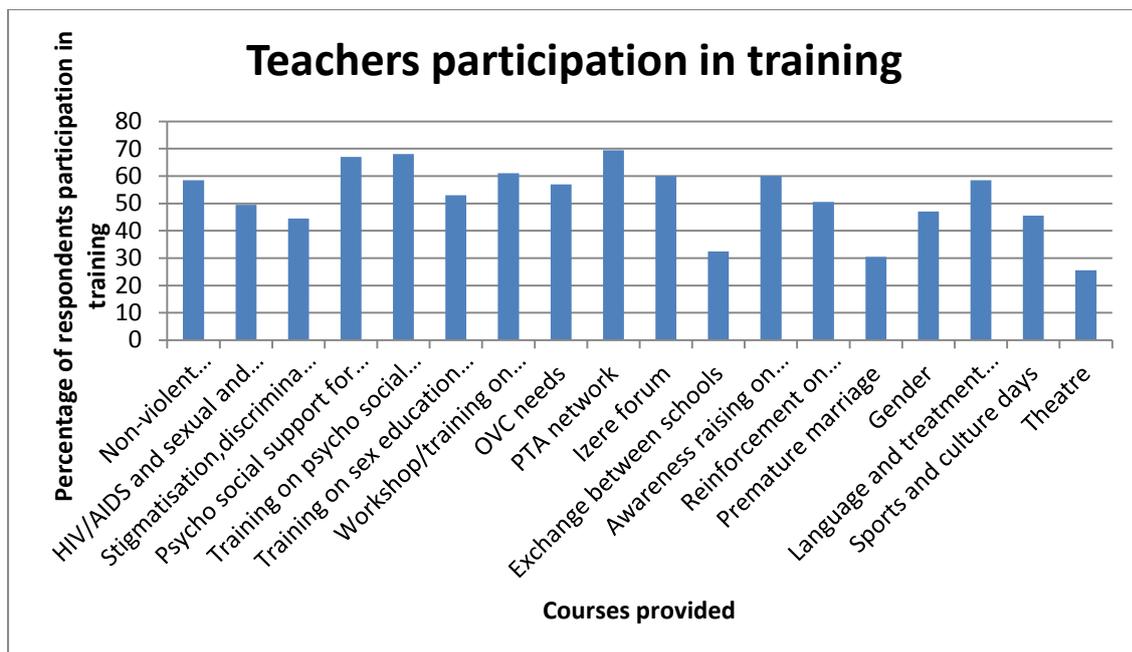


Chart 01: Teachers' participation in project training activities

In the field visit, when asked what was most important about the project, training was reported most as the main achievement of the project, followed by support (explained mainly in terms of school equipment and uniforms) to OVC. The table 02 below shows the breakdown of the responses as to what was the key achievement of the project:

Project activity/focus	Main achievement	Second main achievement
Training	10	5
OVC support	5	2
Drop out	1	1
Clubs		5
PTA	3	3

Table 02: Stakeholder/beneficiary perception of project achievement

All ten of those who said that training was the project's key achievement volunteered this at the start of the interview/focus group. When asked what training element was the most significant, HIV/AIDS was consistently cited as the most important for children. The table 03 below gives the feedback on what training was seen as most significant for each of the groups interviewed.

Training theme	Pupils	Teachers (5 schools)	Parents	Director (1 director not part of training)	GoB (1 not involved in all training)
HIV/AIDS	6		2	3	3
OVC and discrimination			1	1	
Sex education		1		1	
Girl equality		2	2		
Parent sensitisation		1			
Retention in school			1		
Child rights		1			

Table 03: Value given to training by stakeholders/beneficiaries

It is clear based on interviews, that the HIV/AIDS awareness raising was a key element of the project across the range of stakeholders. The project is recognised by partners (SWAA, parents and teachers) as building on the earlier Nzokira project<sup>1</sup>, which did not focus in the same way on girls and HIV, although it worked across a wider geographical area with schools to create PTAs and clubs in support of OVC. Five of the twelve schools (three of which were visited on the final evaluation – Gasasa, Karoba and Butamuheba – were initiated by the Izere project, and therefore did not have the foundation laid by Nzokira, although all of the schools had been involved in the Inkerebutsi project. It was noticeable that in the schools which had had previous input from Nzokira, the pupil focus groups were livelier and the children more assertive, arguing their points of view. This could in part be explained by the sex and age distribution, although responsiveness appeared stronger in the schools with a longer association with CARE.

<sup>1</sup> The *Nzokira* program operated in 8 provinces, including Gitega, aimed to reduce the impact of HIV/AIDS, violence and poverty affecting orphans and vulnerable children in Burundi and ensure that universal rights of children are respected. It provided HIV/AIDS affected children and their tutors with income generating opportunities; it also covered healthcare costs for its HIV/AIDS infected children beneficiaries. The programme trained teachers in providing psychosocial assistance to traumatized, and had a partnership with the NGO Health Net TPO to provide psychosocial assistance to children experiencing severe traumas. PTAs were created by the Nzokira program in all Izere target schools. The programme closed at the end of 2009

There was some confusion at Commune level over the various interventions undertaken by CARE Burundi; one government official understood Izere to be covering 16 schools in each of the communes of Gitega and Makebuko, whereas in fact this is the case for the Inkerebutsi program, which also covers the Izere schools. While, with the programme approach, CARE does not expect community / government to differentiate between projects, for evaluation purposes it is helpful to be able to specify the activities which are particularly valued. Radio Isanganiro also was not always associated directly with Izere, but in more general terms. There was a sense, by the radio, that the amount of time given for the contract to generate radio discussion and awareness raising was insufficient, given the popularity and innovative participative approach, which encouraged active listening and discussion. Users of the radio enjoyed the opportunity to contribute to air time, and felt that the interactive nature of the radio activities made them more accessible and relevant.

In terms of satisfaction levels of the children interviewed on the KAP survey, the Chart 02 below shows the percentage of children very satisfied, and satisfied for each of the activity areas. It can be seen that the greatest involvement by children, as seen in the response rate, is in school materials (88,89% very satisfied), leisure and club activities (75,86% very satisfied) and training (74.4% very satisfied). The average satisfaction level across all activities is 59.71% very satisfied.

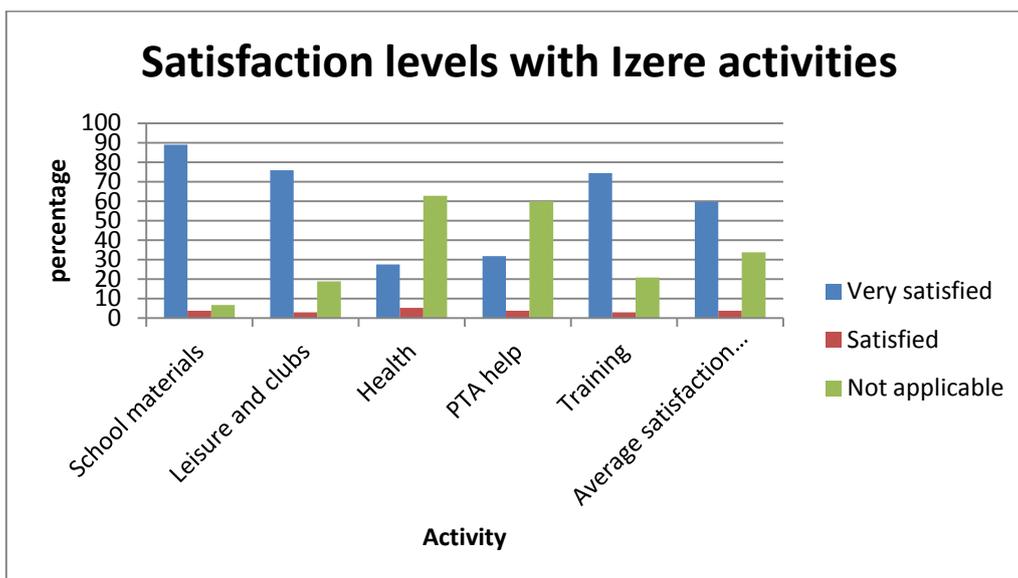


Chart 02: Children’s levels of satisfaction with Izere activities

Project strategies using radio and theatre were reported as very positive, although theatre and radio were not among the first project activities to be talked about in interview and focus group, and feedback tended to be in response to specific questions related to these strategies.

*It was the first time we had worked this way. So many projects plan the programme with other people talking about the problems. This was different, because the beneficiaries themselves talked to each other about the problems around HIV and AIDS. Boys and girls, ladies and men and teachers. It provided a platform between teachers, children and parents. The strength of the project was in its field work; we didn't just sit in a studio, we sat together and planned and then went to the field. We went to the field and we talked to teachers, parents and children. The feedback was positive, because it helped the various actors in education to tackle the issue.*

*Radio Isanganiro member*

These and other strategies such as sports and culture events, were well received, specifically the idea that girls can play football; in almost all schools this was still a marvel, especially to women, both teachers and parents. The importance of equal opportunity and treatment of girls and boys was reiterated in the evaluation workshop, with the statement that after the project, steps should be taken to avoid complete separation of girls and boys, for example in class and in clubs; to continue the same activities that include both boys and girls, and to avoid partiality in sanctions, such as by dismissing the pregnant girl but not the responsible boy.

The overall observation by pupils and stakeholders was that what they had learned through the project would be continued ***“When a child is old, you don’t keep on breast-feeding them; so we will carry on”*** (parent Karoba EP). The proviso to this observation was the lack of material means to support OVC with school equipment, uniform and club equipment, and the lack of means to continue providing extra lessons to pupils.

The responsiveness of those interviewed is a key indicator of their participation in and support of the project’s objectives. With a very tight schedule, interviews and focus groups were at times limited to only half an hour. This would normally be a problem as more time is needed to elicit information. However, this was not an issue in the majority of interviews (with the exception of one pupil focus group, which consisted only of 5<sup>th</sup> grade children who were quite shy). The interviewees volunteered the required information sometimes even before the questions were asked, indicating that the project has been and remains significant in their lives.

## **5 OBJECTIVE 1 – mitigate impact of HIV/AIDS**

The half yearly project reports consistently refer to direct information making all the difference (eg July-Dec ‘10; Jan-Jun ‘11). This is supported by parents and pupils – that the anecdotal information available and known before the Izere project was not enough to influence attitudes and behaviours.

The objective is focused on mitigation of HIV/AIDS on OVC, particularly girls, but parents, teachers and pupils reported that the project’s training had a powerful effect on the attitudes and behaviours of those not already personally affected or infected. While this had the desired effect of mitigating the impact on the OVC, it was reported that it has also served to reduce the risk to others of infection through behaviours born of ignorance, rather than willfulness, thus reducing the growth of the problem.

**Result 1:** OVC have acquired knowledge, attitude and behaviour to reduce risks to HIV

Of the 200 teachers submitting the questionnaire, over half felt that the school club was excellent or good in raising awareness of HIV and AIDS (19.67% and 58.47%), and in teaching sex education (9.39% and 52.49%). They also reported that the Radio Isanganiro programme, which was based around children and adults talking directly about their experiences around HIV and AIDS, was either excellent (25%) or good (39.5%).

Children at one school reported that only grade 6 pupils belong to clubs, because there is a limit to the number of members, so the younger children can belong only if there is space. This was confirmed by the teachers in the school. These children expressed a desire to learn more about HIV

and AIDS and to receive sex education, but that it was only possible in these clubs. In another of the six schools visited, the grade 5 children seemed unaware of the HIV and AIDS training that clubs received, but knew about and had participated in and enjoyed the school level activities, such as theatre. The children at all other visited schools took part in the clubs, and appreciated the sex education received. It was remarkable that most children expressed no embarrassment or confusion when talking about the human body. The 2011 1<sup>st</sup> semester report that earlier knowledge of HIV/AIDS and sex education was disparate and sometimes confused was confirmed by members of focus groups, particularly pupils, who stressed the importance of consistent and accurate sex education for them and their friends.

This is confirmed by the results of the KAP carried out during the final evaluation. Of the target of 100% of children surveyed achieving a score of 75% or higher, this fell considerably short at 69.1% (69.2% girls, 69% boys). However, 80.7% of children scored 17 or more, which is 73.91%, only just over 1% short of the target. Two questions produced lower scores than at the MTR, namely Q14 (Is it possible to catch HIV from sexual relations with a virgin) with a 1.99% drop, and Q21 (Children who have a family member with HIV should be allowed to sit next to other children in school?) with 0.66% drop.

The results by grade show a progressive score, with 50% , 62% and 75% scoring the target minimum score of 75% or above. However, the scores do not improve consistently with age. Chart 03 below shows the distribution of scores according to age. This could be explained by the variation in age in each class, and also taking into account that only 7 pupils aged 18 were interviewed. It raises the question however, of the targeting of children by class, since the older children are in urgent need of education to learn to avoid risk (for example the comment that only grade 6 pupils could be members of clubs unless there was space).

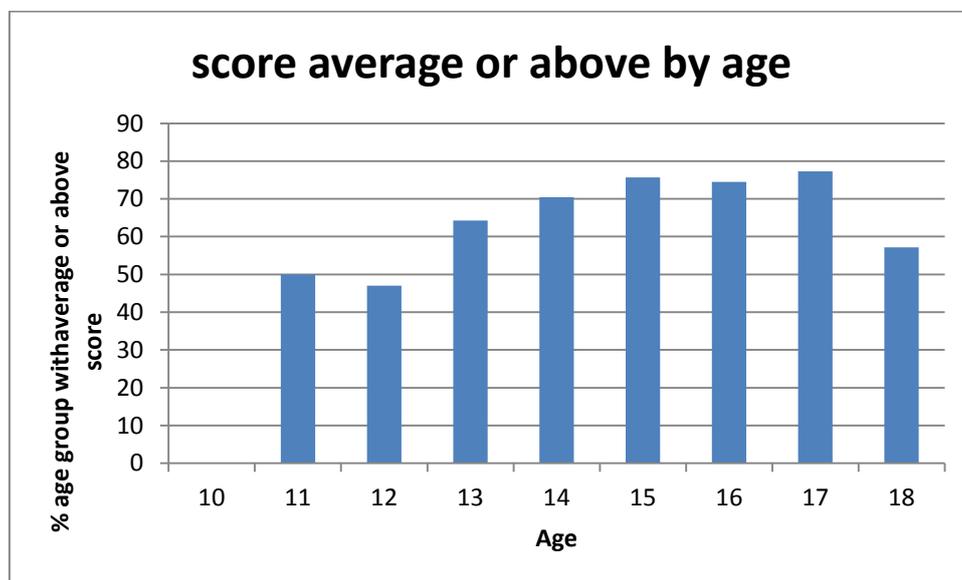


Chart 03: KAP average score and above by age

Of the first 23 KAP questions, 12 are around knowledge, and the remaining 11 are around attitudes and practices. Of the 12 knowledge questions, seven scored lower than 90% correct, and six of these lower than 85%. In contrast, only three attitude/practices scored lower than 85%, although the lowest score was for the question on whether infected people should be forced to disclose their

status to their family, with 70 (33.82%) correct answers. Only one question scored 100% correct answers, being whether using the same scarification instruments on wounds could cause HIV contamination, followed by the question of sharing instruments, such as razors, toothbrushes, which scored 98.07% correct answers (with the four incorrect answers distributed across four of the six schools). The six next highest number of correct scores were all for attitude/practices questions, as shown in Chart 04 below. The KAP questions are listed at Annex 05.

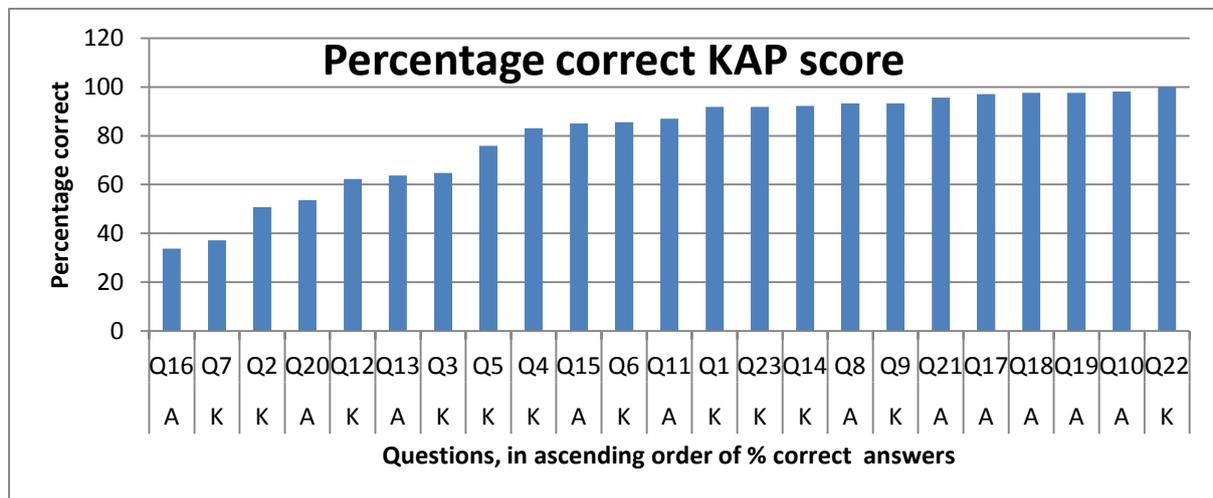


Chart 04: Distribution of scores on KAP, showing knowledge (K) and attitude (A) questions

The chart above shows the results in order of percentage correct. This tendency for greater

***“There is more sex education in class than before. That is good. The teachers are good enough, but some children know more than the teachers –at least, they think they know, but they don’t have the right knowledge.”***

*Pupil Butamuheba EP Gitega Commune*

consistency of understanding of attitudes and practices is reflected in the interview responses. Peer

education and support to children focused almost exclusively on changing behaviours, with little or no reference to sharing knowledge. Most behaviour change referred to was in terms of sexual relations, and attitudes towards others, rather than other means of contamination and facts. All of the ten children who scored only one question wrong, made an error on a knowledge question, three each on questions 3 (If you have only one sexual partner can you get infected with HIV?) and 7 (Is there treatment to prevent you from getting TB if you are HIV positive?). Of those who scored 21, only 7 erroneous answers were to attitude questions, not counting Q16 - Should infected people be forced to disclose to their families? – which had the lowest score of the questionnaire.

The KAP scores were analysed for the degree to which they were answered correctly by children in each school; 100% correct score on a question means that all the children in that school answered that question correctly; a low score means that many children answered the question incorrectly. At least one question in each school was answered correctly by all of the children surveyed, and at Karoba EP, all the children scored correctly on 8 of the questions. The children in this school also achieved the lowest score on only one question (Q16, about disclosure of status to family, which

scored the lowest of all the KAP questions), and, along with COMIBU EP, scored the highest number of questions (17) at 75% or more. The remaining four schools scored 75% or more on 15 or 16 questions. Three of the twelve knowledge questions (Qns 9, 22 and 23), and five of the eleven attitude/behaviour questions scored 100% in at least one school.

When looking at gender differences on the KAP scores, girls scored more than 5% higher than boys on four questions (Q2, Q4, Q8, Q23), while boys scored more than 5% higher on Q9 only, indicating that gender differences in perceptions and knowledge are negligible.

Since there was only one 10-year old interviewed, analysis by age does not include this individual. The Tables 04 and 05 below show scores for each question by age, separating knowledge questions from attitude/behaviour questions.

	11	12	13	14	15	16	17	18
Q01	75	88.24	82.14	97.73	94.59	95.74	90.91	85.71
Q07	25	52.94	32.14	38.64	45.95	31.91	27.27	42.86
Q02	25	29.41	32.14	61.36	48.65	57.45	68.18	42.86
Q12	50	41.18	67.86	61.36	75.68	59.57	59.09	71.43
Q03	100	52.94	67.86	56.82	48.65	74.47	81.82	85.71
Q05	50	76.47	75.00	75.00	59.46	80.85	95.45	85.71
Q04	50	70.59	89.29	77.27	89.19	85.11	86.36	85.71
Q06	75	76.47	78.57	90.91	81.08	89.36	95.45	71.43
Q23	75	94.12	92.86	90.91	91.89	91.49	90.91	100
Q14	75	94.12	92.86	95.45	91.89	91.49	90.91	85.71
Q09	50	82.35	89.29	93.18	94.59	97.87	100	100
Q22	100	100	100	100	100	100	100	100

Table 04: Scores on KAP knowledge questions by age

	11	12	13	14	15	16	17	18
Q16	25.00	41.18	32.14	36.36	45.95	34.04	18.18	0.00
Q20	50.00	64.71	75.00	59.09	56.76	44.68	36.36	0.00
Q13	25.00	47.06	42.86	56.82	72.97	80.85	72.73	71.43
Q15	75.00	88.24	71.43	77.27	94.59	85.11	100	85.71
Q11	25.00	82.35	82.14	81.82	100	87.23	95.45	100
Q08	75.00	76.47	96.43	90.91	100	91.49	100	100
Q21	75.00	94.12	92.86	95.45	94.59	97.87	100.00	100
Q17	100	94.12	100	95.45	94.59	100	95.45	100
Q18	75.00	94.12	100	100	100	95.74	100	100
Q19	75.00	94.12	96.43	97.73	100	97.87	100	100
Q10	75.00	100	96.43	97.73	97.30	100	100	100

Table 05: Scores on KAP attitude/behaviour questions by age

Bearing in mind that the percentage of 18 year olds scoring average or above is higher only than the 10-12 year olds, it can be noted from the tables above, that the 18 year olds scored 100% on seven

of the eleven attitude questions, in contrast to their score on knowledge questions which shows full marks on three of the 12, and below the target score of 75% on 4 four of them.

On the knowledge questions, it is noted that only the 15 year olds failed to reach the target of 75% on Q5, while for Q6, it is the 18 year olds who fell just short of the 75% target, and on Q4, the 11 and 12 year olds are the only age groups to have failed to hit the target.

Reasons behind variation in correct responses and the reduced score for 18 year olds requires further investigation; the use of case studies could help in the analysis of what causes the older children, despite their greater life experience, to not have grasped or retained elements of the sensitisation and training.

On the attitude questions, it is noted that on Q20 the 13 year olds achieved the 75% correct target, compared to much lower percentages for all other age groups, and for Q13, it is the 16 year olds who are the only age group to reach the target, with 80.85% correct answers.

The variation in scores achieved across age groups and grades give a strong indication that training reached the target groups to differing degrees.

***Parents interviewed unanimously supported sex education in schools. "It is very important, it is very good that sex education takes place early in a child's life. The children are sometimes teaching the parents! It was difficult before to talk about sex education, because there was so much that was a taboo, but the training means that we can talk about it now. And we have been surprised by the way the children's behaviour has changed. They now have the best behaviour in Gitega!"***

*Parent Rukundo EP, Gitega Commune*

The project has had to deal with resistance, and sometimes hostility to the activities around HIV/AIDS sensitisation and sex education; however, the project has invested time in addressing the negative response, and stakeholders are fully supportive, and report that they now work to respond to resistance themselves. There is documented evidence that stakeholders' experiences of the project have prompted them to be more proactive as well as responsive in disseminating the training and sensitisation. However, some of the information has not been accurately replicated, and this requires careful review. It is not enough to disseminate information to potential change agents and then assume that learning has equipped them to disseminate further. The project has identified cases, in particular one parent in Gasasa EP, where disseminated information has been incorrect; project staff have addressed this, and are now acutely aware of the need for revision and revisiting information with stakeholders. Booklets and other IEC materials are crucial therefore in supporting the veracity of information provided; they provide a reference point for verification and revision for stakeholders. The information and events led by partners such as Tubiyage and Radio Isanganiro could also be enhanced by being captured for future revision and verification of replication. This was reiterated in the evaluation workshop – stakeholders requested that Izere should produce a booklet (or other kind of information format) so that everyone has the same content to pass on.

The project worked towards the institutionalization of teaching about HIV and AIDS through the development of a sex education discussion document, which by the project end was ready for integration into the curriculum. Both of the ministries of Youth and Education participated in the creation and validation of the discussion document on sex education devised collaboratively through the project, which is now awaiting ministerial approval for formalisation in schools. Government officers at both district and provincial levels confirmed that the process had been fully participative and ownership firmly remained with the Ministry of Education. A meeting held between CARE Burundi and the education minister in Dec 2011 was positive in that the minister agreed with the principle of teaching sex education in schools. However, despite positive feedback from the minister's office, there is clearly more work to be done in advocating at national level for sex education for children in schools, since the minister expressed reluctance to adopt the methodology for children under 15, and the discussion was not resolved regarding into which grade sex education would be introduced. This discussion around the age at which children in school should be taught sex education appears not to take into account the range of ages that can be found in any one grade. The plan that is on the table to expand basic education to include up to grade 9 could be a stimulus to further discussion around the logic or otherwise of limiting access to sex education to specific grades to control the age group which is targeted.

**Result 2: Infected or affected OVC by HIV benefit from care and support**

The care and support available to OVC in Izere schools can be formalised, through public service provision, or informal, through school structures, such as teacher support or Parent Teacher Association (PTA). Both public service provision and PTA support is looked at here.

The children interviewed by the KAP survey were asked to rate the different public services they either received, or saw others receiving. The Chart 05 below summarizes the levels of support for each of the public services named. 21 children responded under the category 'other' but when this was analysed, these were either 'the market' or the 'public water' services. While the market is certainly not a public service, it could be argued that since each person has a right to water as a life-giving and life-saving commodity, it is in fact a service to which vulnerable children need ease of access, and therefore could be included under service provision. This has not been the case in project terms however, and therefore is not included here, but it could be considered in future interventions. Each service is looked at in greater detail below, but it is clear that education followed by health are the most and second most appreciated services.

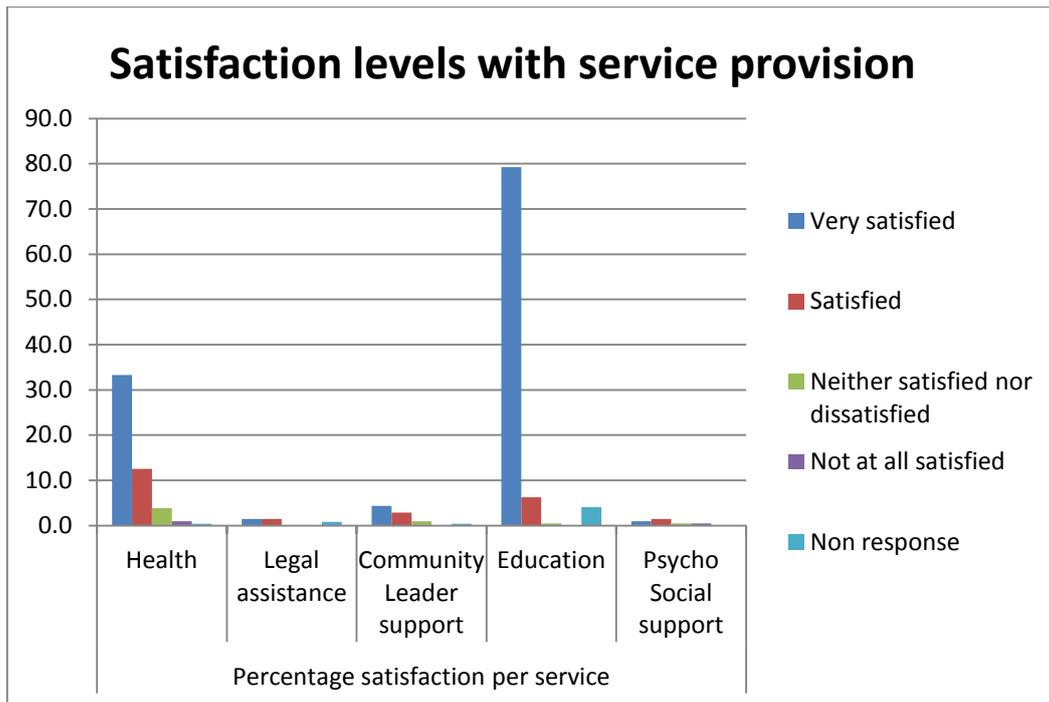


Chart 05: OVC levels of satisfaction with public services

PTA objectives included support to OVC, although some of the activities to fulfill this were still quite new. Respondents to the teacher questionnaire generally believed (78.39%) that the PTA members in their school worked actively in favour of orphans and vulnerable children. A smaller percentage of these teachers (70.2% and 69.03% respectively) felt that violence had diminished and children did not suffer from discrimination.

Children’s satisfaction levels with education are not surprisingly high. Chart 06 below shows the distribution of responses, by both number and percentage of respondents. 79.71% of children were highly satisfied with education, and no child was ‘not at all satisfied’.

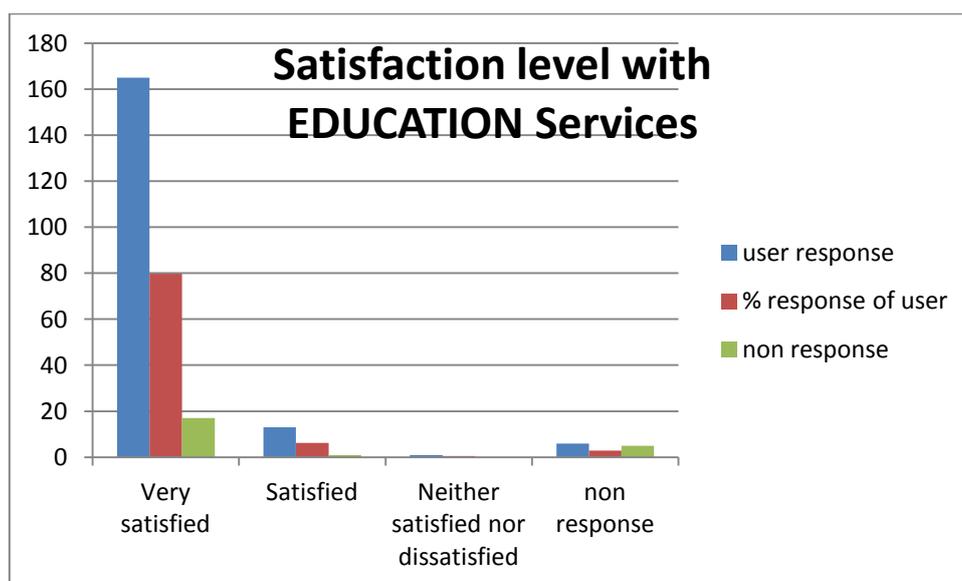


Chart 06: Children’s satisfaction levels with education

## **Provision of Materials**

The material support provided to OVC is seen as a key benefit by parents and teachers, and one of the main concerns at the closure of the project is that this will cease. This is borne out by the children's responses on the KAP survey (see above chart 02)

The PTA of each of the schools visited had begun to develop mechanisms to support OVC, prompted by the project, although they were aware that the need was greater than the limited funds they could currently generate. In each of two schools (Maramvya and Gasasa) a goat rearing project had been started, in the first case mainly to provide manure for cultivating beans for food, and in the other to rear goats for distribution to families. Two other schools (Gasasa and Butamuheba) had started savings and loan mechanisms to help families at low interest, the income from which would help OVC. Other schools had mechanisms to support children – in Karoba, a third of PTA funds was being put aside to help the OVC, and in COMIBU, the exchange visit with Makebuko schools, organised by Izere, had encouraged them to change the monthly contribution to a weekly one from parents, thus increasing the overall income that could go towards the children in need. The project had therefore taken measures, albeit later than could have been the case, to encourage mechanisms for sustainability of school support to OVC. This should be considered as a top priority for future interventions, especially since it appears that CARE Burundi usually makes economic stability an element of its projects.

The project work with partners to provide material support included the New Horizons Foundation, which funded school materials and uniforms for 660 children (at least 385 of whom were girls, and school desks and teachers tables; and SWAA, which provided health aid, such as nutritional supplements and other, ongoing, medical support, to a total of 51 individual children. A total of 684 members of various clubs supported by the project received equipment such as dance outfits, sports equipment, and t-shirts.

For the academic years 2010 and 2011 school supplies were provided to 1500 and 1740 children respectively, although the data does not distinguish how many of these children received the supplies in both years, that is how many different children in total benefited from the provision of school materials.

Some school PTAs are now working to provide material support for OVC, for example Karoba in Makebuko Commune is putting aside one third of its PTA funds (gathered from subscriptions) to support vulnerable children. However, the strategies developed by PTA for economic stability began late into the project, and the project focus was more on provision than on self-help, at least in the first year of the redesigned programme. Parents especially, but also teachers, were very conscious of the need to support OVC, but also frustrated at the lack of means whereby to achieve that support.

While it is generally recognised that the PTAs have a role in supporting OVC in need, the solution outside external project support has not been found by stakeholders; as reported in the evaluation workshop: "Who will pay the motivation for teachers now that CARE is to retire? Answer: those who will take over from CARE."

## **Health Care**

According to the SWAA representative interviewed along with the director of the Vision Santé Clinic, the project's initial plan to support only HIV infected children with health support did not target where the need was greatest. There already existed in Burundi a system to support these children, and it was the non-infected OVC who had slipped through the support network. This was rectified at the Mid-term review, and the adaptation by the project to support these 'non-qualifying' children meant that the project was able to meet a need that had not hitherto been addressed.

***When the pilot project started, they told us that we were to help only HIV+ children with health care, but we found that this was not well planned because HIV+ children should already have health care structures to care for them. The structures were already in place, and there were already files on these children. In fact these children were already cared for by other structures – ANSS, SWAA other institutions. So with CARE Izere staff, we clarified this, and we take care of all children. Any OVC who is ill can have access to health care support. There were not many children who became ill, so it was not a problem. The project should really have found out at the beginning that the HIV+ children had help already, but it was corrected at the mid-term review.***

***There was one little girl who is non-HIV+, she suffers from a serious chronic illness. She needs long term treatment and has a lot of need. This girl is still alive thanks to the Izere project. It is this case that made the project change its orientation. It was the PTA of that school that told SWAA about the little girl, and she is now getting treatment. We don't know what will happen when the project stops helping her.....***

*SWAA member*

The parents at COMIBU EP reported that the project had helped parents financially to pay the fine due for non-registration of their children, so that they could then benefit from free health care to the age of five; although they were correct that CARE had provided help, it was not in fact the Izere project that had done so, but the Ishaka project, which focused on out of school girls, that had negotiated with the administration over the fine. There is a synergy between the two projects here, and Izere benefited from the awareness raising by the Ishaka project, since newly registered children could then access education as well as other services provided by government and other institutions. This is supported by the director of the Vision Santé Clinic, who reported that there was definitely a synergy between the increase in numbers attending HIV screening and the Izere project activities (with the proviso that Izere and other projects could be conflated by stakeholders).

***“There has been a big change in behaviour – a drop in HIV infection, and a lot of people come now for screening; for example engaged couples come to be screened. The sensitisation done with PTAs can be seen; in the health structures you can see that the people who come are connected to the project, there is a synergy there.”***

*Director, Vision Santé, Gitega*

Chart 07 below shows the response rates on KAP for satisfaction with health services. Not surprisingly, more children appear to use the health services than other services (apart from education). User numbers are higher than non-user, and 69% of users are very satisfied. A small number (2 and 5 respectively) were not at all satisfied with health services, either as users or non users.

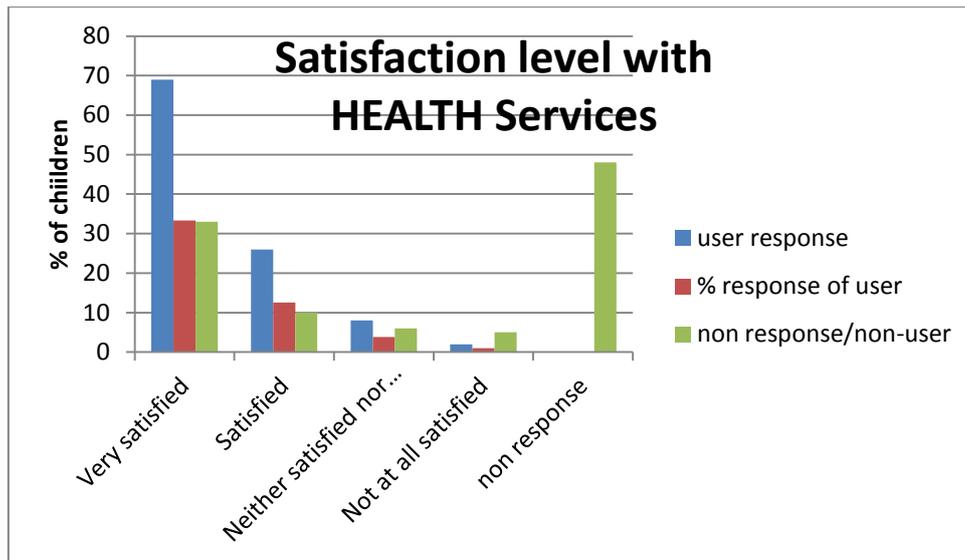


Chart 07: Levels of children’s satisfaction with health services

The Vision Santé director also raised the issue of an illness that is exacerbating the health problems of HIV infected children, as well as non-infected individuals; she reported that diabetes is becoming rife in the population (it is the 7<sup>th</sup> highest cause of death in the country at 1.87%<sup>2</sup>), and efforts are required to sensitise children and adults in prevention (through physical activity and healthy diet) and care and sensitivity to those with the condition.

**Psychosocial support**

Levels of satisfaction reported on the KAP survey (Chart 08 below) intimate that there is very little uptake of psycho social support services, with only eight children (3. 86%)reporting that they have used PSS services. This could imply either that they are not well publicised or that children are not aware of them (even though there are over 40 children saying they are very satisfied, there is no further enquiry to check their understanding of what that service supplies). This inference is supported by the high level of non-response at 122 children. Another reason could be that children do not value the service and therefore do not use it. More investigation is required to ascertain the reason behind non-access, and the level of understanding of what makes up psycho social support to clarify the implications of this response.

<sup>2</sup> <http://www.worldlifeexpectancy.com/burundi-diabetes-mellitus>, accessed 16/02/12

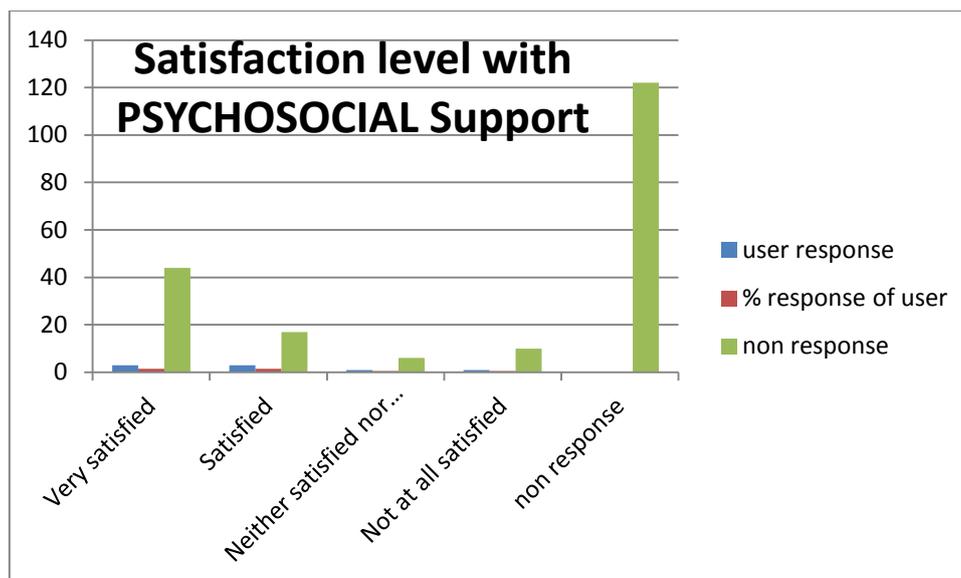


Chart 08: Children's level of satisfaction with psycho social support services

A similar response distribution applies to support from community leaders and legal services. The Charts 09 and 10 below show a non-response from more than half of the children in each case, although community leader support has elicited positive feedback (satisfied or very satisfied) from a total of 15 of the 17 users, and 6 of the 8 users of legal services. Again non-use of these services needs to be further analysed as to whether it is lack of knowledge of the availability, or of what it entails, or dissatisfaction and therefore non-uptake, or possibly a sense of stigma in using the service, or some other reason, including clarification of the kind of case that warrants the use of the service. The group view at the evaluation workshop was that children were scared to take an issue to an adult, especially if the child is particularly young; that children did not know to whom to go; that the local communities and administration were not sufficiently involved to facilitate access; that some teachers still did not listen sufficiently to OVC, and that some children are not yet identified as needing to be directed towards the support; that the Ministry of Solidarity did not follow up sufficiently well, and finally that it was possible that some of those charged with helping OVC had their own interests and agendas. This wide range of possible reasons confirms the need for further investigation into why the uptake of some services is low, and why children had no views on how satisfactory these services were.

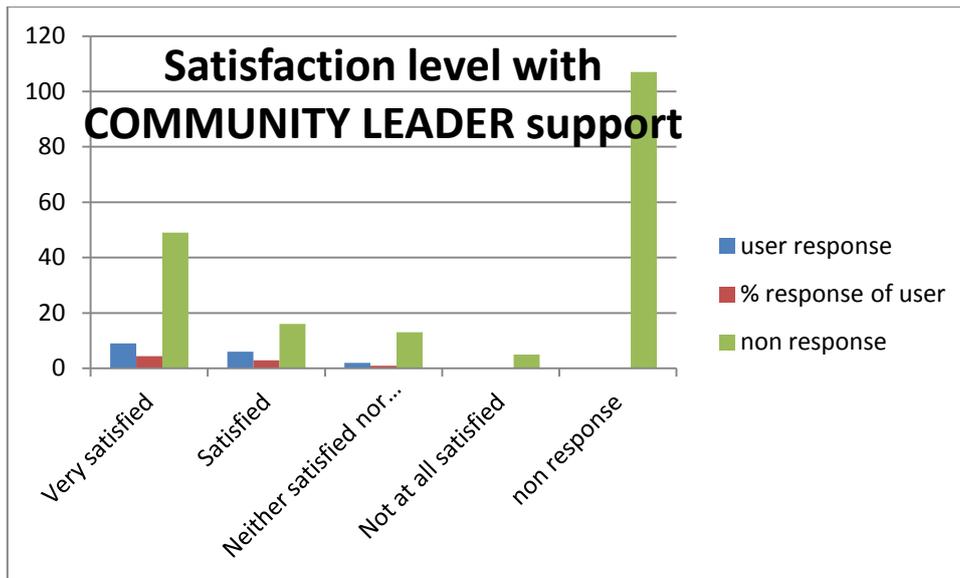


Chart 09: Children's levels of satisfaction with Community Leader support

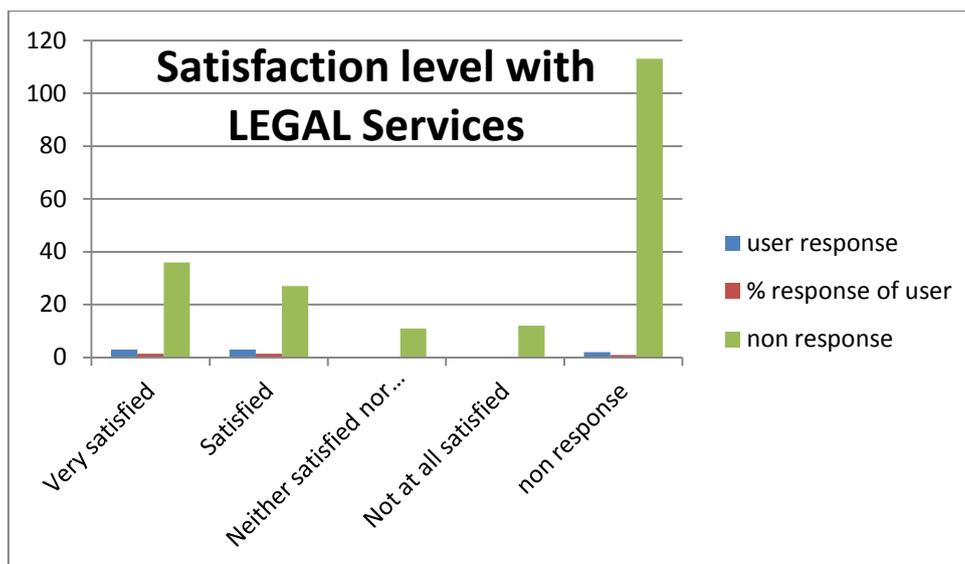


Chart 10: Children's levels of satisfaction with Legal services

## 6 OBJECTIVE 2 – increase access to education for OVC, particularly girls

Parents and teachers in both COMIBU and Rukundo reported that the TOSA funding initiative, which was harnessed to support the objective to improve education access, of providing evening classes to OVC, and others, to support their learning increased their motivation and school performance. Children who would otherwise have failed in the national tests passed, and are now at secondary school.

***“The training from Izere gave me courage and ideas for orphans and vulnerable children. One day I was shopping in the market and I asked a boy to carry my purchases. I asked what he was doing in the market, why he wasn’t going to school. He replied that he couldn’t find a place. I asked why. He said that he went to ask and they refused. I told the child to go and ask his parents to go to the school and ask for an appointment. The appointment was given to the teachers, and they refused him a place.***

***Well, we have children of colleagues in our schools, so I went into the school, and I told my colleague that the child was a relative of mine. The colleague said that since I had not asked this favour before, she would give the child a place. The child is now in 2<sup>nd</sup> grade. I got the idea from the Izere training I attended. I don’t know the child’s parents, just that the mother is dead and the father is still alive. I follow up with the child, and I know he is doing well.”***

*Butamuheba Director, Izere project school*

Progress towards this objective is difficult to measure, as results are aggregated across schools; also the project is only of four years duration (two in practice for measuring purposes); pass rates are long term – those children who receive maximum exposure to project activities will perform the national tests later; children who graduate to secondary school fall outside the project sphere of influence to measure longer term impact; and to measure the impact attributable to the project there is the need to compare project schools with non-project schools.

The impressive efforts and tenacity, post project closure, on the part of the CARE Burundi team in gathering and collating pass rates for OVC and drop out have made it possible to include information on pass rates, progression to next grade, and dropout rates for the year 2010-2011, disaggregated by gender. This data is presented in the relevant sections below, and contributes significantly to the evaluation of the project’s impact.

It is possible to appraise the effectiveness of the project in terms of raising the profile of education for girls in particular, to increase awareness of their rights, specifically to education in a safe environment. The training on child rights was reported to be very important in raising awareness of the rights of girls, along with the Tubiyage theatre activities and sports events, which raised the profile of equal opportunity for girls, specifically in activities like football – in all focus groups this was raised as a key measure of equality, and was relished by parents and children, male and female alike.

A large proportion of teachers surveyed – 74.32% –reported that school clubs were excellent or good (16.94% and 57.38% respectively) at reinforcing the rights of girls. This was confirmed by the children who knew and participated in the clubs, specifically the football club.

To be able to make chronological and geographical comparison, it is necessary to devise mechanisms with the commune education authorities to obtain measurable data on a routine basis. Even so, the data is likely to be aggregated in such a way as to be almost impossible to isolate the contribution made by the project, and therefore a decision for future projects needs to be made that makes analysis of the results more manageable. Analysis of this objective during the final evaluation has therefore focused more on the motivations behind changes in enrolment, including the factors that inhibit children’s continued attendance or return after absence.

**Result 1: OVC, especially girls, are enrolled and stay at school**

Data for increased enrolment of girls is not available from statistics provided by the education authorities and schools, however, directors provided information on the numbers of girls and boys who dropped out after the end of the 2010-11 school year. The provincial rate of dropout was 5.1%, compared with only 1.7% (1.9% boys, 1.6% girls) of the OVC targeted by the project. The project can therefore demonstrate that schools involved in the Izere initiative have succeeded in retaining OVC more successfully than in other schools in the province, although the statistics do not disaggregate by commune.

Each school visited provided examples of children who had returned to school, or who had been enrolled in the light of the sensitisation of the project. Whereas many parents and teachers reported that there are sometimes more girls than boys in classes, the positive response to the project overshadowed some instances that continue to disadvantage girls in their education, confirming that there is still more sensitisation needed.

***The parents were very happy with the CARE attitude to OVC. There was one case though, of a child who was due to go to 7<sup>th</sup> grade. Her father said it was no good to send the girl to school. The child even passed the National Test, but the father wanted her to marry. She was still very young. The mother wanted her to go back to school. CARE gave her notebooks and other things, but still the father said no. It was a shock for the girl and her mother. We don’t know if the girl is at school now or not. This was a case that we were told about during the theatre sessions that we did; people were very sad about it. But it just shows that sensitisation is still needed, because there are still people who are not sensitised.***

*Tubiyage actor*

Strategies used by the project to address the reasons behind dropout appear to have reached those who have in fact already dropped out; theatre and sports and culture events attracted members of the wider community, so that there was a possible unstructured outreach to out of school children. Of course, parents are also community members, and the overlap between the school community and the wider community is considerable. The social communication events, such as theatre and radio appear to have succeeded in touching those already lost to the system, which raises the potential of the project in targeting out of school children as well as those within the system.

The teachers' previous approach to the children was consistently reported to have been a driver to drop out – children who were beaten, or expected to be beaten, for not having uniform, or coming to school without school equipment would leave the school and be frightened to return. The cooperation between teachers and parents reduced this fear, and children returned. Specifically, the training in non-violent communication and gender and development were reported as a significant cause of teachers' behaviour change.

Both parents and teachers in each of the six schools visited reported that whereas in the past parents did not like to go to the school *"we were scared of the teachers!"*, since the Izere training and sensitisation, parents not only respond to teachers requests for meeting, but take the initiative and go into the school to talk about their concerns. Whereas in the past ***"parents were angry with the teachers when they punished the children, now they go into school to find out what is going on, and support the teacher and the child to solve the problem"*** (teacher Gasasa EP) .

The strategy that many teachers now use is to give the children some time to organise themselves, as well as speaking directly to the parents about the problem. The beating that teachers give is reported to be largely symbolic, but it does continue to be given as a punishment in most if not all of the schools visited. This needs to be looked into.

The indication on the KAP survey is that the HIV/AIDS related knowledge and attitudes improve according to grade, but not necessarily according to age. As mentioned above, this can be explained by the increased access of girls to education, since they will return, or begin, their education at a later age. This means that it is possible that some of the older target group of OVC girls do not have access to some of the project activities, since they are in lower grades, which would mean that a key target group is not being reached as thoroughly as expected, and retention and pass rates could be affected by this. This could be considered for future projects.

None of the school groups interviewed mentioned a problem of education access for ethnic minorities (Batwa) but the education authorities did, specifically that the children start the school year, but cannot continue because they are hungry, and the school can do nothing about it. ***"The awareness is there, the means are not. The children start at the beginning and drop out, both Batwa and OVC from other ethnic minorities"*** (Inspector of Makebuko Commune).

The members of one of the workgroups at the evaluation workshop also mentioned Batwa as marginalised, in recommending that opportunities such as religious and local cultural events could be used to target those who have been marginalised, such as children outside the usual age groups for school grades, and ***"not forgetting the children of the Batwa ethnic group"***.

While parents and the PTA work with the teachers to bring children back to school, and all argue that there is no discrimination, the lack of any mention of this particularly disadvantaged group in society raises the question of whether they have been truly integrated, and therefore not labeled as different, or whether the problem is left on the margins of the work being done by stakeholders.

**Result 2:** OVC, especially girls, have increased their education performance

The statistics made available after the evaluation process proved highly informative in providing evidence that the project influenced children's performance, and their capacity to progress through the primary school education system. Table ?? shows that 58.9% (61.6% girls, and 56.2% boys)

progressed to the next grade in primary school at the beginning of the 2011 academic year, compared to 54.6% at the mid-term review. While this increase is less than 5%, the overall target for the project was for 20%, although there were no data available on which to base this projection.

**OVC progressing to next grade 2011; 58.9% as against 54.6% at mid-term (projection: 20%)**

cross tabulation: progressed to next grade x gender of OVC

		cross tabulation: progressed to next grade x gender of OVC						
		Gender of OVC			Total	Gender of OVC		
		M	F	M		F	Total	
passed to next grade	Dropped out	13	13	26	1.9	1.6	1.7	
	NO	273	296	569	40.0	36.1	37.8	
	YES	384	502	886	56.2	61.1	58.9	
	NOT APPLICABLE	13	10	23	1.9	1.2	1.5	
Total		683	821	1504	100	100	100	

Table 06: Pass rates at end of school year, disaggregated by gender.

For the grades most relevant to the project, namely children graduating from grades 4, 5 and 6 which the project had targeted during the year, Chart 11 indicates that a greater percentage of girls passed than did boys in each of the grades. Over 70% of pupils passed grade 4, and over 60% passed grade 5, whereas less than 15% passed grade 6. In all grades, a higher percentage of girls passed than boys, with a difference in grade 4 of over 10% between girls and boys, compared to the other grades. While this is informative for the year in question, it would be very helpful for future projects to have this data collection set up year on year to enable the measurement of change over time.

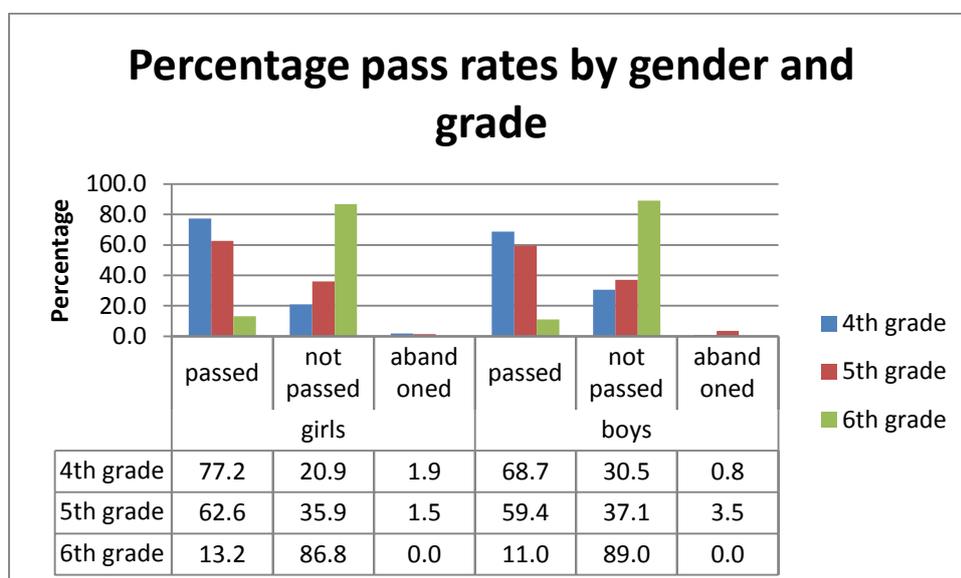


Chart 11: Percentage pass rates by gender for grades 4-6 at the end of the 2010-11 academic year

The general school performance of children increased considerably, in the last year. Table 07 , summarizing the information gathered from schools by the CARE Burundi team post-project, indicates an improvement of over 25% in school performance in regular assessments, with girls showing 82.8% improvement, compared to a 81.7% improvement for boys.

## OVC demonstrating improved performance: 82.3% compared to 47.6% at mid term

cross tabulation - global improvement x OVC gender

cross tabulation - global improvement x OVC gender							
		Gender of OVC		Total	Gender of OVC		Total
		M	F		M	F	
global improvement	NO	99	109	208	14.5	13.3	13.8
	YES	558	680	1238	81.7	82.8	82.3
	NOT APPLICABLE	13	19	32	1.9	2.3	2.1
	Dropped out	13	13	26	1.9	1.6	1.7
Total		683	821	1504	100	100	100

Table 07: Improvement in academic performance between 2010 and 2011, disaggregated by gender.

Disaggregation by grade, as shown in chart 12 below, shows that the vast majority of children from target grades 4 and 5 showed improvement in their academic performance, with only 5.1% and 7.9% of girls, and 6.9% and 6.3% of boys showing no improvement for each of the two grades respectively. For grade 6, more than 50% of girls and boys showed improvement, 52.2% and 58.58.7% respectively, being the only case in which boys showed a more positive result than girls.

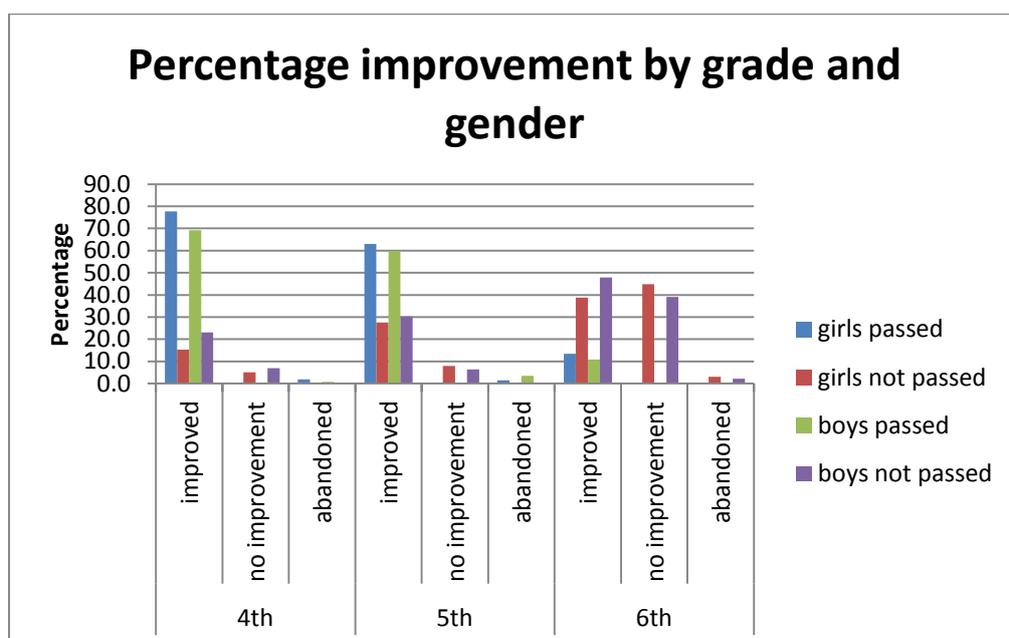


Chart 12 Percentage improvement in academic performance 2010-11, disaggregated by gender and grade

The data collected on school performance and pass rates for 2010 – 2011 give a strong indication that the project has influenced OVC school performance for the better. To confirm this, information is needed from non-project schools to facilitate analysis of project influence on schools within a single year, and over a longer period of time within the project schools to analysis project influence over time within the school context.

As well as the provision of materials for OVC, an important driver to improved school performance, including increased pass rates for girls in the National Test, was unanimously attributed by stakeholders to the extra lessons provided through the support from the Izere project. Teachers received incentives to either arrive early or leave late from school to give additional instruction to

those pupils who needed academic support. All those interviewed lamented that these lessons had stopped, with the exception of Maramvya EP, where all those interviewed confirmed that teachers still arrived early in school to give extra help to pupils. One of the reasons for the lessons not continuing was the lack of incentive for teachers, though in two cases the distance that teachers had to travel from home was cited as making it impossible to continue this support.

***“Yes, even now the extra lessons go on. It goes on after class, this is something very useful for the children. My child attends. He gets a better grade than before, and he is more confident and he understands better. “***

*Parent Maramvya EP*

Strategies for continued extra support to children needing it for confidence building and academic performance are needed. As with the material support to OVC, injections of finance that stimulate a demand need to be accompanied by strategies for self-support and sustainability.

## **7 OBJECTIVE 3 – To promote child friendly and conducive learning environment for OVC particularly girls**

The theatre group Tubiyage has proved a strong stimulant to changed behaviours, using the ‘theatre of the oppressed’ methodology to face perpetrators of discrimination and violence with their own actions. This has proved very powerful, and has generated a demand from neighbouring school children and communities, who heard about the events from the Izere project schools. According to the theatre group members interviewed, being centred in the school helped them to focus on the key issues local to that school, which maximised the effectiveness of the events. It was suggested that the impact could be further enhanced by recording the event in some way to then be used later in the same school (not elsewhere) as a refresher to the event, and bringing new members of the community into the discussion to maintain awareness and ensure that all stakeholders are committed to non-discrimination and non-violence. This would support the rebalancing of peer education in both knowledge and attitudes on HIV and AIDS referred to above.

**Result 1:** Stigma and discrimination against HIV affected and infected OVC, especially girls, reduced

All those asked in interview about anti-discrimination rules related to OVC in school responded that there was no discrimination; the idea of a publicised set of rules, or a code of conduct, or any other type of set policy (as outlined in the project monitoring and evaluation framework) was not recognised by parents, teachers (including directors) or children. The teacher responses to the questionnaire provided a different response however, with 40% of respondents indicating that the school had an anti- discrimination policy. The important issue for all those interviewed was that discrimination had been eliminated. While it is naïve to imagine that there are no longer any cases of discrimination in the project schools, it was clear that such cases were unacceptable and that measures were taken if such a situation came to light. It is important however, to note that overt policies, in the form of written rules, give powerful signals to the community, and also help to prevent misinterpretation of agreed actions. The drive to change and its maintenance is often

through the charisma and commitment of individuals. Once these people leave, there is a danger that what was considered well integrated into the school is under threat, by which time it is difficult, or even too late, to safeguard it.

32 of the 39 groups/individuals interviewed commented spontaneously on the integration of OVC and HIV infected children in particular as a result of the project. This is supported by the half yearly reports which provide examples of the openness between children as a result of training. It is notable that many children and parents pointed out that the children tended to marginalise themselves; children would stay away from others for fear of discrimination, creating a vicious cycle of marginalization, which was broken by the peer education process.

***“Here the teachers teach us how to treat infected children. Before, no infected child could go near another child. Now they can. Before, they would marginalise themselves and stay away. They have solved the problem for themselves. Not all the children were involved in the project; some were trained and then they trained other children, some needed the others to be active.”***

*Pupil Rukundo EP*

165, or 79.71% of the 207 children interviewed on the KAP reported that they felt neither stigmatised nor discriminated against, while 18 (8.7%) felt both stigmatised and discriminated against. Of the 170 children who did not feel stigmatised, 139, or 81.76%, felt very good (très bien) in the school, while 148 (80.43%) of the 184 who did not feel discriminated against felt very good in school.

The charts 13 and 14 show that there is little difference in the distribution of children’s perceptions between discrimination and stigmatisation and how they feel in school.

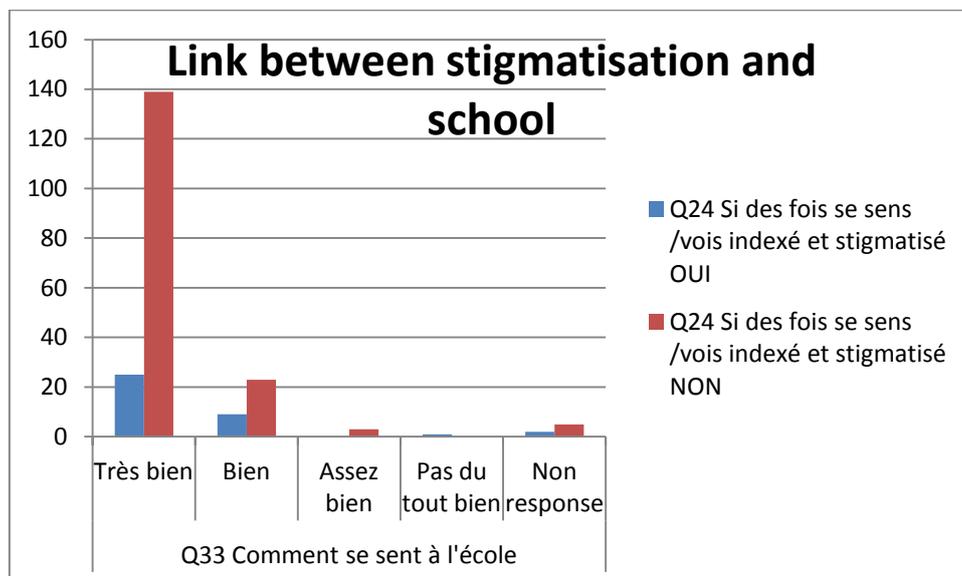


Chart 13: link between stigmatisation and how the children feel in school

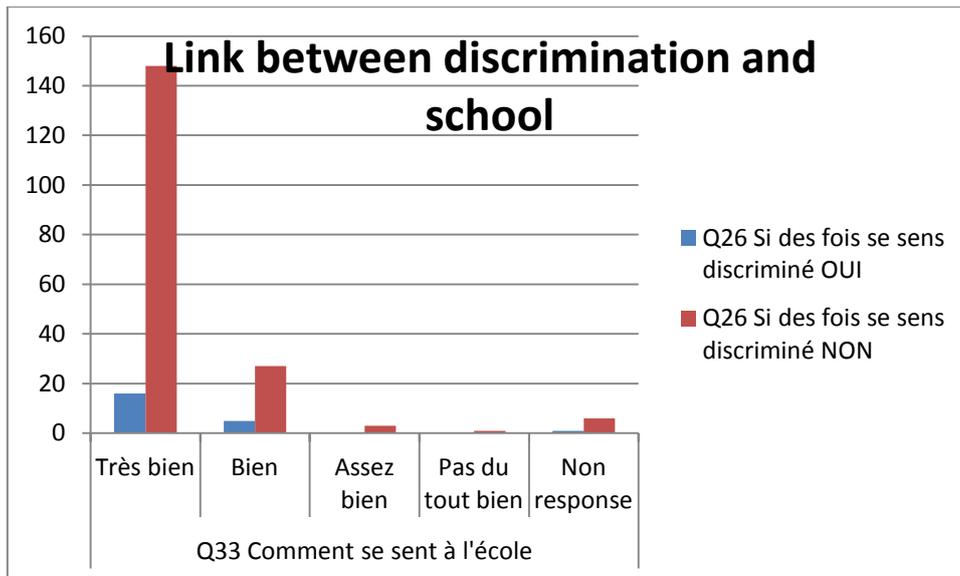


Chart 14: link between discrimination and how the children feel in school

The target for teacher sensitivity to questions around OVC was 60% at project end, based on an interviewee's positive response to the question of whether teachers are more sensitive to issues around OVC being supported by at least three reasons justifying their answer. The survey produced a 60.9% level, which marked a 4.8% improvement over the MTR. As noted in the Annex 01 synthesis table, children giving less than three positive reasons for their answer are not included in the measure. It could be possible therefore that there is a greater change in teachers' attitude, since as shown in chart 15 below, 50 children gave only two reasons and are therefore not counted amongst the 60.9%. A weighting of answers could be relevant here, so that teachers' actions that have greater effect are counted as more significant towards measuring their sensitivity to OVC issues. Nevertheless, the target has been reached, and just surpassed.

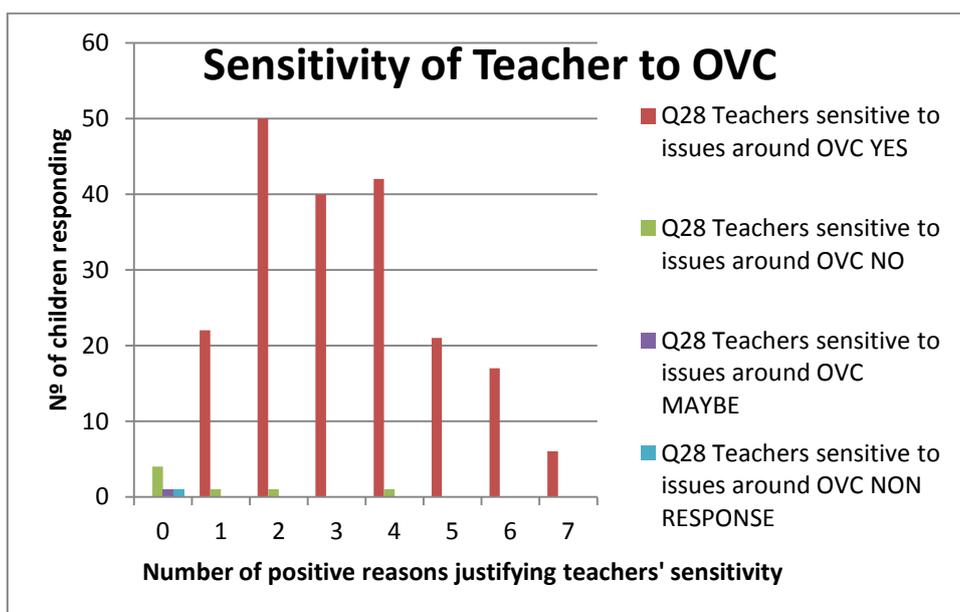


Chart 15: Sensitivity of teachers to OVC, by number of reasons justifying response

Teachers themselves reported that they were more sensitive to the needs of the children and therefore less violent – in COMIBU for example, teachers reported that they were more sensitive to the motivations that led boys to leave school to find jobs, and that they were more able and prepared to listen to the children’s concerns, and to empathise with them. This is supported by the 76.26% of respondents to the closed teacher questionnaire, who reported that teachers’ violence against children had reduced over the previous two years, and that OVC were not discriminated against, although the percentage was smaller when cross referenced with those who felt that the PTA was active in support of OVC.

The 50% target for reduced stigmatisation and discrimination indicator was surpassed with 58.8%, however this is only a 0.1% improvement on the MTR, which exceeded the mid-term projection by over 25%. It is not possible to elicit the reasons for the lack of improvement between the mid-term point and the project end; there could be a number of reasons. The environment might not have changed; or it may be that raised awareness has in turn raised expectations and standards. Further investigation is required to establish the reasons behind the slow speed of change in perceptions. The qualitative data obtained during the evaluation process also requires further validation, since it is not completely compatible with the percentages resulting from the KAP survey, which raises the question of skewed answers in semi structured interview and focus group.

In breaking down this result, of the 170 children who said that they did not feel stigmatised, 96 (56.47%) reported that stigmatisation had reduced. The chart 16 below shows the relationship between the responses on stigmatisation, and the degree of change perceived by the children to violence and stigmatisation.

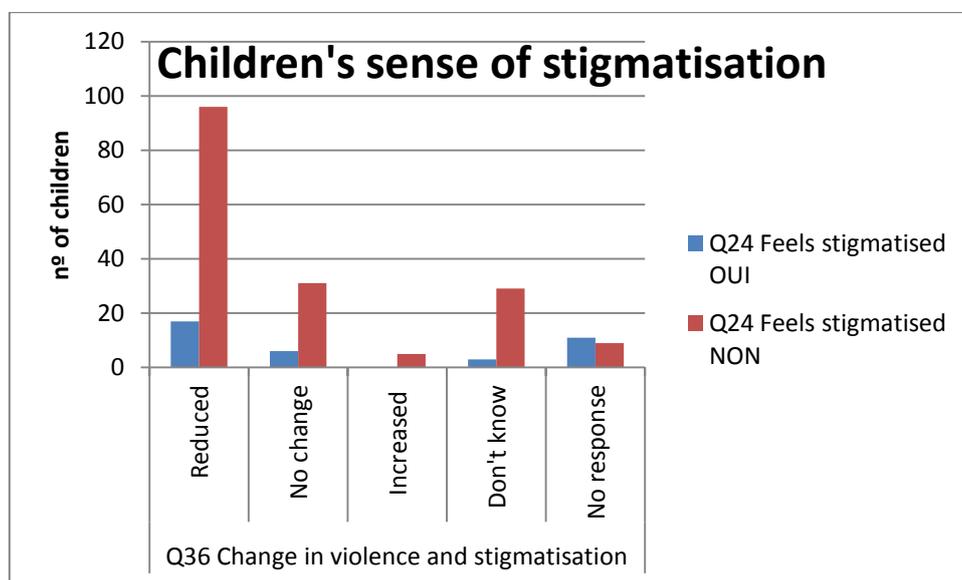


Chart 16: Relationship between children’s sense of stigmatisation and degree of change in violence and stigmatisation

Of the 184 children reporting that they did not feel discriminated against, 104 (56.52%) felt that it was reducing, while five (the same number of children as felt that stigmatisation had increased) felt that it had increased, despite answering that they did not feel discriminated against. Chart 17 shows the distribution of responses related to the sense of stigmatisation and the degree of change in violence and stigma.

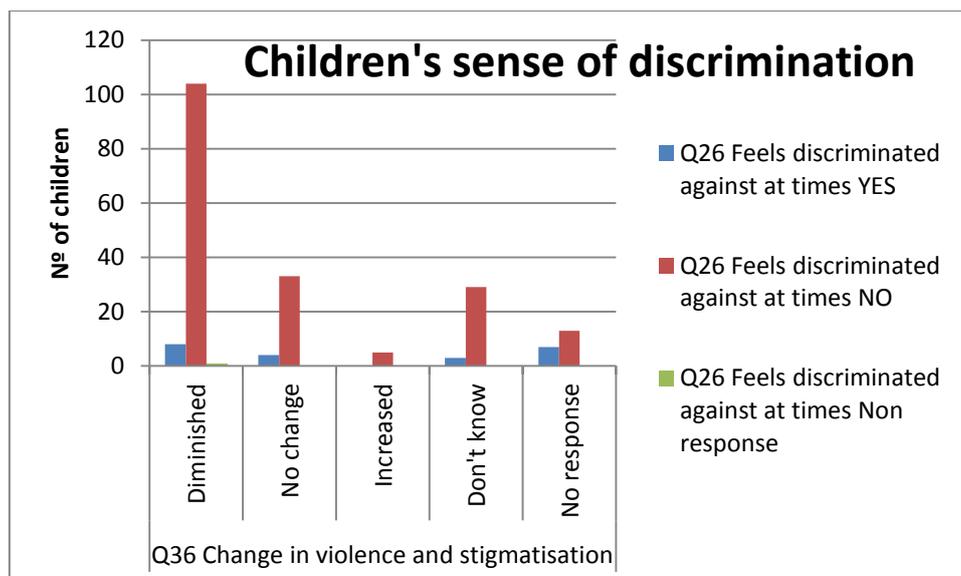


Chart 17: Relationship between children’s sense of discrimination and degree of change in violence and stigmatisation

The aggregated KAP survey results (cross-reference between Q24, Q26, Q33) show that the number and proportion of children who feel integrated in the school have increased by 8.5% over the measure at mid-term review (see Annex 01 Indicator Synthesis Table). The target of 50% of OVC feeling integrated into school has been exceeded by 22.8%. This is supported by qualitative data and limited observation – the children clearly were comfortable with each other; they reported that children no longer marginalised themselves or others, mainly because of the raised awareness that it was safe and fair – non-discriminatory – to mix.

Focus groups of both parents and children confirmed the increased sense of integration in the school for OVC; parents in particular reported that there had been a fundamental shift in children’s own perceptions and in the way parents perceived the shared concern of teachers and other parents.

In Rukundo, one parent reported that her son, who everyone realised ‘had something wrong in his head’ is treated well by other parents, who all work together to encourage him to behave.

***“Last year I had a kid in 4<sup>th</sup> grade who left; he stayed away and didn’t go to school. Izere encouraged me and I wanted him to go back to school. So I moved my child from the old school to Rukundo. I told my friends, if you see my boy, bring him back. He is unstable in his life; other parents helped; Izere helped as I had hoped (they gave me uniform). My son goes to school now, and everyone treats him well, because they understand.”***

Most of those interviewed thoroughly enjoyed the Radio Isanganiro intervention, and it was felt by many to be a lost opportunity for continued success and impact, building on the successful reduction of stigma against OVC and AIDS affected children. The radio felt that since the idea belonged to CARE, it required a continued partnership to carry on using the methodology, rather than being able

to take it forward independently. CARE Burundi could open the door to continue the harnessing of the experience the radio has enjoyed and wishes to take forward.

**Result 2:** Violence under its various forms at school is reduced

In addition to the analysis of KAP responses in relation to stigma and violence (which are combined) the school features most as the top place where girls (60.9%) – and 60.81% of boys – feel safe. This is just over 10% above the target set for the indicator. This is followed by the church or mosque, where 34 children – 20 girls and 14 boys – reported that they felt safe. Chart 18 below shows that the percentages of girls and boys interviewed are comparable, with a slightly higher percentage of girls feeling safe in each place except for the church/mosque where 18.92% of boys feel safest, compared with 15.94% of girls.

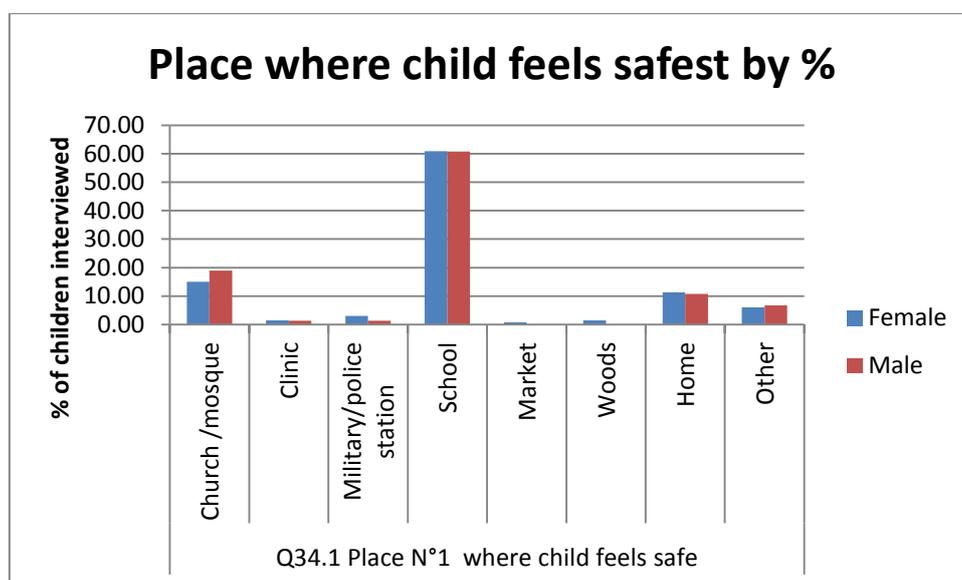


Chart 18: Places children feel safest by percentage

All the five teacher focus groups, and the school directors, reported that their behaviour had changed. They now listen to the children, and give them time, rather than hit first. This message was confirmed in all except one group of grade 5 children (where the children reported that ***“it has always been like this”***), that the teachers’ behaviour had changed, that they now gave the children more time to get their uniform, and their school materials, and the beating is symbolic rather than to hurt (as mentioned above, this needs to be investigated further).

The violence of neglect was reported by Gasasa teachers to have been explained and resolved by the project: whereas before, all school issues were seen as the responsibility of the director, the project had taught the teachers a sense of ownership. The PTA of the same school (Gasasa EP) confirmed that the training had brought a new cooperation, so that they could ***“realise we have a common concern, which is the child”***.

***“Izere has taught us how to care for the school’s assets. So for example, we should know that if a window is broken, it is a joint responsibility, for example the children could get cold.”***

*Teacher Gasasa EP*

The KAP survey enquired of children as to the places where they were scared to go, as well as their level of satisfaction with the school in relation to peer group and teachers. The table 08 below presents the cross-reference between the two questions, showing that regardless of the number of places a child is scared, the greatest proportion of children maintain a high or above average level of satisfaction. More children are scared of one place, than are scared of none, and just over half the children (51.79%) are scared to go to one or two places. 55 children, or 26.57%, were not scared to go to any place.

Table cross reference Q33 How do you feel in school with Q35. N° places where fear to go								
Effectif								
		Q35. Total endroits où enfant a peur d'aller						Total
		0	1	2	3	4	5	
Q33 Comment se sent à l'école	Très bien	42	48	36	23	10	5	164
	Bien	5	8	13	5	1	0	32
	Assez bien	2	1	0	0	0	0	3
	Pas du tout bien	0	1	0	0	0	0	1
	Non response	6	0	0	1	0	0	7
Total		55	58	49	29	11	5	207

Table 08: relationship between places children are frightened to go, and the way they feel in school

The place that the children most commonly reported that they were scared to go (51.21% of respondents) was the woods outside the school, with the second most common place being behind the school buildings (28.02%). In all cases a higher percentage of girls reported being scared, and in only one case were no boys frightened, namely in the school playground, which three girls reported to be frightening. All places named as frightening, with one exception, were unsupervised, including the classroom when the teacher is absent. The only supervised place that was reported to be frightening was the director's office, and this prompts the question of the very common confusion between respect and fear. The chart 19 below shows the breakdown by percentages of the places that children reported to be frightened to go.

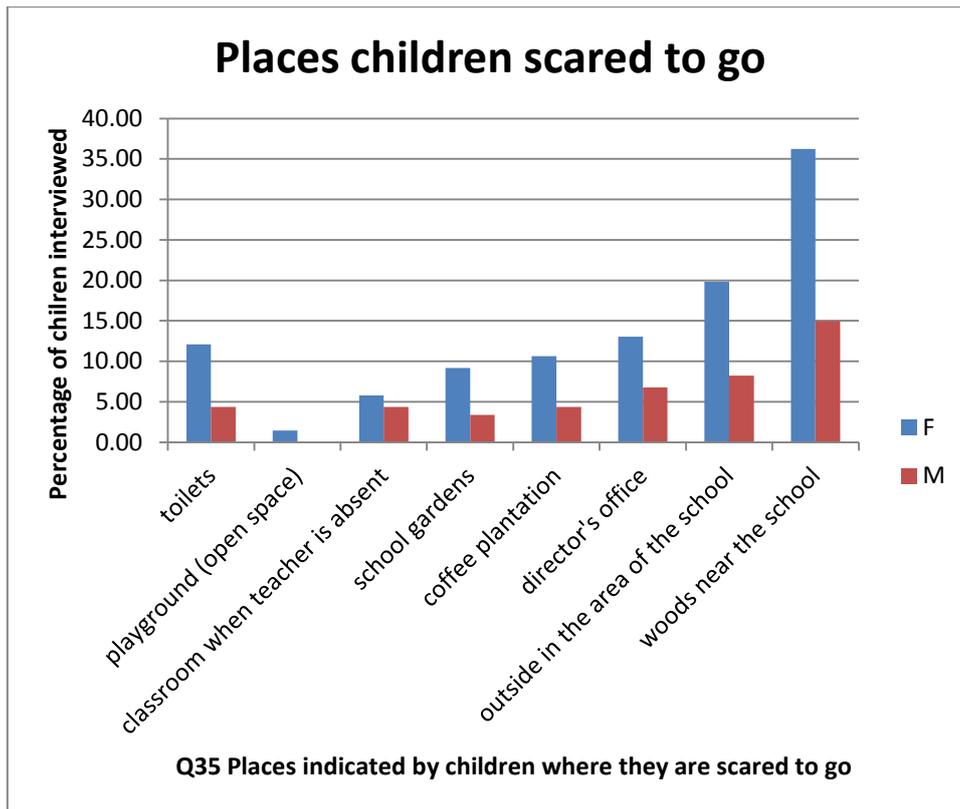


Chart 19: Places indicated by children (% of total) where they were scared to go as indicated by KAP survey

It has to be noted that these percentages relate to the percentage of the total number of children interviewed, and not the percentage of girls and boys. Since there is a considerable difference in the number of girls and boys interviewed (133 and 74 respectively), the proportions change somewhat when measured as percentage of each gender. The chart 20 below indicates the percentages of boys and girls who are scared to go to the different places.

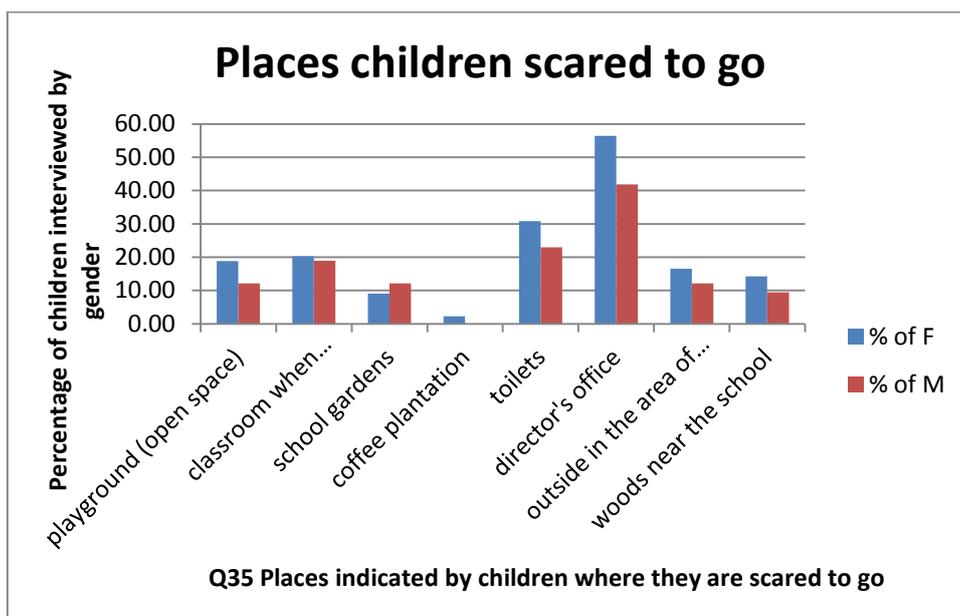


Chart 20: Places indicated by children as frightening, by percentage of boys and of girls

When looking at the percentage of the 133 girls who are scared of going to the woods, it is considerably higher than the other places, at 56.39% compared to the second most frightening place, behind the school buildings, of which 30.83% of girls are scared. Interestingly, a higher percentage of the boys (12.16%) than the girls (9.02%) is scared of the classroom when the teacher is absent, while there is little difference between the proportion of boys and that of girls in their fear of the director's office (18.92% and 20.3% respectively). The greatest difference in proportion of girls and boys is in the fear of the woods near the school, since 14.5% more girls are scared than boys, compared to the second greatest difference of 7.85% more girls than boys scared of the area behind the school building.

There is an apparent mismatch between the sense of security and the sense of integration, as raised in the MTR, since the target for integration (50%) has been exceeded by 22.8%, and that for security and protection (50%) has fallen short by just under 25%. This raises the question of the factors external to the school that campaign against child safety and security, and reflects the need for mitigation measures to cope with issues beyond the control of the stakeholders.

Fear of certain places is high on the list of anxieties for pupils. Although it could be argued that this is beyond the project's remit, if circumstances change completely within the school, but pupils are still afraid to go to and from school, the project impact will be compromised. It is therefore important to consider the ways in which the successes within the school can be advocated for within the wider community. The participants in the evaluation workshop specified that the police should notably be tasked with supporting the improved security for children outside the school, as part of the local authorities responsible for order in the community, as well as mutual support between children and civil society organisations, religious groups and the media, with sanctions built in for government departments, and protection for those who denounce acts of violence and violation, as well as continued sensitisation through theatre and other events introduced by Izere.

## 8 OBJECTIVE 4 – improve community response to OVC needs and aspirations

Half yearly project reports indicate that 2011 showed the first concerted outcomes for this objective, which is quite late in the four year project (albeit that activity under the redesign began in the second half of 2009). However, as can be seen below, the targets have been reached to date. **Result 1:** coordination of provincial education stakeholders and OVC response actors is improved and **Result 2:** the OVC response provincial coordination has developed and implemented a joint action plan

There is now a Provincial Committee for Child Protection, which includes members from government, parents, associations (both local and international) and OVC; CARE Izere Capacity Building and Partnership officer is a member of this round table theme group. This committee has also been replicated at Commune and village levels, set up by the Ministry of Solidarity with UNICEF. These local committees channel information to coordinating units which feed into the Provincial Committee for Child Protection. Izere project was instrumental in supporting the development of

these committees through financing the workshops and meetings to explain the application of the terms of reference in the field.

As the project objective 4 intended, an action plan has been developed and it has been agreed that all participants will share information on work being done in terms of OVC care. The interview held with the director of the Vision Santé Clinic confirmed that there was now increased coordination of support to OVC and gave strong support to the role of Izere in this improvement; some of the help needed is specific to children who are HIV+, and they do not necessarily fit into a neat category of support. Coordination between all agencies is therefore very important to making sure that the child receives what they need. Although it is agreed by key stakeholders at provincial and commune level that it is not possible to attribute the establishment of this committee to the Izere project, it is seen as a key player.

The confidence of provincial education authorities in the work of CARE and the Izere project in particular is demonstrated in the freedom and even encouragement given to the project schools to continue informal sex education both in extra-curricular clubs and in the classroom.

The teachers of Butamuheba EP in Gitega Commune spontaneously reported that the education authorities now work with parents whereas prior to the project there was no collaboration and they worked in isolation from each other.

At project level, the coordination of intervention is well recognised. The project partnership with SWAA is appreciated according to the representative interviewed, particularly because the support and sensitisation is complementary – where SWAA provides health support training on HIV and sex education, the Izere staff trained children and stakeholders in child rights, gender and diversity and non-violent communication among other themes. The involvement of other organisations such as ANSS, FVS and MiPAREC at stages throughout the project were also appreciated by key partners and stakeholders. This is supported by the school directors, most of whom (four) commented that the training by partners matched that of Izere. However, the level of partnership varied and it is not always clear how the partnerships have evolved, other than through reference in half-yearly reports. Parents of Butamuheba EP (Gitega Commune) in particular appeared to confuse the Mi-PAREC project with the Izere project. This could be explained by the key involvement of one of the parents in that project at hill (village) level.

In-school partnerships have mainly focused on the PTA; although the school board (School Management Committee – SMC) is also cited on the monitoring and evaluation framework in the redesigned project, in only one school was the option made available to speak with the SMC. SMCs are new and provide a new potential partner for future project interventions.

Some parents remarked that the reason that the project was so important to them was that it was focused on schools. **“Other projects worked with HIV/AIDS – there is the... Red Cross, ABUBEF, SWAA – but because it is concentrated on schools this makes it work”** (parent Rukundo EP). This is a key observation in terms of provincial and commune level ownership of the integration of sex and HIV/AIDS education, and is a strong indicator for future interventions; change happens around children and parents’ behaviour responds to their children’s needs and demands. The presence of parents on the round table theme group brings the evidence based advocacy role for CARE to the fore.

The results on objective 4 only emerged in the last year of the project, and although the objective has been largely achieved, with the proviso that documentation is still to be handed over, it would have been encouraging to the project to have had interim results by which to measure progress, or not, towards the main objective, thus providing pointers to required action to address any shortfall in progress, especially with objectives with major external players.

## **9 CONCLUSIONS**

### **9.1 ACHIEVEMENT**

The project has achieved considerable progress in raising awareness and increasing knowledge of HIV and AIDS for children and adults. The focus on children by grade, as indicated by the KAP scores and qualitative data could be causing some of the older children to lose out on activities that could save them from ignorant and dangerous behaviours. The greater improvement in attitudes over knowledge requires further investigation and consideration for future intervention.

The acceptance of the module on sex education, developed by Izere, has been a notable achievement, specifically that it has been accepted in principle by MoE, and is strongly supported at provincial level, which encourages its informal application in the classroom. However, it is still to be ratified for roll out to non-project schools, and this requires continued advocacy and action research to demonstrate its value at all levels, but especially at national, ministerial level.

Monitoring and evaluation suffered from the early difficulties of project design, and it is a credit to the project that the indicators for the redesigned logframe have been used for both the MTR and to the project end. Lessons learned from the Izere project can be applied to future projects so that M&E tools and procedures are in place from the start and measures can be taken for comparison at key points throughout the project. Record keeping and knowledge management of project progress and benchmarks would also enable ready analysis of data for measurement against indicators, as well as analysis of trends earlier in the project so that verification of findings can be made to be included in the final analysis.

Consistent reports indicate that educational achievement has been enhanced by the project, through the decreased drop out but very significantly by the extra lessons provided by teachers. In one particular case, this has proved sustainable despite the incentives to teachers no longer being provided. The high value given to these extra lessons by teachers, parents and children, merit further consideration as to how they can be internally sustainable. Verification of reduced dropout and improved academic performance could be improved by introducing, agreeing and implementing data collection tools with education authorities early in the project.

Children's knowledge around HIV/AIDS is lower than projected. There is a tendency for increased knowledge to lag behind attitude change. Enhanced capture of information and assimilation of knowledge could be achieved through strategies to record and store records of events and information for local replication and revision.

### **9.2 AWARENESS AND UNDERSTANDING**

Stakeholders demonstrate increased awareness of children's vulnerability in particular that of girls. Children's testimony and PTA structures developed through project intervention demonstrate that

the project has contributed significantly towards the evident increase in PTA and teacher focus on OVC and in particular girls.

As recorded in half yearly reports (June-December 2010) providing a record of training and sensitisation adds value, meaning, respect to what has been done with stakeholders, as well as safeguarding accuracy

Raising awareness has been highly successful, because it has reached not only the children but also the parents and wider community members through the children, creating a momentum for change from within. This awareness has influenced not only individual behaviour, but also influenced people's attitudes towards the discriminatory behaviour of others, such as the father who continued to prevent his daughter from completing her education. This increased awareness and understanding provides a strong foundation for local evidence based advocacy.

Lack of awareness of anti-discrimination rules and policies within schools could have the longer term effect, after Izere has withdrawn, of a dilution of the message and varied interpretations. With staff and other changes, the institutionalisation of learning and awareness is required to avoid the loss of knowledge and its application with the departure of key change agents, such as dynamic and committed school directors, or PTA members, or pupils. Written anti-discrimination policies, accompanied by their dissemination as policies, would help to safeguard the changes implemented in terms of discrimination and stigmatisation of OVC.

### 9.3 RELEVANCE

Theatre and contests have proved highly relevant as a way of both sensitising and verifying levels of awareness of large numbers and as a way of testing learning and capacity. School clubs and other social activities have been well supported, and are excellent vehicles for sensitisation and have captured the interest of the impact group and stakeholders, providing the potential for local influence after the Izere has withdrawn.

All stakeholders without exception recognised the importance of working with children, in particular OVC and within that group, girl children. Lack of consistent knowledge on the part of parents and children makes the project highly relevant. The focus on children is recognised by parents to be the most powerful method of changing behaviours and attitudes, since *'they are the future'* (*Rukundo parent*). By targeting both children and stakeholders, the training has had greater relevance to all, and in turn has created a local groundswell of attention and action around HIV and AIDS.

The project has safeguarded relevance since it has adapted to where the need is greatest in terms of health support to OVCs, adjusting to cater for the non-infected children instead of the already catered for HIV+ OVCs. It could also take into account the risks to both non-infected and especially HIV-infected children of other conditions, specifically diabetes, which can be prevented and managed through a healthy lifestyle and diet.

The provision of materials to OVC and clubs, while relevant, is most appropriate as an introduction to self-help, and not as a strategy for the duration of the project. The project would be more effective in investing with parents in self-help income generation activities. The availability of funds for material support could have distracted the project from the focus on sustainability, and

therefore care is needed in responding to superficially productive opportunities that might undermine longer terms strategies.

Age vs. grade – it is not always relevant to focus on grades, since older children could be in lower grades, especially if drop out is being addressed and children (and girls in particular) are returning to school having missed some years in the education system; by reintegrating into lower grades they are precluded from some of the project interventions, which is a missed opportunity.

The apparent mismatch between the children's sense of security and their sense of integration raises the question of the factors external to the school that campaign against child safety and security, and reflects the need for mitigation measures to cope with issues beyond the control of the stakeholders. This said, some of the same stakeholders with an interest in the children at the school will also be those who could influence the wider environment where the dangers and insecurities are perceived by the children. This demands that an intervention such as the Izere project consider the wider community in future interventions, such as working with sister projects, or other organisations or community mechanisms to address the issues. While relevant therefore, a broader scope for influence could be sought to encourage ownership by stakeholders of the issues around child protection and safety beyond the school as well as within it.

Targeting PTAs has clearly had a very strong positive impact and, it is not an overstatement to say that this has changed the life of the school. However, the relatively new SMCs could be usefully targeted as potential change agents, and used to support local evidence based advocacy for government change.

#### **9.4 SCALE-UP AND GREATER IMPACT**

It is largely appropriate and desirable to scale up the project: the training and awareness raising methodologies are highly suited to extending the project both within and beyond the two communes where it has been implemented.

The focus on grades 4 to 6 could also be reviewed, to allow for increased targeting of older children, in particular girls, who fall outside these grades, having started or returned to school as older pupils.

The theatre and radio activities in particular lend themselves to a scaled-up project, since they reach a wider audience, who have been stimulated to press for participation. The work of previous and sister projects (Nzokira and Inkerebutsi for example) laid a helpful foundation to project success, and in the same way Izere would provide a strong basis on which to extend the intervention.

One exception to this is the methodology of supporting OVCs; by providing material support throughout the project, the scope for sustainability is questionable. As part of a scaled-up project, consideration is needed as to how the support provided to OVCs by the project can be transformed into self-supporting mechanisms. Impact could have been increased by introducing the idea of income generating activities from the outset of the project, to maximise the self-help concept and skills of stakeholders.

An additional proviso to scale-up would be the need to plan in such a way that stakeholders could participate without their own routines being affected more than necessary, for example by short notice of activities.

In Burundi, the sports activities and trainings were all held in the school holidays, with no difficulty. This might not be the case in other countries, where either it might be possible to hold the trainings within the school term (at weekends, or after school for example, or if as in the case of Mozambique, there is a local curriculum time allotted) or attracting participation outside school time would be difficult. In terms of scale up to other countries therefore, the logistics of training and mass participation events need careful consideration to avoid assumptions that strategies for implementing activities are transferable.

The apparent higher degree of confidence and experience of the pupils in the schools where Nzokira had already worked, compared to schools initiated by Izere, implies that the longer term intervention yields results. This is supported by the PCTFI Implementation Plan, which observes the importance of giving enough time to enable development and measurement of investments<sup>3</sup>. The strong programme approach already installed in Burundi provides synergies across projects. This can go some way to safeguarding the mileage and investment. However the particular strength of focusing on HIV within the school has provided a strong foundation on which to build improved retention and performance, which could be undermined by interruptions in intervention, and it is concluded that local scale up and further sustained intervention would considerably improve the returns on Izere project investment.

The creation of Izere as a pilot project from the PCTFI perspective has led to some confusion in-country, since the understanding developed that the Izere would be a pilot to a later roll-out building on that pilot. The difficulties in design and the need for a redesign of the project has highlighted the need for a clear development plan for such cross-country initiatives to ensure a clear understanding of how the project fits both in-country and at PCTFI level<sup>4</sup>.

## 9.5 SITUATIONAL ANALYSIS RESPONSE

The project has responded to the taboos around talking about sexual matters; there is a firm foundation upon which to further build knowledge, confidence and openness around the sensitive questions of HIV/AIDS and sexuality. The project has highlighted the issues around discrimination, violence and stigmatisation related to HIV and AIDS, and at the very least, the subject is well out into the open, and both children and parents as well as teachers talk readily about the problems. More than this however, efforts in each school have succeeded in a uniform rejection of discrimination and stigmatisation, and reduced violence between children and by teachers of children, although this is not eradicated.

Concerns over the difficulty in finding appropriate language in Kirundi for teaching about HIV/AIDS and sexual education have been largely addressed, since the challenge is shared and understood; stakeholders realise that the problem is a shared one and work together to resolve ambiguity or misunderstanding.

Teachers are not only prepared but do now teach sex education, mostly in clubs, although the provincial education authority would be happy to see this done more in classes while awaiting formal approval from MoE to introduce sex education in the classroom. More evidence could be

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<sup>3</sup> A Plan for Implementation of the Patsy Collins Trust Fund Initiative Objectives, p9, which indicates experience in Peru and Afghanistan points to the 'tremendous advantages' of sustained commitment beyond five years.

<sup>4</sup> More discussion about the PCTFI education and HIV/AIDS initiative can be found in the global PCTFI report

built up around the teaching of sex education and HIV/AIDS awareness in the classroom as part of the curriculum, thus providing the firm basis on which to advocate to have the MoE adopt the policy of sex education in primary schools.

## 9.6 THE PROJECT WITHIN THE PROGRAM

The history of Burundi CO indicates that the Izere project was developed within a climate of working programatically. The P-shift process developed after the project began does not appear to have been a difficulty, since the Izere project already fitted well within the Child Empowerment focus that the CO had established earlier. Within this context, the Izere project fits naturally into the programme approach in the following ways:

- It builds on the successes and confidence created in the earlier Nzokira project; each project brings its own focus, while synergies can be maximised by the collaboration between them;
- It works in synergy with other projects and wider programs such as Inkerebutsi, which targeted a wider area, with a focus on girls leadership and initiative, and the Men and Boys Engagement Initiative (MBEI), which included trainings that the Izere project was able to access
- Mutual learning is possible and has been harnessed, specifically through the Inkerebutsi and MBEI initiatives, which provide broader perspective on the Izere's specific impact group, and which Izere in-depth knowledge of learning and retention practices could inform
- Through the TOSA funding for teachers to provide extra lessons to pupils, Izere has harnessed external support generated from program outreach, although the sustainability of this activity needs further consideration

## 9.7 SUSTAINABILITY

All stakeholders and beneficiaries argue that they will not revert to previous behaviours and attitudes, and that the knowledge brought by the Izere project trainings and activities have changed their views. They will continue to share the knowledge they have, and to encourage others to behave in a safe way to prevent HIV. However, the knowledge levels are lower than expected by the project, and this needs to be investigated to ensure that peer education, which is demonstrably sustainable also includes a focus on spreading knowledge as well as attitudes and practices.

Teachers and parents say they will continue to teach sex education to the children, although the wish of some children is for more of this at home, and some younger children in at least one school do not feel they receive as much as they would like at school. The education authorities would be pleased to see the teachers continue to teach sex education to the children in class, and at both provincial and commune levels are confidently awaiting Ministry approval of sex education as a formal part of the curriculum.

Overall, it can be concluded that sex education is firmly embedded in the life of the Izere project schools, and that the education authorities are also in favour of a formalised sex education in schools. This element of the project can therefore be concluded to be sustainable, with the proviso that this will be totally secured only when the formal curriculum is established.

As mentioned above, the sustainability of the material support to OVCs is questionable. However, many PTAs have begun to consider ways of generating funds to provide some support for the neediest children. This initiative being still largely nascent, it is not possible to measure its

sustainability, and had the project planned from its inception to generate this initiative, it is possible that the school community would be able to argue that they could continue the work introduced by the project. While stakeholders and children would welcome more training, the main concern for the closure of the project is in the challenge to supporting the OVCs in school, and despite efforts being made by some schools to provide support, it was unanimously felt that this could not cater for all those needing help.

Extra lessons for children is a similar issue; injections of finance during the project need to be accompanied by strategies for sustainability, so that demand is not generated for something, which though very valuable, is external and therefore inherently dependence generating.

While the Provincial committee for OVC has been established and now has an action plan, it is not yet clear how well this will be sustained after the drive of the Izere project has been withdrawn. Evaluation some time after the project end is required to measure the sustainability of the work done by Izere at provincial level.

Where stakeholders have taken ownership of the project's objectives, there are strong signs of sustainability, for example where teachers still provide extra lessons at no personal gain to themselves.

## **9.8 GENDER**

The project focused specifically on OVC and on girls, and as such gender has been central to the intervention. The awareness that gender is not only girls was supported by the use made of some of the MBEI activities, and by ensuring that activities targeted boys as well as girls, the project enhanced the focus on equality.

Issues around gender also include the importance of avoiding gender stereotyping, ensuring facilities (such as latrines) do not disadvantage or compromise one gender over the other, and ensuring that the services are not only available but also are accessed by girls. The project has worked towards each of these aims, more so since the project redesign, which highlighted the importance of improving access and conditions for girls. The project redesign in fact demonstrated that a changed approach can enhance gender equity, since there was an increased focus on girls in each of the four new objectives and the indicators encouraged disaggregation by gender.

## **9.9 PARTICIPATION**

The increased involvement and sense of ownership by parents is an indication of the opportunities that the project successfully provided. This is enhanced at commune and provincial level by the active parent membership of the Child Protection Committees, which include members from across the community.

The GoB has also demonstrated its participation at commune and provincial levels in the project activities, through presence at events and trainings. Increased participation at ministerial level could have enabled the project to anticipate the challenge now being faced in advocating for sex education in primary schools. More overt partnership and recording of links might have alerted CARE earlier to the potential obstacle to formalisation of the sex education curriculum, and this could be prioritised for future interventions, to balance the already strong local advocacy that could also be further built upon.

## 9.10 PARTNERSHIP

The key civil society partnership with SWAA has been crucial to the success of the project; mutual learning has enhanced practice for both organisations, and CARE has demonstrated flexibility in responding to the needs of the impact group in the light of the partner's local knowledge. The trainings provided by each partner have been complementary, which has improved the effectiveness of each intervention.

Partnerships with Tubiyage and Radio Isanganiro have also been instrumental in the success of Izere. In particular, the social communication elements of these partnerships have broadened the impact beyond the specific 4<sup>th</sup>-6<sup>th</sup> grade pupils, especially girls. This has enabled the project to reach girls who fall outside the specific target group due to being in lower grades, and also enabled the project to reach the wider community, which having been influenced by the children, have then added to the impetus for change, thus creating a spiral of development which needs to be built upon through the continued partnership with key local organisations. The shortness of contracts with local partners such as Radio Isanganiro could diminish the impact over time. This could be looked into to avoid reduced impact through short term planning.

Partnership with the GoB has also been very strong, and sensitivity to the government's agenda and interests along with advocacy for change to policy (notably the installation of sex education programme in schools) has meant that the project closes on the brink of the possible ratification of sex education as part of the formal curriculum in primary schools.

## 10 RECOMMENDATIONS

The key recommendations below are linked to the conclusions outlined above. They are in no particular order of priority, and do not include all the pointers to future interventions which are also made in the body of the report, and which can be taken forward.

- Knowledge and information capture
  - HIV/AIDS knowledge: Increase focus and on knowledge sharing as a key peer education strategy, so that children do not simply advocate by responding to behaviours but proactively share their knowledge of HIV and AIDS.
  - Monitoring and Evaluation: Early M&E is needed to be able to rigorously measure change from project inception – interim results to measure project effectiveness for key objectives depending on external actors
  - Enhance impact and effectiveness of sensitisation activities by recording (film or print) events for future refreshment in schools. This would also raise the profile of knowledge capture for peer education.
- Sustainability:
  - Early introduction of IGA, and phase out of material support to OVC to maximise scope for sustainable support to OVC on project end
  - Develop strategy for sustained academic support to those children needing it
  - Ensure that resource provision is supportive of sustainability rather than perpetuating dependency by short term fulfillment of acute need
- Advocacy:

- National level – concerted advocacy for policy change on sex education to include formalised primary school sex education, through demonstration of successful classroom teaching – action research into methodologies and outcomes
- Local level – by applying successful school-based strategies to the wider community for improved pupil safety and therefore increase the potential for return to and retention in school; including mitigation for environmental security issues around school; finding synergies across stakeholder groups and community structures and key individuals common to different community groups, to be partners for child safety around school
- Relevance:
  - Extend sensitisation to other life-threatening conditions and illnesses that exacerbate the problems faced by HIV-infected children in school, notably diabetes.
  - Extend the project sphere of influence to provide graduated intervention within and across school zones and commune; specifically
    - Consider the approach of targeting children by grade to avoid missing key older girl beneficiaries who are studying in lower grades
    - Consider using the mass social events (radio, theatre, sports and culture) to overtly target out of school girls for a return to school who would have been reached through other project / program interventions which, having closed, can no longer reach them
- Service provision:
  - Investigate motivation for non-take up of services, specifically PSS and legal services
  - Include mechanism to measure expectations on provision and standards of service to OVC

## **ANNEX 1 – CHANGES IN KAP SURVEY RESPONSE**

**TABLE OF SYNTHESIS ON INDICATORS OF MID-TERM REVIEW AND FINAL EVALUATION OF IZERE PROJECT**

	Indicators	Niveau à l'EDB	Projection à mi-parcours	Operationalisation and method of calculating the indicator	Mid Term level achieved	Comment - final evaluation final of project	level at final evaluation	Projection for project end
Obj 1	1 Proportion of OVC demonstrating reduced risk and vulnerability to HIV / AIDS	25%	50%	Proportion of OVC with at least 75% in KAP, ie, with at least 18 correct answers (out of 23) in KAP	50.0%	This score is well below the target of 100%. While it is reasonable to expect the same children to score well after the project intervention, it is not clear as to whether the children tested had the same amount of exposure to the project, and the change agents it has developed. The score of 69% does require investigation into the peer education and school teaching on the facts around HIV and AIDS as compared with the sensitisation for changed behaviour and HIV testing. (see report for more detail on areas of knowledge around HIV/AIDS)	69,1% (F : 69,2% M : 69%)	100%
Obj 1 R 1	2 % dchange in KAP around AIDS	25%	50%	Average scores (showing change by question) for 23 KAP questions	75.0%	There is an increase of only 4.6% on this indicator, whereas the target was to achieve 100% knowledge, attitudes and practices. This again is ambitious, considering changing school populations. The expectation of 100% change is a measure of sustainability rather than the initial interventions, since maintenance of changed KAP requires embedded sensitisation practices. The low score in terms of target contrasted with the high mid-term achievement indicates the need for further investigation into the embedding of proactive HIV/AIDS information sharing and sensitisation	79,6% (F : 80,1% et M : 78,7%)	100%
Obj 1 R 2	3 Proportion of OVC receiving adequate care	15%	30%	Average "very satisfied" by considering the assessment of services received during the past year service by service, with average crossreferenced by Q39 & 40.	30.7%	This score has reduced. However, the percentage given is of the total number interviewed and not of those who actually used / were provided with the service. Taking the total number of children who made use of the service in question, rather than the total constituency, the percentage changes. This calls into question the level of access rather than the quality of service. Verification is required to establish those who have had need of services that have not been provided, rather than the level of satisfaction of those who have used them. It is notable that the percentage of respondents highly satisfied with education stands at 79.2%, which is well above the target for project closure. Measurement of those who are not satisfied with a service they did not receive might give some indication of unanswered need that is not being recognised by the service provider, or that indicates that a child is not accessing the required service. (see report section ????)	23.9%	60%
Obj 1 R 2	4 Level of satisfaction with serevices provided	ND	NA	Moyennes des appréciations des services bénéficiés : croisements Q39&40 service par service	Très satisfait 31 % : Satsfait 4%, Ni satsfait ni insatisfait 0%, Pas du tout satisfait 1%	Très satisfait 23,9 % : Satsfait 4,9%, Ni satsfait ni insatisfait 1,2%, Pas du tout satisfait 0,3%	80%	
Obj 2	5 Proportion of OVC who demonstrate improved performance	ND	30%	cfr résultats scolaires : progression en terme de résultats (notes) scolaires au cours de l'année scolaire passée et au cours des deux premiers trimestres de cette année scolaire en cours	47.6%	Ce score est satisfaisant par rapport au niveau initial et aux prévisions, et résulte des efforts des uns et des autres (acteurs du système éducatif et projet). Mais le projet doit continuer car le taux reste encore inférieur à la moyenne arithmétique de 50%. TO BE COMPLETED	82.3%	FOs report 45% at project start
Obj 2 R 1	6 % increase recorded for OVC	ND	25%	comparison of secondary data from schools				75%
Obj 2 R 1	7 Rate of dropout of OVC from school	ND	25%	comparison of secondary data from schools		The dropout rate of OVC at Mid-term was 25% and by the end of the project had dropped to 1.7%, a decrease of over 20%, ten times the projected decrease of 2%. This surpasses all expectations; analysis would be useful to improve the calculation of future projections, including the definition of dropout, and access to the data to measure it.	1.7%	decrease in dropouts 2%
Obj 2 R 2	8 % OEV montant en classe supérieure	0%	20%	comparison of secondary data from schools: percentage of those who progress to next grade from the lower grade in the previous year	54.6%	The number of OVC progressing to the next grade improved by almost 5% on the MTR; although this appears to be a minimal improvement, the initial projection was for a 20% improvement. This target was somewhat provisional, since there were no initial data on which to base it. The main reason for lack of educational performance is lack of OVC materials, and this was one of the key strategies of the project. As mentioned in the MTR report also, the increased awareness and monitoring of OVC by teachers and other education stakeholders (education authorities, service providers, PTAs) has had a positive impact on these children	58.9%	30%

Obj 3	9	Proportion d'OEV qui se sentent en sûreté et protégés à l'école	10%	35%	Crossreferencing of Q35&33 : Percentage of OVC who feel very safe in school with colleagues and teachers (Q33) and who confirm that they are not afraid to go to places in the school and local neighbourhood (Q35)	10.2%	There has been a significant improvement in the sense of security among pupils, with a greater than 100% increase. Despite this, the target of 50% of OVC who feel secure and protected at and around school has not been met. However, as mentioned in the MTR notes, there are external factors that the project cannot influence. The KAP could usefully be extended to survey the strategies used for avoiding dangerous places, which would help to measure the impact and effectiveness of the project intervention in working within the limitations of the wider environment.	25.6%		50%
Obj 3 R 1	10	% of OVC who feel integrated into the school	ND	35%	Average of cross reference of Q24 & 26, Q24 & 33 and Q26 & 33: 1 who do not feel stigmatized (Q24) or discriminated against (Q26), 2 ° who fo not feel discriminated (Q26) and feelsafe in school (Q33); 3 that do not feel stigmatized (Q24) and do feel safe in school (Q33)	64.3%	This target has been exceeded by over 20%, and shows an improvement of 8.5% over the MTR. As noted in the MTR comments, the contrast between the OVCs sense of integration in school and the low level sense of security (see above) highlights the external factors that campaign against child safety and security, and reflects the need for mitigation measures to cope with issues beyond the control of the stakeholders. This said, some of the same stakeholders with an interest in the children at the school will also be those who could influence the wider environment where the dangers and insecurities are perceived by the children. This demands that the project consider the wider community in future interventions, such as working with sister projects, or other organisations or community mechanisms to address the issues.	72.8%		50%
Obj 3 R 1	11	% of OVC who report that teachers are sensitive to issues related to OVC	ND	40%	Percentage of OVC who give at least 3 reasons / justifications for their "yes" to confirm that teachers are more sensitive to questions related to OVC (Q28&29)	56.1%	Having surpassed the projection for the midterm point of the project by 16.1%, the improvement in teacher sensitivity to OVC has been slow, at only 4.8% improvement, and surpassing the projection for project end by only 0.9%. This is a qualitative indicator, measured by the child giving at least three reasons justifying a positive answer; these reasons could however be weighted, since there could be children giving one or two very strong indications of change that are not counted because they fall short of the minimum of three.	60.9%		60%
Obj 3 R 2	12	% of girls who identify the school as a safe place	10%	35%	Proportion of girls interviewed who indicated the school as the safest place (Q34)	54.3%	In contrast to indicator 9 above, this target has been surpassed by just over 10%, comparable to the result at MTR. This gives an indication that the school itself is a place of security for the children, as opposed to the environment in which the school is situated. It confirms the comments above (comment on indicator 10) that the influencers of the wider environment should be taken into account and worked with in addressing issues of OVC at school; and that mitigation of the problems faced beyond the school should be worked on as a priority.	60.9%		50%
Obj 3 R 2	13	Proportion of schools using strategies to make schools safer places for OVC, especially for girls	25%	50%	comparison of secondary data from schools					70%
Obj 3 R 2	14	% f OVC who report a reduced incidence of stigmatisation and of discrimination	ND	30%	Average crossreferences of Q24 & 26, Q24 and Q26 & 36 & 36: Proportions finding that violence and stigma have fallen (Q36) despite occasionally incidents of stigma (Q24) and discrimination (Q26)	58.7%	Although this target has been surpassed, it shows an improvement of only 0.1% on the MTR. Whereas in the first three years of the project the target of 30% of OVC with a sense of reduced stigmatisation and discrimination was exceeded by almost 100%, there has been almost no change. This could be for a number of reasons, which need to be analysed further: there may have been no change in the environment as intimated by the data; or it may be that the raised awareness raises expectations and standards. It is not possible to judge from the KAP survey, and further investigation is required to validate the qualitative data gathered from the interviews (see report).	58.8%		50%
	15	% of OVC, especially girls, who report increased access to quality services	0%	25%						

Obj 3	9	Proportion d'OEV qui se sentent en sûreté et protégés à l'école	10%	35%	Croisement Q35&33 : Pourcentage d'OEV qui se sentent très bien en sécurité à l'école par rapport aux camarades et aux enseignants (Q33) et qui affirment n'avoir peur d'aller dans aucun endroit (de l'école et/ou son voisinage Q35)	10.2%	There has been a significant improvement in the sense of security among pupils, with a greater than 100% increase. Despite this, the target of 50% of OVC who feel secure and protected at and around school has not been met. However, as mentioned in the MTR notes, there are external factors that the project cannot influence. The KAP could usefully be extended to survey the strategies used for avoiding dangerous places, which would help to measure the impact and effectiveness of the project intervention in working within the limitations of the wider environment.	25.6%	50%
Obj 3 R 1	10	% d'OEVs qui se sentent intégrés dans les écoles	ND	35%	Moyenne des trois croisements Q24&26, Q24&33 et Q26&33 : 1° qui ne se sent jamais indexé/stigmatisé (Q24) ni discriminé (Q26) ; 2° qui ne se sent jamais discriminé (Q26) et qui se sent très bien à l'école (Q33) ; 3° qui ne se sent jamais indexé/stigmatisé (Q24) et qui se sent très bien à l'école (Q33)	64.3%	This target has been exceeded by over 20%, and shows an improvement of 8.5% over the MTR. As noted in the MTR comments, the contrast between the OVCs sense of integration in school and the low level sense of security (see above) highlights the external factors that campaign against child safety and security, and reflects the need for mitigation measures to cope with issues beyond the control of the stakeholders. This said, some of the same stakeholders with an interest in the children at the school will also be those who could influence the wider environment where the dangers and insecurities are perceived by the children. This demands that the project consider the wider community in future interventions, such as working with sister projects, or other organisations or community mechanisms to address the issues.	72.8%	50%
Obj 3 R 1	11	% d'OEV qui déclarent que les enseignants sont sensibles aux questions relatives aux OEV	ND	40%	Pourcentage d'OEV qui ont donné au moins trois preuves/raisons de leur "oui" par rapport à leur affirmation selon laquelle les enseignants sont plus sensibles aux questions relatives aux OEV (Q28&29)	56.1%	Having surpassed the projection for the midterm point of the project by 16.1%, the improvement in teacher sensitivity to OVC has been slow, at only 4.8% improvement, and surpassing the projection for project end by only 0.9%. This is a qualitative indicator, measured by the child giving at least three reasons justifying a positive answer; these reasons could however be weighted, since there could be children giving one or two very strong indications of change that are not counted because they fall short of the minimum of three.	60.9%	60%
Obj 3 R 2	12	% de filles identifiant l'école comme un lieu sécurisé	10%	35%	Proportion de filles ayant cité l'école en 1er lieu comme endroit sécurisé (Q34) par rapport aux filles interviewées	54.3%	In contrast to indicator 9 above, this target has been surpassed by just over 10%, comparable to the result at MTR. This gives an indication that the school itself is a place of security for the children, as opposed to the environment in which the school is situated. It confirms the comments above (comment on indicator 10) that the influencers of the wider environment should be taken into account and worked with in addressing issues of OVC at school; and that mitigation of the problems faced beyond the school should be worked on as a priority.	60.9%	50%
Obj 3 R 2	13	Proportion d'écoles utilisant des stratégies qui rendent les écoles plus sécurisées pour les OEV, surtout pour les filles	25%	50%	cfr données secondaires dans les écoles				70%
Obj 3 R 2	14	% d'OEV qui rapportent une incidence réduite de la stigmatisation et de la discrimination	ND	30%	Moyenne croisements Q24&26, Q24&36 et Q26&36 : Proportions trouvant que la violence et la stigmatisation baissent (Q36) malgré l'existence quelquefois des cas de stigmatisation (Q24) et de discrimination (Q26)	58.7%	Although this target has been surpassed, it shows an improvement of only 0.1% on the MTR. Whereas in the first three years of the project the target of 30% of OVC with a sense of reduced stigmatisation and discrimination was exceeded by almost 100%, there has been almost no change. This could be for a number of reasons, which need to be analysed further: there may have been no change in the environment as intimated by the data; or it may be that the raised awareness raises expectations and standards. It is not possible to judge from the KAP survey, and further investigation is required to validate the qualitative data gathered from the interviews (see report).	58.8%	50%
Obj 3 R 2	15	% d'OEV, particulièrement les filles qui rapportent l'augmentation de l'accès aux services de qualité	0%	25%					FOs report back ??

## ANNEX 2 – DOCUMENTS REVIEWED

Brief#5 Designing programs  
CARE Burundi HIV education survey final  
Education and HIV AIDS  
Final report Mozambique HIV and Education  
PCTFI insights in innovation  
PCTFI objectives paper  
PCTFI strategy final  
Burundi Baseline report  
IZERE care rapport mi-parcours  
IZERE program project narrative  
IZERE project update Nov 2011  
Situational analysis PCTFI Burundi report  
Half yearly report ; jan-jun 09 -final  
Izere Burundi narrative \_July-December\_Report\_English.doc  
Mid-Year Report Janvier-Juin\_2011\_IZERE  
Rapport Semestriel IZERE - 2008\_ English version  
Rapport Semestriel IZERE Fév juillet 08 sent  
Rapport Semestriel\_Janvier - Juin 2010\_IZERE\_Translated in english.doc  
Rapport Semestriel\_Juillet - Dec 2009\_IZERE translated+photos (2)  
Burundi Trip report Nov 08  
Trip report Burundi Nov 2011  
Burundi PCTFO work plan12 may13  
Rapport sem July to Dec 2010  
Realignment design timeline  
rapport financ Dec 2010  
rapport financ sent oct 2010  
Izere Care annexes  
Qnaire revue interne izere  
focus group parent record fiche revisee  
guide entretien avec chefs de colline traduit en francais  
instruction abre de vulnerabilite  
instruction carte de vulnerabilite  
instruction fiche activites des enfants  
izere guide entretien-autorites scolaires  
record pour les focus group avec les enseignant1 Kirundi  
school overview

## ANNEX 3 – FIELD VISIT RECORD

DATE	ACTIVITY/LOCATION	COMMENTS
Monday 30th January	Introductions CARE Bujumbura Travel to Gitega Preparation for researchers	All researchers with prior experience, some with Baseline Study, others with other CARE projects
Tuesday 31 <sup>st</sup> January am	Comibo EP (Muslim): Gitega Commune urban school Part of Nzokira project	Parents (FG 4f) Teachers (FG 2f, 2m) Director (SSI 1f) Pupils (FG 3f, 3m, all 6 <sup>th</sup> grade) KAP survey
Tuesday 31 <sup>st</sup> January pm	Rukundo EP (Catholic): Gitega Commune peri-urban school Catholic Part of Nzokira project	Parents (FG 7f, 1m) Pupils (FG 5f, 3m, all 6 <sup>th</sup> grade) Director (SSI 1f) KAP survey
Wednesday 1 <sup>st</sup> February am	Butamuheba EP (Government) Gitega Commune rural school	Parents (FG 5f) Teachers (FG 3f, 1m) Pupils (FG 4 girls, 4 boys, 4 in 5 <sup>th</sup> , 4 in 6 <sup>th</sup> gr) Director (SSI Male) KAP survey
Wednesday 1 <sup>st</sup> February pm	Karoba EP (Government) Makebuko Commune rural school	Parents (FG 4 women, 4 men) Teachers (FG 2f, 3m) Pupils (FG 4f, 4m, 7 in 6 <sup>th</sup> grade, 1 in 5th) Director (SSI 1m) KAP survey
Thursday 2 <sup>nd</sup> February am	Gasasa EP (Government) Makebuko Commune rural school  Makebuko Commune	Teachers (FG 2f, 2m) Parents (FG 2 (+1 late)f, 5m) Pupils (FG 4f, 3m, all 5 <sup>th</sup> grade) Director (SSI 1m – new to school, not to project) KAP survey Makebuko Commune Inspector (SSI 1m)
Thursday 2 <sup>nd</sup> February pm	Maramvya EP (Catholic) Makebuko Commune rural school Part of Nzokira project	Parents (FG 6f, 3m) Teachers (FG 1f, 3m) Pupils (FG 4f, 2m, 3 in 5 <sup>th</sup> , 3 in 6 <sup>th</sup> grade) Director (SSI 1m) KAP survey
Friday 3rd February am	Government of Burundi	Commune Education Advisor Administrative and Social Issues (SSI 1m) Chief Provincial Advisor for Education Planning (SSI 1m) Provincial Ed. Inspection Advisor (SSI 1m)
Friday 3rd February pm	CARE offices Vision Santé clinic CARE offices	Tubiyage (FG 2f, 1m) Chief of clinic; SWAA rep (SSJI 1f, 1m) Project team (FG capacity building coordinator; 2 field officers) Isanganiro (SSI phone, 1m)
Monday 6th Feburary		KAP survey analysis (supported by CO M&E officer) Interview Project Coordinator
Tuesday 7th February	Workshop, Helena Hotel, Gitega  Telephone interview	Representatives of schools, education authority, governor's representative (see list) Country Director

## ANNEX 4 – SURVEY TARGET GROUP ANALYSIS

### Sample distribution by sex

Gender of interviewee	Nº	Fréquency (%)
Female	133	64.25120773
Male	74	35.74879227
<b>Total</b>	<b>207</b>	<b>100</b>

### Sample distribution by school

Name of School	Nº	Fréquency (%)
Butamuheba	42	20.28985507
COMIBU	36	17.39130435
Rukundo	39	18.84057971
Gasasa	30	14.49275362
Karoba	30	14.49275362
Maramvya	30	14.49275362
<b>Total</b>	<b>207</b>	<b>100</b>

### Sample distribution by commune

Commune	Nº	Fréquency (%)
Gitega	117	56.52173913
Makebuko	90	43.47826087
<b>Total</b>	<b>207</b>	<b>100</b>

### Sample distribution by age

Age of interviewee	Nº	Fréquency (%)
10 yrs	1	0.48309178
11 yrs	4	1.9323671
12 yrs	17	8.21256038
13 yrs	28	13.5265700
14 yrs	44	21.2560386
15 yrs	37	17.8743961
16 yrs	47	22.7053140
17 yrs	22	10.6280193
18 yrs	7	3.38164251
<b>Total</b>	<b>207</b>	<b>100</b>

### Sample distribution by grade

Interviewee by grade	Nº	Fréquency (%)
4th	12	5.79710144
5th	71	34.2995169
6th	124	59.9033816
<b>Total</b>	<b>207</b>	<b>100</b>

## ANNEX 5 – KAP QUESTIONNAIRE

### Knowledge and Attitudes Survey

#### ANONYMOUS QUESTIONNAIRE

Revised from materials developed by HEARD

#### INSTRUCTIONS: PART ONE

Read each question carefully; then place a cross (X) in the block that corresponds with your answer.

	YES	NO	MAYBE	DON'T KNOW
1. Did AIDS come from the polio vaccine?				
2. Can you get infected with HIV from donating blood?				
3. If you have only one sexual partner can you get infected with HIV?				
4. Is it safe to share an apple with someone who is HIV positive?				
5. Can the HIV test tell when a person was infected?				
6. Are all babies born to HIV infected mothers also infected?				
7. Is there treatment to prevent you from getting TB if you are HIV positive?				
8. Would you eat at your favourite restaurant if you knew that the cook was infected with HIV?				
9. Would you feel able to take a banana beer prepared by someone infected with HIV ?				
10. Would you be willing to take care of a family member with HIV/AIDS?				
11. Should people with HIV/AIDS be allowed to have communion at church?				
12. Can you catch HIV/AIDS by having sex with a girl who is still a virgin ?				
13. Should people who are HIV positive have sex?				
14. Can having sex with a virgin cure AIDS ?				
15. Should people who are HIV positive have children?				
16. Should infected people be forced to disclose to their families?				

17. Teachers with HIV/AIDS should not be allowed to teach.				
18. If a pupil has sexual intercourse with a teacher, it is the teacher who is wrong and should be fired.				
19. Should children who are HIV positive be allowed to go to school?				
20. Should children who are HIV positive be required to disclose their status to the school?				
21. Children who have a family member with HIV should be allowed to sit next to other children in school?				
22. The common use of sharp items (razor blades, needles, pliers to pull teeth, etc.) can cause infection with HIV / AIDS				
23. During the scarification, using the same product and same material on the sores of some people can cause infection with of HIV / AIDS				

	YES	NO	MAYBE	DON'T KNOW
24. Do you feel stigmatised? 25. Why/How				
26. Do you feel discriminated against? Vous arrive-t-il de vous sentir discriminé ? Hari aho bishika bakagukumira ? 27. Why / How?				
28. Do you find that the teacehrs are sensitive to questions around OVC?				

29. Why?

1. Make objective / unbiased list of various forms of support to OVC beneficiaries
2. Flexibility in the face of lack of equipment and uniforms in school
3. Flexibility and understanding in the face of lateness or absence of OVC
4. Monitoring and special attention to OVC by teachers
5. Encouragement of OVS to participate in play and recreational activities (eg in clubs, games, etc.)
6. Moral support to OVC (counselling, encouragement, etc)
7. Direct provision of materials and financial support by teachers to certain OVC

8. Other (please specify)

.....

.....

30. What are the services from which you benefit ? (You can give more than one answer)

1. School materials
2. Health care
3. Training
4. Recreation (clubs)
5. Support from PTA

31. What is your level of satisfaction with the services? (mark with an X against each service in the corresponding response)

	Very Satisfied	Satisfied	Neither satisfied nor dissatisfied	Not at all satisfied
School Materials				
Health care				
Training				
Recreation				
PTA support				
<b>Total</b>				

32. Why? (The reason for responses given)

School Materials	
Health care	
Training	
Recreation	
PTA support	

33. How do you feel in school in relation to your colleagues, teachers (self-discrimination?) (Only one answer is accepted)

1. Very well
2. Well

3. Fairly well
4. Not at all well

34. Among the areas surrounding the school (including your school), cite four where you feel safer. (circle the n° and classify)

1. Church/mosque /...../
2. dispensary /.....//...../
3. Military post/police station
4. school /...../
5. Market /...../
6. The woods/...../
7. Bar /...../
8. Water well /...../
9. At home /...../
10. Stadium /...../
11. Cinéma /...../
12. Parking /...../

1. 35. When you're at school, where are you afraid to go? (More than one answer is possible)Toilets
2. Director's office
3. Classroom when teacher is not there
4. Playground
5. Behind the school buildings
6. The woods around the school
7. Coffee plantation
8. School gardens

36. How do you find the number of cases of violence andstigmatization within your institution, this year compared to last year? (Only one answer is possible)

1. Reduced
2. No change
3. Increased
4. Don't know

37. Why (More than one answer is possible)

1. There were many awareness raising sessions for teachers
2. Some teachers who were violent have changed their attitudes and behaviour
3. Existence of clubs for pupils
4. Reduction and eradication of certain types of sanctions (eg,beatings)
5. Other (pleasw specify)

.....

.....

38. What services are available in your area, that you know of? (More than one answer is possible)

1. Health
2. Legal assistance
3. Support from community leaders
4. Education
5. Psychosocial support
6. Other (please specify :

39. Which services have you benefited from in the last year?

(Mark here related to question 38 *Marquer les chiffres correspondants comme à la question 38*)

40. What do you think of these (Make a single X against each service corresponding to your response)

	Very staisfied	Satisfied	Neither satisfied nor dissatisfied	Not at all satisfied
Health care				
Legal assistance				
Community leader support				
Education				
Psycho social support				
Other				

25. Why / How(24) ? (24) ?

A. Reasons linked wth OVC status :

.....

.....

.....

B. Other reasons not linked with OVC status :

.....

.....

.....

27. Why / How (26)? (26) ?

A. Reasons linked to OVC status:

.....

.....

.....

B. Other reasons unrelated to his status of OVC

.....

.....

.....

**To close :**

*Ask the interviewee if they have any other questions/observations/comments IT SHOULD BE MARKED ON THIS SURVEY IF NECESSARY, then / thank her/him before saying "GOODBYE"*