Hantam Community Education Trust

Mid-term evaluation of the Supportive Structures for Primary Education project

Final report to:

Hantam Community Education Trust

9 September 2009

Contact: Jerushah Rangasami
jerushah@impactconsulting.co.za
082 776 2286

Prepared by

impact

REPORT:
MID-TERM REVIEW OF
THE SUPPORTIVE STRUCTURES FOR PRIMARY EDUCATION PROJECT
RUN BY THE HANTAM COMMUNITY EDUCATION TRUST
AND MANAGED BY THE CANON COLLINS TRUST

Report to: Hantam Community Education Trust

Written by: Jerushah Rangasami, Charline Mouton, Liezel de Waal, Anje Coetzer, Lynn Phillips, Teri Richter

ACKNOWLEDGEMENTS

Impact Consulting would like to thank the Hantam Community Education staff and staff at the schools for their cooperation, input and assistance throughout this process.

This report would not have been possible without the cooperation of the following people:

1. Hantam Trust staff
2. Dr Louis Benjamin
3. Canon Collins representatives
4. Educators involved with the Basic Concepts Programme and health intervention
5. Parents with children involved with the Basic Concepts Programme and health intervention
6. Community members in and around Colesberg and Noupoort that participated in focus groups.

TABLE OF CONTENTS

TABLES

FIGURES

EXECUTIVE SUMMARY

The Hantam Community Education Trust (HCET) is a rural education and development outreach organisation. It is situated in the Colesberg district in the Northern Cape, one of the poorest provinces in South Africa. Farm workers and their families in this area are severely impoverished and have limited access to services. The Hantam Trust's legal and moral purpose is to educate and develop members of the local community within the framework provided by the South African constitution.

This mid-term evaluation reports on the progress of activities of the "Supportive Structures for Primary Education" run by the HCET that is funded by the UK Big Lottery between January 2008 and July 2009. These activities are divided into two programmes, namely:

1. HCET Community Health Programme
2. School Outreach Programme (which consists of two components: Teacher Development and School Health).

It is difficult to measure progress at this midpoint due to the fact that no mid-term milestones were set at the outset of the project. However, our findings have been based on an examination of the various data sources and the outcomes that have been identified by stakeholders themselves.

The HCET Community Health programme does not have set targets and works on needs basis where they respond to the community needs as necessary. Overall findings report that health workers have established good relationships with the community and the programme has already shown outcomes regarding the communities' health knowledge, attitudes and behaviours. There are no challenges currently experienced in this component that are likely to negatively affect the success of this intervention.

In terms of the School Outreach project, two outcomes have been set to be achieved after the full timeframe of the project (which is three years, or will be reached by the end of 2010):

1. By tackling linguistic barriers to education, 50% (an increase of 30%) of children will achieve relevant grade level in standard national tests by the end of the project
2. To bring about a 10% reduction in absenteeism through a 30 % reduction in common childhood illnesses among beneficiaries, through a community health awareness and prevention programme by the end of the project.

The teacher development component of the School Outreach project has already resulted in a change in the way foundation phase teachers are approaching teaching. Teachers have already noticed a difference in the learning of their children because of this. It is not possible at this point to ascertain whether there will be the targeted 30% increase in relevant grade level standard national tests by the end of the project as the relevant assessment data has not been gathered as yet (it will be collected at the end of the year).

The school health component is comprised of numerous activities which are all being efficiently implemented and some outcomes have also been seen at the mid-point already. It is difficult to assess if these are sufficient to result in a 10% decrease in absenteeism, but the evaluation team has found some problems with the formulation of outcome two due to its underlying 'theory of change'. The findings of this research suggest that the link between health and absenteeism needs to be examined in order to ascertain whether the greatest contributor of absenteeism is health-related or whether it is attributable to other factors. Therefore, it may be that an exclusive focus on health-related activities may not address high absentee rates. There are some data limitations that restrict a conclusive judgement about the influence of this programme on absenteeism to date.

Overall the support structures and relationships within the entire programme are perceived by all stakeholders to be good. There have been some challenges with the relationships at the Lowryville School due to four of the 14 teachers resisting participation in the programme and therefore restricting classroom observations. The Programme is, however, continuing to be implemented in the classrooms of the remaining ten teachers and they receive external monitoring and support. This has also meant that follow-up family health visits will not be conducted with the learners in the classes of the four teachers who have withdrawn from the programme.

The Hantam Trust is to be commended on its comprehensive and embedded monitoring system where data is collected regarding all aspects of the project and via templates. There is only one concern with the quality of the attendance registers for the School Outreach programme, but solutions are being found for this. Streamlining of the data tools, collection and storage could be improved to optimise the use of the data for reporting and evaluation purposes. Reporting and communication of information is realised in a multi-level reporting system and there is regular and fruitful contact between all stakeholders.

As the project is progressing well on most fronts, few programmatic recommendations have been made; rather the focus has been on the project objectives and monitoring of the project. In terms of the health outreach component of the School Outreach programme, it is recommended that:

- The logic should be reviewed to explicitly link the activities with the desired outcomes and impact
- Set milestones should be revised due to the decreased learner participation as a result of the situation at Lowryville
- The outcome itself is reviewed as the findings show that the programme will not reach a 10% decrease in absenteeism as attendance levels at the school are already very high and because there are socio-economic conditions which have significant influence on absenteeism that are not being addressed through the health intervention.

There needs to be some improvement in the consistency of data received form the teachers at the outreach school. It is recommended that the monitoring tools are reviewed across the board and streamlined so that they can be more easily used for reporting and evaluation purposes. For example, creating year one and two output tables with clearly defined units of analysis; creating log schedules for health workers, effective parenting and HIV/AIDS counsellors; increasing quality of protein shake attendance registers; and streamlining the teacher development monitoring tools and including some kind of “rating scale”. It would be ideal if an integrated electronic database could be developed to store the data that is collected. Updating the monitoring function, as outlined above, would need to be outsourced to professionals and this would require additional funding.

In terms of reporting, it would be beneficial if the reporting of the two outcomes for the School Outreach project could be better integrated as health outcomes will affect scholastic

performance. In addition, streamlining of the structure of all reports and the creation of report templates will reduce some administrative time.

Lastly, the Departments of Education and Health will need to become involved in the health component of the school outreach project if the sustainability of the outcomes related to these interventions is going to be realised.

Overall, when comparing the limited interventions of the School Outreach programme with the more comprehensive service of the general HCET programme, it can be seen that the outreach work is limited by various constraints, for example long distances, contextual issues and limited collaboration from the community as a whole. However, some outcomes can still be seen, although they are not as significant as the outcomes at the HCET school itself.

1. CONTEXT

1.1 NORTHERN CAPE PROVINCIAL OVERVIEW

The Hantam Community Education Trust (HCET) is situated in Colesberg in the North Eastern region of the Northern Cape. This province is the largest in South Africa, containing the smallest percentage of the population. It comprises of 29.7% of South Africa's land mass, with only 2.18% of the population (1,058,060 individuals)[1].

Census 2001 shows the population is made up of 51.8% females and 48.8% males. The majority of people in the Northern Cape are coloured (51.6%), thereafter the black community at 35.7%, the white community makes up 12.4% of the population and Indian or Asian people make up only 0.3%. The racial distribution is shown below:

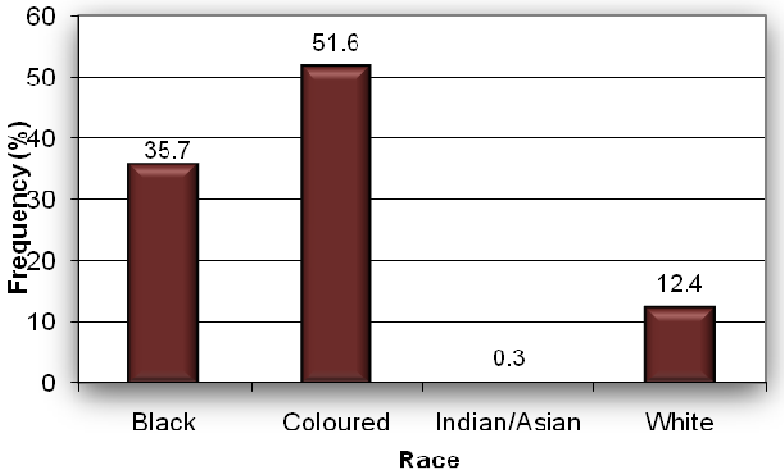

Figure 1: Distribution by race in the Northern Cape

The most commonly spoken language in the province is Afrikaans (68%), followed by Setswana (20%), Xhosa (6.3%) and English (2.5%).

[1]Statistics South Africa (2007). Community Survey. http://www.statssa.gov.za/Publications/CS2007Basic/CS2007Basic.pdf

The age distribution of the Northern Cape population is depicted below:

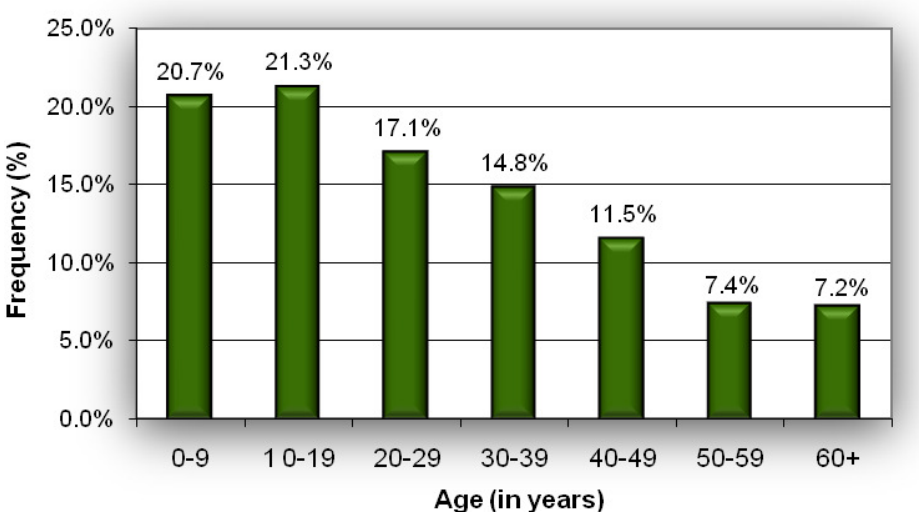

Figure 2: Age distribution of Northern Cape population

Youth make up the majority of the Northern Cape population - 42% of people are under the age of 19, 17.1% fall into the age category 20-29, 14.8% for 30-39, 11.5% for 40-49, 7.4% for 50-59, and only 7.2% of the population are 60 and older.

The highest level of education is as follows:

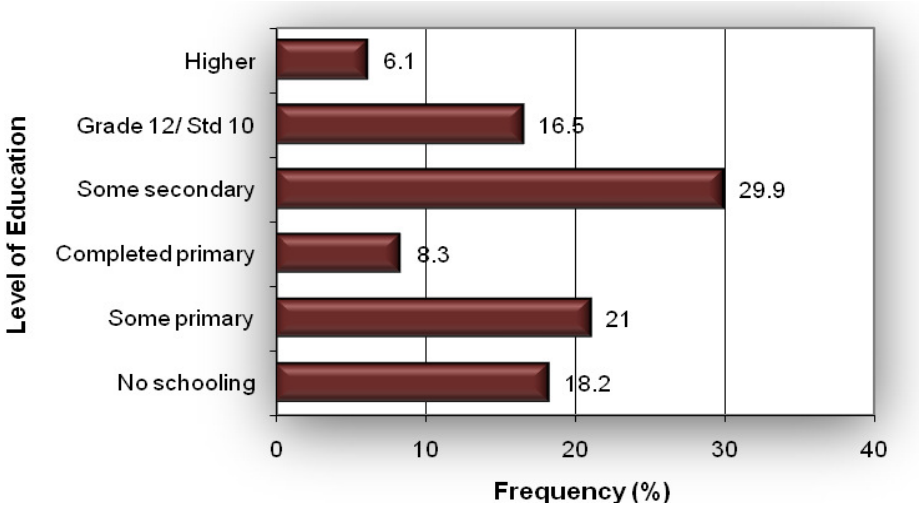

Figure 3: Highest level of education in the Northern Cape

Most individuals in the Northern Cape have some secondary education (29.9%), thereafter 21% have some primary schooling, 18.2% have no schooling at all, 16.5% have completed their Grade 12 or Matric certificate, whereas only 8.3% have completed primary school and the lowest number have higher than a grade 12 standard of education (6.1%).

Within Colesberg itself, the population was estimated at between 12,738 and 16,029[2] in 1996[3]. The main economic activities in the province include agricultural activities such as sheep and game farming as well as grape and fruit cultivation[4]. The percentage of employed people within the age group of 15 – 65 years range between 39.4 - 40.8%, the unemployed between 14.4 - 19.7% and those not economically active between 43.9 - 44.7% [5] .

1.2 EDUCATION IN SOUTH AFRICA

It is estimated that up to half of the learner population in South African experiences barriers to learning[6].It is contended that the incidence of learners who experience barriers to learning in SA is higher than in other countries[7]. In addition, it is argued in this study, teachers in the South African context are faced with unique and enormous challenges.

1.2.1 Quality of education and mathematics and reading ability of learners

It is well-established that many inequalities still exist in the South African education system today and although the massification of the education system has led to increased access to education, the focus is now shifting more and more to the quality of education. The challenges to quality education have only recently been receiving attention and the most pertinent of these challenges have emerged from the following studies[8]:

- *The Third International Mathematics and Science Study (TIMSS) carried out in 1994/1995 (Howie, 2001:12).*

---

[2] Statistics South Africa (1999), Census 1996: population data, Atkinson D. et al (2003) http://www.hsrc.ac.za/research/output/outputDocuments/2809_Atkinson_EvaluationofservicedeliveryColesberg.pdf
[3] More recent Census population numbers are not available
[4] Bradshaw D. et al (2007)
[5] Statistics South Africa (2003) Census 2001: population data
[6] Donald (1993)
[7] Du Toit (1991)
[8] Soudien (2006): 14

- *The Southern and Eastern African Consortium for Monitoring Educational Quality (SACMEQ) (http://www.sacmeq.org) tests carried out, in two waves, first amongst a number of countries in the region in the late 1990 without South Africa and between 2000 and 2003 (SACMEQII) with South Africa.*
- *A national Grade 3 cohort analysis looking at attainment rates for literacy and numeracy.*
- *Four iterations, two Grade 3 and two for Grade 6, of attainment tests in the Western Cape between 2002 and 2005.*

The research findings are very similar across the studies – there are low levels of competence across South Africa for both mathematics and reading. The national Grade 3 cohort analysis in 2001 reported an average score of 30% for numeracy and 54% for literacy. The TIMMS-R (Repeat study) saw South African Grade 8 learners positioned 44% below the means scores of all 39 participating countries and subsequently last on the list by attaining a mean score of 275 out of a possible 800 marks[9]. The Monitoring Learner Assessment (MLA) study for Grade 4 learners resulted in South African learners attaining an average numeracy score of 30%, which placed them last among the 12 participating African countries.

These concerning scores were repeated in the SACMEQII evaluation for grade 6 which showed that South African learners scored below the 500 point mean (pre-determined benchmark for the project). The value for Mathematics was 486,2 and for Reading 492,4. What is even more worrying is that in this study, it was found that in South Africa, the modal competence level for reading for Grade 6 learners is in fact at Level 3 (Basic Reading) and, to make matters worse, this was only achieved by 19% of the learners in the study. A further 26% of the Grade 6 learners could read above a Level 4 standard (independent reading). For Mathematics, the modal level of attainment for Grade 6 learners was Level 2 (Emergent Numeracy), which was attained by 44% of the learners, not even 8% of Grade 6 learners achieved Level 1 (Beginning Numeracy). This means that less than 50% of Grade 6 learners reached competency levels higher than Emergent Numeracy. Similar results were found of a study of the Grade 6 Western Cape Education Department tests amongst 34 596 learners in 2003[10].

[9] Soudien (2006):15
[10] Soudien (2006): 16

From looking at these figures, it becomes clear that drastic action needs to take place in order to address the issue of quality education. It is against this background that the Basic Concepts Programme was conceptualised as a starting point for countering these issues. The focus of the Programme is on the Foundation Phase. The Programme was also aligned with the recently Revised National Curriculum Statement (RNCS), which incorporates Outcomes Based Education (OBE)[11]. OBE is based on the Constructivist approach to education where a shift has taken place from teacher-centred to learner-centred practices.

1.2.2 The Basic Concepts Programme (BCP)

The BCP was developed by Dr Louis Benjamin in an attempt to address the lack of quality education in South Africa. One of the BCP's main principals is to teach children how to apply their cognitive functioning in order to solve particular problems. The programme is aimed specifically at young children with learning difficulties to enhance their higher order cognitive functioning[12]. The programme includes teaching cognitive strategies and developing an awareness of how to plan, regulate and evaluate one's thinking in relation to a problem.

The main programme aim is to change the way learners are taught in the class room. It emphasises the importance of educator teaching techniques as opposed to educators simply providing answers to problems or questions. The BCP provides teachers with a tool to help make their lessons more interactive, as opposed to the one-sidedness of the traditional teaching approach. This process encourages learners to solve problems themselves, rather than the educator providing it immediately. By developing learner strategies, they are able to apply these strategies at different stages, rather than merely memorising answers[13].

1.2.3 Absenteeism at schools

In its most comprehensive form in the school context, absenteeism refers to the absence of a learner from his or her school. The Community Agency for Social Enquiry (CASE) and the Joint Education Trust (JET) defines absenteeism as being either *unauthorised"*, i.e. the learner has not been given permission to be absent from school by either his parents of the school, or "*authorised',* which refers to a learner having permission to be absent. Authorised absenteeism can further be *"legitimate"* – which usually refers to illness, or *"illegitimate"* – which includes

[11] Benjamin (2005): 2
[12] Basic Concepts (2009) http://www.basicconcepts.co.za/informationhome2.htm
[13] Basic Concepts (2009) http://www.basicconcepts.co.za/informationhome2.htm

reasons such as child labour, excessive household chores or a perception of school as being unimportant. Lastly, absenteeism is classified in terms of "*partial",* i.e. not a full day; this can include late-comers, or *"full",* i.e. having missed a whole day of school[14].

1.2.3.1 Prevalence of absenteeism

Research to evaluate the rate and prevalence of learner absenteeism within the South African context was commissioned by the Department of Education and conducted by CASE and JET. The definition used to classify learner absenteeism in this research broadly included all learners "not at school for an entire day"[15]. Their overall findings suggest that there is a five to 15% prevalence rate of absenteeism in South African schools. Comparatively, international standards (specifically developed countries) have a six to eight percent prevalence[16] and absenteeism rates in other African countries are estimated as high as 50% in some instances[17]. Within South Africa it is reported that the highest absenteeism rates occur in the Limpopo Province, KwaZulu-Natal and Mpumalanga[18].

1.2.3.2 Contributing factors to absenteeism

The Department of Education summarises the possible contributing factors to absenteeism as:

a. Personal: including factors such as illness, age, gender, learning difficulties and psychological dysfunctions
b. Socio-economic: including issues such as lack of parental involvement, dysfunctional family structures, food insecurity, urban versus rural location, presence of child labour, issues regarding transport, issues affected by HIV/AIDS, occurrence of teen pregnancy
c. School-based: including reasons such as subject matter, school fees, learner to educator ratio, learner to educator relationship, competence of educators, punishment for late-coming, violence in schools and poor school facilities.

Other suggested reasons for absenteeism include the week or season of the year, as patterns show that learners are more likely to be absent on Wednesdays and Thursdays and during winter[19].

---

[14] Weideman M. et al (2007): 20
[15] Weideman M. et al (2007): 20
[16] Tasmanian Government Publications (2002)
[17] Voigt F. (1998)
[18] Moloi M. & Strauss J. (2005)
[19] Weideman M. et al (2007)

1.2.3.3 Links between health and absenteeism

The health status of learners has also been shown to correlate with enrolment rates and absenteeism. Research has shown that there are a number of links between health and education, among the most pertinent are that school health and nutrition intervention programmes can improve academic performance[20]. Numerous research reports testify to the link between nutrition, health and education and a few studies are described later to show the importance of this kind of intervention, specifically in areas of low socio-economic status and rural or farming communities.

School health interventions: suggested activities

Activities suggested to be implemented in school health interventions include:

- addressing health-related policy
- the provision of safe water and sanitation
- a form of educational component increasing knowledge of healthy behaviour
- an actual health programme[21] including counselling services to learners, rewards for good behaviour and keeping open the channels of communication about non-compliance behaviour between the school and learners and their parents[22], home visits to learners and their parents, making learners sign a contract which stipulates their compulsory attendance[23].

School health interventions: international contributions

Research from Jamaica showed that giving learners breakfast improved not only the attendance of learners, but also their arithmetic results[24]. Additionally, in Thailand, supplying learners with Vitamins increased their immunity to infections and thereby improved their health[25]. In Spain, a focus on increasing learners' nutritional knowledge caused them to be more conscious about their health and about eating correctly[26]. Research from Burkina Faso showed that the results of a school feeding programme influence enrolment and attendance of learners positively[27].

---

[20] Vince-Whitman C., Aldinger C., Levinger B., & Birdthistle I. (2000)
[21] Education For All (2009) Vince-Whitman C. et al., 2000; Bundy D.A.P. et al (2006)
[22] Williams L.L. (2002)
[23] Weideman M. et al (2007)
[24] Simeon D.T. & Gratham-McGregor S. (1989)
[25] Bloem M.W. et al (1990)
[26] Dixey R. et al (1999)
[27] Moore E. (1994)

School health interventions: case studies

Case study 1: a school nursing intervention in the USA

This intervention, which took place in 1970, focused on an increase in the ratio of nursing staff to learners[1]. The experimental group was made up of 'high risk learners' who were selected as the most frequently absent learners in the school. The aim of the programme was to decrease the level of absenteeism by increasing the attention to problem learners. An additional nurse was responsible to give special attention to the high risk learners. Their level of care increased and the services provided to them was tailored to the individuals. Nurses were also required to do home visits to learners and their families to better assess and meet their health-related needs.

This prevention-orientated programme intervention reported a decrease in absenteeism in the experimental group as compared to the control group, showing that home visits and increased nursing attention did have positive effects on the level of absenteeism.

Case study 2: The National School Nutrition Programme (NSNP)

The NSNP is a government-funded programme that was initiated in 1994 and that is operated by the Department of Education. The NSNP aims to address issues of quality of education in schools, poverty and health-related problems of primary school learners[1]. This project was rolled out in the Limpopo and Eastern Cape Provinces in South Africa. Activities included a feeding scheme at the school to provide learners with food on a daily basis.

The findings of the research into the NSNP indicated that 80-90% of principals, teachers and Student Governing Bodies perceived that there was a decrease in the level of absenteeism of learners partaking in this intervention. Additionally, there was a perceived increase in learners' participation in social and physical school activities and concentration levels. Recommendations to improve the programme suggest improving the infrastructure before implementing a similar programme, incorporating a capacity-building element into the process and increasing regulation into the supply of food to schools.

2. PROJECT DESCRIPTION

The project under review – the Supportive Structures for Primary Education Project – was conceptualised and developed by the Hantam Community Education Trust (HCET).

2.1 BACKGROUND TO THE HANTAM COMMUNITY EDUCATION TRUST

The Hantam Community Education Trust (HCET) is a comprehensive rural education and development outreach organisation. It is situated in the Colesberg district in the Northern Cape, one of the poorest provinces in South Africa. Farm workers and their families in this area are severely impoverished and have access to very limited services.

The HCET was established in 1989 in a disused farmhouse, initially as a pre-school for the children of farm workers on a few neighbouring farms. The project grew gradually and is now registered as a Public Benefit Organisation and is funded by local and foreign donors. It is a non-profit organisation in terms of Section 18A of the Income Tax Act no 58 of 1962.

HCET is currently based in a modern complex that consists out of 10 purpose-built buildings, situated on 11 hectares of land donated by a local farmer[28]. The organisation provides:

- an early childhood development programme
- a school offering classes from Grade R to Grade 9
- a youth empowerment programme
- an in-service training programme for teachers
- a bursary programme to enable successful students from the area to undergo further education and training
- a primary health clinic and pharmacy.

The Trust utilises modern educational methods and teaching aids. Teachers are intensively trained, and their performance and the progress of learners are monitored.

[28] HCET Annual Report (2008)

2.1.1 Hantam Community Education Trust's vision and mission

The Hantam Trust's legal and moral purpose is to educate and develop members of the local community within the framework provided by the South African constitution.

2.1.2 Hantam Community Education Trust services and programmes

Hantam Trust offers a holistic approach to children's cognitive development by offering the following services:

1. An early childhood development programme where Grade R teachers are trained in the Basic Concepts Programme, followed by classroom support and a continuous mentoring and monitoring function. The HCET further assist with the training of rural woman as Grade R teachers by sending them to Khululeka Community Education Development Centre in Queenstown and providing an internship at HCET for the duration of their training[29].

2. HCET School (called Umthombo Wolwazi) offering classes from Grade R to Grade nine. The Hantam Trust School was utilised to pilot the Basic Concepts Programme over a span of four years. Grade R learning takes place in Xhosa, whilst English is the medium of instruction from Grade 1 onwards.

3. A school outreach programme, undertaken in Lowryville School in Colesberg and Eureka School in Noupoort, which is two pronged: i) the teacher development component aims to enable the Grade R to Grade 3 teachers to teach the Language and Basic Concepts Programme utilising a mediated learning approach; ii) the health outreach component makes an HCET nurse available two days a week to assess learners' general health (including eye and ear tests, flu testing and other general examinations). All learners are provided with daily vitamin tablets and those suffering from malnourishment receive protein shakes. Spectacles are supplied to children with poor vision.

4. A youth empowerment training and bursary programme provides opportunities for accreditation (through a hospitality training school, courses and learnerships) for learners who passed Grade 9 in the Trust school but who do not have the academic ability to

[29] HCET Annual Report (2007)

continue to matric. The bursary scheme enables successful Grade 10-12 learners to attend boarding school and gain a tertiary education. Students are tracked and 56 of the 58 learners that have been through this programme are currently employed.

5. A health clinic programme provides access to and services from a primary health clinic and pharmacy. The health clinic is open twice a week and services 28 farms and communities in a 50 km radius, whilst the pharmacy services a 150km radius. Health workers from the clinic follow up on identified problems by means of home visits. A number of programmes have been introduced over the years to address some of the common problems. These include an effective parenting programme, an HIV/AIDS programme (which encourages VCT and provides general HIV/AIDS education) and a general community health programme.

2.1.3 Organisational structure

The HCET has 23 full-time and five part-time staff members, as follows:

- four office staff members employed by the HCET
- four staff in the pre-school
- 11 teachers at the HCET School (of which five are paid by the DoE)
- four health workers who conduct farm visits to monitor hygiene and living conditions of farm workers, conduct HIV/AIDS counselling and run the effective parenting programme
- four clinic staff, including one pharmacist, one doctor and two nurses
- Dr Louis Benjamin, an associate Educational Psychologist, who visits the area three times a year to conduct training and to monitor the programmes
- Margie Osler who monitors the programmes all year-round in the three intervention schools.

The organogram of the HCET can be found in Appendix A.

2.1.4 Geographical scope

Hantam Trust operates in the rural farming area in the Umsobomvu District in the Great Karoo, Northern Cape Province. The Hantam project services 28 farms and communities in a 50km radius. The pharmacy also services the old-age homes and communities in the surrounding towns of Bethulie, Venterstad, Gariep Dam and Steynsberg (within a 150km radius).

2.1.5 Target groups

The HCET's main targets are the children and teachers who live in the surrounding areas of the project (28 farms in a 50km radius). Additional target participants include:

- farm workers
- farm workers' spouses
- farm workers' children
- the Karoo nomads
- children of the Karoo nomads
- learners and teachers in the two outreach schools (Colesberg and Noupoort)
- through the pharmacy, communities in the surrounding towns within a 150km radius of Colesberg.

2.2 PROJECT DESCRIPTION

The 'Supportive Structures for Primary Education' project commenced in March 2008[30]. It is delivered by a partnership comprising of the HCET and the Canon Collins Trust. It has been funded by the UK Big Lottery for a period of three years. The project has been influenced significantly by the lessons learned from the four year pilot project at the HCET school (*Umthombo Wolwazi)*.

2.2.1 Project history

The Canon Collins Trust, a registered UK-based charity, applied for British Lottery funding on behalf of the Hantam Trust in 2007. Canon Collins became involved for legal reasons involved with the funding. In response to the application, the Hantam Trust was requested to reconceptualise their funding application as the British Lottery funding was limited to a specific project with a health component. The result of this conceptualisation process was the 'Supportive Structures for Primary Education' project.

The application process consisted of a risk analysis study by the Canon Collins Trust and site visits. From an initial 1,800 applications for British Lottery funding, only six were chosen globally including this project.

[30] The Health component only commenced in May 2008 due to appointment of school nurse only being finalised during April 2008

Project funding of £100,000 was approved over a three year period. The British Lottery further appropriated funding for vehicles, a promotional video, a formative monitoring and evaluation study and funding based on ad hoc needs as identified by project staff (such as spectacles for learners). Once the funding was approved, all the posts had to be advertised again and filled. All teachers and principals involved in this project were required to sign agreements regarding their involvement in the project.

2.2.2 Project components

The Supportive Structures for Primary Education project consists of three components which are funded by the British Lottery and presented in Figure 4:

- Teacher development at outreach schools
- School health at outreach schools
- Community health activities at the HCET school.

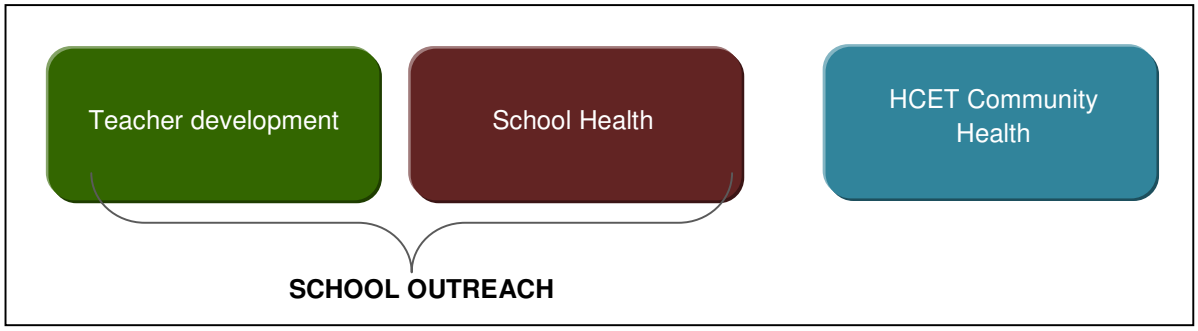

Figure 4: The components of the Supportive Structures for Primary Education project

Together, the teacher development training and school health components form the School Outreach programme. The School Outreach programme is run in:

- Lowryville Intermediate School in Colesberg
- Eureka Primary School in Noupoort.

The HCET Community Health programme targets the HCET farm community.

2.2.3 Project goal and objectives

2.2.3.1 School outreach project

The ultimate goal of the school outreach project is to improve levels of foundation phase achievement. This three-year project specifically aims to demonstrate the value of a holistic approach to childhood physical and cognitive development. The programme takes into account the impact of language and cognitive development as well as health, energy and concentration levels on a young child's performance at school. The anticipated "output" of this component of the project is a model that can be disseminated across South Africa to improve levels of school achievement among disadvantaged children.

Specific objectives over the three years are to ensure that, by project end:

1. 50% of Grade 3 children (an increase of 30%) will achieve the relevant grade level in standard national tests; and
2. there will be a 10% reduction in school absenteeism through a 30% reduction in common childhood illnesses among beneficiaries.

2.2.3.2 HCET community health project

The goal of this project is to monitor and support the 28 farm families in an effort to manage social and health problems more effectively. This component of the Supportive structures for Education Project has no specific objectives attached to the activities.

2.2.4 Project activities and monitoring

2.2.4.1 School outreach project

<u>Teacher development</u>

Teachers are trained to deliver the 'Basic Concepts Programme' (BCP) – which was developed by Dr Louis Benjamin – to learners using a mediated learning approach which requires a paradigm shift from transmission to mediation. Traditionally, teachers transmit knowledge to the learners, i.e. not talking *to* the child but *at* the child and without using demonstration. The alternative presented is to create an interactive process whereby teachers engage with learners.

The BCP is a programme specifically for Foundation Phase learners who experience learning difficulties. The programme promotes thinking skills considered important for success in all school learning areas, particularly reading, writing, spelling and mathematics. The establishment of an intensive language and concept learning environment for Foundation Phase learners aims

to promote and enhance the cognitive and scholastic functioning of these learners. The BCP is not programmatic in nature, but instrumental in that it improves teaching skills. Practically, teachers should integrate the BCP programme into their general teaching and learning practice, i.e. the content remains equivalent but is enhanced by the teaching techniques.

The teacher development programme is executed in the following phases throughout the three-year project cycle:

- Phase 1: Training phase
- Phase 2: Generalisation phase
- Phase 3: Extension of generalisation phase.

Though the programme, teachers:

- learn how to identify the language and scholastic competencies and weaknesses of the learners (by testing Grade 1 learners which assists in the selection and placement of learners into appropriate groupings)
- are trained to plan, schedule and organise the teaching-learning environment for the new school year
- are trained to implement the “Basic Concepts Programme” which is a validated meta-cognitive enrichment programme developed for the South African context
- are provided with on-site demonstrations of guided experiential learning opportunities
- are monitored in their implementation of the project with a focus on teaching style, planning and evaluation, and learner responsiveness
- are assisted with areas of concern
- are assisted to develop intervention strategies for learners who are not making progress.

Learners are assessed annually using the following test battery:

- UCT graded spelling test
- UCT graded reading test
- Ballard one-minute test (addition and subtraction)
- Boehm test of basic concepts.

Grade R learners are assessed at the beginning of their Grade 1 year. Cognitive functioning, basic concepts knowledge and scholastic functioning of Grade 1-3 learners are assessed at the end of each year.

School health support

The school health support programme aims to remove poor health and nutrition as a barrier to early progress at school. The following activities are undertaken:

- provision of daily vitamins to learners
- provision of nutritional supplements for the most vulnerable
- biannual de-worming of learners
- annual examinations of every child at school (includes eye care and dental care, general flu and TB testing)
- provision of spectacles to learners with poor vision
- home visits by the school nurse to all Grade R to Grade 3 learners' families, to assess the way they handle their children and assess overall home conditions (two outreach schools).

2.2.4.2 HCET community health

In the HCET area, health workers conduct a number of activities to ensure the community's health needs are taken care of:

- home visits and training to mothers and caregivers of children from 0 to 5 years
- home health education to parents, to improve family nutrition and hygiene, increase the number of vegetable gardens, child care, pregnancy and post natal support
- parenting workshops (based on the data collected during home visits)
- home visits by health workers/HIV councillors to advocate VCT testing (with proper pre/post HIV testing counselling and support) and to provide HIV education
- home visits by health workers to follow up on possible cases of child abuse, to educate the community about general health issues and common ailments, nutrition, the dangers of substance abuse and good parenting.

Access to a primary health clinic (servicing a 50km radius) and pharmacy (which services all those living within a 150km radius) are also provided.

2.2.5 Project beneficiaries

Direct project beneficiaries include:

- approximately 775 children in Grades R to 3 in Lowryville and Eureka
- Grade R to Grade 3 teachers[31]
- farm workers
- farm workers' spouses
- farm workers' children
- the Karoo nomads
- children of the Karoo nomads.

Indirect project beneficiaries include the parents of learners and the members of the communities in which the Eureka and Lowryville learners live.

2.2.6 Project stakeholders

Stakeholders include the following parties:

- Hantam Trust staff
- Big British Lottery
- DG Murray Trust
- Service providers
- Canon Collins Trust
- Schools
- Department of Health
- Department of Education

[31] Originally 37 teachers were trained but four have dropped out of the programme

3. RESEARCH DESCRIPTION

3.1 RESEARCH AIM

The overall aim of the study is to form part of a planned project management process, to review the progress of the project implementation against the project business plan at this mid point in the project cycle.

3.1.1 Evaluation aims

The study is a mid-term review of the Supportive Structures for Primary Education project, that has been funded by the British Lottery. It specifically aims to:

- review the progress made over the past 18 months against the project business plan and towards the project outcomes
- identify successes and failures or barriers
- provide recommendations about how the overall impact of the project can be enhanced during the final 18 months
- propose any necessary improvements to the monitoring and evaluation tools being used
- assess levels of beneficiary, community and local government engagement and make recommendations on improvements.

As this is a mid-term review, the focus is not to judge the effectiveness of the programme overall, but rather to establish the progress towards the achievement of milestones and the two identified outcomes for the School Outreach project. As milestones were not set for the mid-term point, we have used all accessible data to gauge what has been achieved to date and have attempted to identify any barriers that could potentially hinder the achievement of the project objectives.

Invariably, participants and beneficiaries will mention outcomes that have already accrued to them at this stage of the project. These additional outcomes have been captured and included in this report; however, the collection of outcomes was not the aim of this particular study.

3.2 RESEARCH PARTICIPANTS

A total of 55 people participated in this study, as outlined in the table below:

Participant group	Research method	Total number
Hantam Trust staff	Interviews	4
External service provider	Interview	1
Donor staff	Interview	2
Educators	Focus group	15
Parents	Focus group	18
Community members	Focus group	15
TOTAL		**55**

Table 1: Number of research participants

3.3 DATA AND INFORMATION COLLECTION

Project information and data was collected from HCET staff. Impact Consulting conducted a general literature review and an analysis of HCET project documentation. This was followed by a series of interviews with staff and other project stakeholders as well as various focus groups.

3.3.1 Literature review

A literature review was conducted in order to formulate a context for the project. Areas of review included a profile of the geographic area in which the HCET works, some information about quality education and the challenges that the Basic Concepts Programme aims to address and findings from other health interventions that aim to reduce school absenteeism.

3.3.2 Hantam Trust literature and documentation

Existing HCET literature and documentation was supplied by the Project Coordinator and then reviewed and analysed by the researchers. This information consisted of:

- Donor reports
- Assessment test data
- Basic Concept Programme documents
- Monthly reports the of HCET community health and school outreach projects

- The HCET 2007 annual report
- HCET output summaries
- Monitoring documentation such as observation schedules, health worker templates
- Progress reports from teachers
- School attendance registers.

3.3.3 Interviews

Semi-structured one-on-one interviews were held with:

1. Hantam Trust project staff
2. Canon Collins project staff
3. Basic Concepts Programme developer

3.3.4 Focus groups

Focus groups were held with:

- School educators: to investigate teachers opinions about the Basic Concepts Programme, challenges with regards to facilitating the programme in the classroom, positive elements of the programme, learner responses to the programme, perceptions of the health programme, impact of the health programme, relationships with project staff and self-development
- Parents: to investigate their perceptions about the programme, their children's perceptions about programme, challenges and suggestions for the future
- Community members: to assess their perceptions of the health intervention and the effect they think the health intervention has on learners and community members.

3.4 ETHICAL GUIDELINES

In keeping with general research standards[32] and with the values of Impact Consulting, ethical guidelines were upheld throughout the research process. Researchers treated research participants in a professionally acceptable way, with respect, consideration, and courtesy. Participant details are also held in strict confidentiality by Impact Consulting and will not be divulged to any other party.

[32] As outlined by Durrheim, K and Wassenaar, D (1999).

3.4.1 Consent and confidentiality

Informed and voluntary consent was secured from each participant before completing questionnaires or engaging in interviews or focus groups. Consent forms were distributed and participants were informed of the reasons for the research, expectations from them, confidentiality of information supplied by them, and other ethical issues. If participants did not wish to participate at any stage of the research, their right to exclusion was respected.

3.4.2 Reporting results

The results of this study have been made available with careful attention to the rights of the participants. Confidentiality is assured and no identifying characteristic of any participant (name, address, etc.) have has been or will be disclosed. In addition, no contact information received from participants will be disclosed to anyone who is not employed specifically through Impact Consulting to work on this project.

Please note that any errors in this report are not deliberate, and that every effort has been made to counteract any possible mistakes.

3.4.3 Information storage

All identifying information, contact information and research information will be stored safely at Impact Consulting offices, or another secure location, in hard and electronic copy for a period of five years.

3.5 RESEARCH CHALLENGES AND LIMITATIONS

3.5.1 Lack of electronically captured project information

Although the Trust has a huge amount of data, besides the output sheets, very little is available in electronic format as most attendance registers and site visit registers are provided to the Hantam Trust in hard copy format. In order to make use of some of the data for quantitative analyses, the evaluation team had to spend a lot of time capturing it. As the report deadline changed after the fieldwork, even less time was available for capturing and analysing data (discussed below) so this analysis could not be comprehensive at this point.

The Hantam project manager goes to great lengths to obtain data from the two outreach schools, but some of these registers still do not have information for certain time periods. The Hantam project manager also informed the researchers that she has found discrepancies in the attendance registers that are provided by teachers. This has meant that very limited use of data was possible.

3.5.2 Earlier deadline for the report

During the fieldwork, the Canon Collins representative requested that the previously agreed deadline for the report shift two weeks forward to enable the evaluation findings to be included in another report. This was a significant reduction in time for analysis and reporting which has mainly influenced the use of the data in this report.

3.5.3 Restrictions to data collection

As a result of issues at one of the Outreach schools, the researchers were unable to access the school or staff for interviews. Some documentation was, however, obtained from the school and two teachers were willing to be interviewed off-site.

4. FINDINGS

Findings are reported regarding activities, outputs and outcomes to date for the HCET Community Health component of the project and then the School Outreach component. This is followed by a discussion about project management in general.

4.1 HCET COMMUNITY HEALTH COMPONENT

4.1.1 Vehicle and equipment purchase

Two vehicles have been purchased to enable the health workers to conduct their activities, which are across the following three programmes:

- effective parenting
- health workers programme
- HIV/AIDS programme.

4.1.2 Effective parenting programme

4.1.2.1 Tasks and responsibilities

The effective parenting workers conduct farm visits, facilitate training workshops and conduct follow-up support visits with the following objectives:

- To instruct the expectant mother on how her child is developing in her womb and to be mindful of what can harm the foetus and why
- To instruct the mother of the milestones that a child reaches with each step of his/her development from birth to the age of 5
- To instruct the mother as to how she can stimulate her baby / toddler to develop through play and interaction *(See adjacent text box for an example of this)*
- To encourage the mother to be ever mindful of how important good nutrition, love and support is for the development of her child and of the dangers of trauma caused to the child by substance abuse and neglect
- To encourage inclusion of fathers in parenting their children and acting as role models[33].

> Head movements are not what they should be. She cannot lift her head above 45 degrees, but we have showed the mother how to help the little one strengthen her neck muscles
> *(Source: Effective Parenting report 2008)*

[33] Effective Parenting Programme Report 2008

4.1.2.2 Implementation

Content of the growth and simulation file:

- Conception and week by week description of development during pregnancy
- Tips on how the mother and father should treat the child
- Development stage of the child (0-3 years)

Activity 1: Preparation for effective parenting programme

The project commenced in February 2008. The first few months were spent visiting all the farms to conduct a needs assessment. A growth and simulation file was compiled by the Hantam Trust and distributed to the mothers during the month of May *(see enclosed text box for topics covered in this manual).* Mothers were encouraged to attend the first workshop, which took place during June 2008.

Activity 2: Training workshops

Workshop 1: June 2008

Mothers were provided with transport from the Hantam staff members. A total of 20 mothers attended the session. The following was covered during the first workshop:

- Menstruation cycle and how the body prepares itself to fall pregnant every month
- Discussion on babies 0 – 3 months old, and how they experience life around them
- Making a mobile utilising five eggs, wire hanger, piece of string and a needle for the smaller child and how they can use it to teach the older children basic concepts

Workshop 2: November 2008

The second training workshop was facilitated over a two-week period[34] with a total of 30 mothers attending. The training contained a theoretical and practical component. Topics covered included:

- drinking during weekends and how this is does not provide a good role model for children
- the need for fathers to play a more involved role in the family.

The practical component included:

- demonstrating story-telling skills based on personal experiences
- making a cloth doll which can be used to safely teach face vocabulary to the infant.

[34] Whenever it is not possible to get all the farm families together on one day and at one venue, the training is facilitated multiple times on different farms

Workshop 3: May 2009

The third workshop was conducted on three separate occasions to ensure attendance of all farm communities. The participants were shown how to determine left/right dominancy and were provided with a recipe for play dough so they could help exercise the child's fine motor movements[35].

Activity 3: Follow-up visits

After the training workshops, the mothers receive support visits to assist them to apply the knowledge they gained and to and use the egg mobile and cloth doll correctly. The items taught during training are also continuously monitored.

Figure 5: Effective parenting focus group with mothers

4.1.2.3 Outputs

The effective parenting visits cover 27 farms and approximately 54 mothers. The programme has no predetermined targets. The table below provides the number of mothers visited in Year 1 and six months into the second year of the project cycle:

[35] Effective Parenting Report up to the end of May 2009

Year	Month	Number of mothers
Year 1	March	7
	April	5
	May	23
	June	0
	July	28
	August	9
	September	17
	October	27
	November	30
	December	0
	January	14
	February	0
Year 2	March	14
	April	0
	May	32[36]
	June	23
	July	2
	August	2

Table 2: Number of mothers visited by the effective parenting workers

Due to the first training workshop taking place during June and the December school holidays, no visits were conducted during June or December 2008. In February 2009, the effective parenting workers attended an ECD workshop and no home visits could take place as staff were involved in the circuit and regional athletics.

In the second year, the effective parenting programme began with 14 mothers being visited during March. The school holidays and preparation for the third workshop and video prevented any visits from taking place during April 2009. May was particularly productive with 32 mothers receiving home visits and the same number of mothers participating in the third workshop[37].

[36] Indicated as 64 on the output table. However some of the mothers have been double counted as they have been involved in the farm visits and the workshops. The month's summary shows that 32 mothers received home visits.
[37] Effective Parenting schedule breakdown

4.1.2.4 Outcomes

Outcomes at knowledge, attitude and behaviour level have been achieved to date:

> *"You know where you are going with your child and the road you are walking with your child. You know the road doesn't just stop there. It goes on. The stimulation which we teach the parents how to do through the effective parenting isn't only on one level- it covers different levels: 'Whole Child Development". You don't just stimulate the child on one level but on all levels. Physical level – all levels"*[38].

<u>An increase in knowledge</u>

One of the main outcomes of the effective parenting workshops is the knowledge that participants gain and the manner in which this empowers them. Women become more aware of how to act so they can be positive role models for their children. They also learn about their physiological functioning, for example, about their monthly cycles and pregnancy[39]. Mothers report that they are more knowledgeable about the "do's" and "don'ts" during pregnancy as well as general principles such as:

- Importance of being a positive role model and the active involvement by the father in the child's life
- The negative effect of second hand smoke on children
- The need to constantly communicate with the child, for example while breastfeeding, changing their nappy etc.
- The importance of expressing affection towards the child and making time to talk to the child – even before birth
- How to communicate with a child when they start talking
- The different development phases of the child and the milestones for each phase.

<u>An increase in parenting skills</u>

The workshops have given the mothers the skills to tell stories to their children and the skills to use different objects to make stories more interesting: *"I took my own idea and made up a story. I took a fruit and made pictures with that fruit and added other things like soap. I made a nice story so the children could understand."*[40]

---

[38] Effective Parenting focus group, 25 July 2009
[39] Effective parenting programme report, 2008
[40] Effective parenting focus group, 25 July 2009

A change in the way caregivers treat children

The workshop has led to an increased sensitivity in the way mothers and grandmothers deal with their children. One mother noted that she has learnt to be more patient with her child which has led to an overall positive change in the little boy's life. Another mother notes that she is now aware of the link between positive affirmation and her child being happier and can see this manifest. The workshop manual has been useful in bringing about these changes[41].

Changes in children's behaviour

The mothers report an interest from their children in the egg mobile and report that the children find the stories enjoyable[42]. Children are less shy and have an enhanced self esteem: *"I told them there is going to be a big difference with the parents that does the effective parenting. The children is very different – they are not as shy. For nobody. Previously if someone came in the class, the children would start crying. But there is a big difference now. If someone walks in the children don't mind anymore. They laugh and ask who it is and what she wants – those kinds of things. So there is a big difference where the parent has been involved in this programme"*[43].

4.1.2.5 Success factors

A number of factors contribute towards the success of the effective parenting programme:

- A close bond has been established between the effective parenting workers and the mothers and their babies: "*The people, the first time they didn't accept us when they see these bakkies they are running away. But now they become to accept us and we are free to ask and talk to their problems"*[44].

- The effective parenting workers are familiar with the mothers' homes and their living conditions and understand the problems that need to be addressed. Mothers are provided with the opportunity to provide input into the content of the training workshop to ensure that their needs are indeed being met: "*And we sometimes give them a chance to speak and for us to also learn something. Like for example when we doing mobiles then we say to them 'ok, what would you like next time for us to do on the workshop?', they will say 'ok, we will*

[41] Effective Parenting focus group, 25 July 2009
[42] Effective Parenting focus group, 25 July 2009
[43] Effective Parenting focus group, 25 July 2009
[44] Hantam Health Workers focus group, 24 July 20009

think about it and when we come back next time we will tell you'. So at least now we do have that connection[45].

- The effective parenting programme approach is non-judgemental – the mothers are put at ease during activities and any suggestions for improvement are made in a positive manner: "*And the most important thing is we are not high for them, we are on the same level. It doesn't matter if the house is dirty we just enter in, we start with a joke with them, can we have coffee. Even though their houses are dirty we not harsh with them, we tell them on a good manner we speak to them very softly, we are not hard to them. We try to be good to them so that they can go and understand this is not right*[46]"

- The workshops raise awareness about the parent's role in stimulating the child and how to make educational toys without spending any money[47].

- The intervention is holistic in nature in that it covers topics on hygiene and health as well as how to enhance the child's physical and cognitive development

- The Hantam Trust staff take an action learning approach where they continuously reflect on how to better their practice to ensure that the intervention and the manual remain relevant: "*We have to re-write the manual, we realise that we have to go back to the drawing board. So we have a meeting every Monday where we go back and reflect on what we have done in the week. So everybody reports on what the story is.*[48]

4.1.2.6 Challenges

The effective parenting workers face the following challenges with regards to the training workshops:

- The men feel threatened by the women's newly acquired knowledge. Innovative ways need to be found to further involve men in their children's lives. To address this need, a programme which is headed by a man commenced in 2009 to educate men about their role in the household[49].

---

[45] Hantam Health Workers focus group, 24 July 20009
[46] Hantam Health Workers focus group, 24 July 20009
[47] Effective Parenting focus group notes, 25 July 2009
[48] Interview with Hantam Trust director, 26 July 2009
[49] Hantam Health Workers focus group, 24 July 20009

- There is a serious lack of knowledge about the woman's monthly cycle and how the body prepares itself for pregnancy.

- Limited literacy and low educational levels prevent the optimal utilisation of the manual: "*On the effective parenting the problem that I've encountered is that the mothers, some of them are not educated so they don't really make use of the manual. We give each mother a manual and I tell them when I give them out I try to explain everything that is on the manual what they should do, but sometimes you do have follow up then you can see on the child*"[50].

- Mothers are not utilising the mobile for the correct purpose: "*The mobile became an ornament in the house, I think because they do not have ornaments and they are very proud of what they made. It is displayed and not used for its real purpose*[51]". Follow-up visits do address this – mothers are reminded how to use the mobile correctly.

- Initially mothers were not receptive to the Effective Parenting programme: *"Because at the beginning when you said to a mother who is pregnant you mustn't smoke you mustn't drink, they will tell you no what will happen because my mother was also drinking and here I am, so that was the difficulties but now things come and people are also coming to be open. They do understand and they do listen*[52]".

From the farm visits it became clear that mothers do not have the ability to tell stories to their children. To address this, mothers were provided with laminated pictures to assist them with their storytelling technique[53].

Nutrition remains a problem, but problems like substance abuse, teenage pregnancy and the spread of HIV/AIDS takes precedence during visits[54].

[50] Hantam Health Workers focus group, 24 July 20009
[51] Effective parenting programme report, 2008
[52] Hantam Health Workers focus group, 24 July 20009
[53] Hantam Health Workers focus group, 24 July 20009
[54] Effective parenting programme report, 2008

4.1.3 HIV/AIDS Counselling

4.1.3.1 Tasks and responsibilities

The HIV/AIDS counsellors have the following aims when conducting farm visits[55]:

- to educate families on HIV/AIDS
- to encourage VCT, especially amongst pregnant women
- to monitor whether ARV medicine is taken regularly
- to conduct HIV/AIDS pre-counselling.

4.1.3.2 Implementation

During the approximately hour and a half[56] long home visits, the HIV/AIDS counsellors explain facts about the disease using a poster and pictures. Pamphlets are distributed to the household members to provide them with more information. Follow-up visits are conducted with the aim of determining whether the household members have understood the pamphlets and to encourage them to be tested. Transport is organised for those who indicate willingness to get tested at the clinic.

At the clinic, a consent form is signed and the confidentiality clauses are thoroughly explained to the individual. Farm workers receive pre-counselling and counselling after the test has been conducted. Education is provided after testing to ensure that the HIV positive individuals engage in safe sex. Those who test HIV negative receive information as to how to retain their negative status[57]. If tested positive, the health workers will liaise with Colesberg clinic to organise for the supply of ARVs at the Hantam Clinic.

4.1.3.3 Outputs

Table 3 provides a breakdown of the number of families visited by the HIV/AIDS counsellors on a monthly basis.

[55] All Health Report 2008
[56] Community focus group interview, 25 July 2009
[57] Hantam Health Workers focus group, 24 July 20009

Year	Month	Number of farms visited
Year 1	March	8
	April	4
	May	23
	June	17
	July	22
	August	7
	September	8
	October	9
	November	17
	December	0
	January	10
	February	0
Year 2	March	14
	April	0
	May	16
	June	6
	July	0
	August	8

Table 3: Breakdown of HIV/AIDS counselling programme farm visits

The project started with a few visits in March and April 2008 and then picked up speed in May 2008. After a busy three months, the number of families visited decreased again in August. Visits are conducted on a needs basis and not according to set targets so the lower number between August and October show that fewer families required assistance from the HIV/AIDS counsellors during this time.

Due to school holidays and athletic events, no farms visits took place during December 2008 and February 2009. As April had only nine school days, no HCET health activities were carried out. The mid-year school break led to no visits taking place in July 2009.

The following table provides a breakdown of the beneficiaries of the HIV/AIDS counselling programme up to the end of 2008. A total of 37 farm workers received HIV education and 26 conducted a pre-test – in both instances, the majority of participants were female. Two persons utilising ARVs are being monitored.

	HIV Education			Pre Test			Post Test	ARV Monitoring
	Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Female**	**Male/Female**
Adult	13	18	**37**	8	13	**26**	1	2
Youth	3	3		2	3		N/A	N/A

Table 4: Breakdown of HIV/AIDS counselling programme beneficiaries

4.1.3.4 Outcomes

The community appears to be taking better charge of their lives by demonstrating more responsible behaviour patterns by going to get tested for HIV/AIDS[58].

4.1.3.5 Success factors

A definite success factor of this programme is the *trust* that has been build with the community by means of the regular home visits. Stigmatisation is still a serious barrier that prevents the farm workers from being tested and they presented a lack of transport and fear of disclosure to the researchers as reasons for their refusal to be tested. Members of the community feel less threatened at the prospect of being tested for HIV/AIDS now because they know that there are support structures in place[59].

The *comprehensive approach* and the *sensitivity* from the farm workers throughout the testing process are a pivotal success element: farm workers wishing to get tested are provided with transport to the clinic by the health worker with whom they've been building a relationship, they receive counselling before and after testing and further education and support visits afterwards. Furthermore, ARV treatment is organised with the Department of Health, picked up from their office and delivered by the health workers to the HIV positive individuals[60].

[58] All Health Reports, 2008
[59] All Health Reports, 2008
[60] Hantam Health Workers focus group, 24 July 2009

"So we are very very mindful of the fact that, for example, if a group of people have agreed or signed a consent form to be tested, that we don't send...somebody else to go fetch them and bring them to the clinic, but one of the health counsellors will fetch them, they will sit there while they are being tested, they will wait until they have been tested. They (the participants) will be told in confidence what the results are, and whatever the next step or counselling needs, will be followed on. So they only deal with people with whom they have spoken to and whose confidence they have"[61].

4.1.3.6 Challenges

In a few instances, farm workers opt to be tested in Colesberg. According to them, this will ensure anonymity. There is, however, no way for the HIV/AIDS counsellors to track whether this testing is actually being done.

4.1.4 Health workers

4.1.4.1 Tasks and responsibilities

Health workers are involved in:

- building mutual trust between health workers and the community
- improving the living standards of the families staying on the 24 farms in their community
- recognising cases of child abuse and neglect and putting solutions in place
- educating the community on general health issues, nutrition, the dangers of substance abuse and good parenting
- providing health education about common ailments, prevention of scabies and first aid for emergencies
- demonstrating how to prepare and care for a vegetable garden
- following up on home visits if teachers have identified problems at school related to home or family matters.

4.1.4.2 Implementation

The health workers have received a number health related training interventions. The first training was facilitated by Yvonne Daki from Cape Town approximately eight years ago and was aimed to supply the HIV/AIDS and health workers with basic HIV/AIDS knowledge and health

[61] Interview with Hantam Trust director, 26 July 2009

information. Last year the Phelophepa[62] train staff provided one week of training in effective parenting, HIV/AIDS guidance and basic health.

For efficiency purposes, the health workers will combine some of their visits with the HIV/AIDS counsellors.

4.1.4.3 Outputs

The table below provides the number of farms visited on a monthly basis.

Year	Month	Number of farms visited
Year 1	March	8
	April	4
	May	19
	June	11
	July	12
	August	13
	September	11
	October	18
	November	28
	December	0
	January	0
	February	0
Year 2	March	12
	April	0
	May	10
	June	1
	July	2
	August	2

Table 5: Breakdown of health workers' farm visits

[62] The train travels for 9 months of the year including community nurses, dentists, opticians, counsellors and medical students. The train spends a week at each stop. Funders include the Canon Collins Trust

The health workers' activities gained momentum during May 2008 when 19 farms were visited. Between June and September 2008 an average of 11-12 farms were visited and there was a considerable rise in visits between October and November. As with the HIV/AIDS health workers, the lower frequency of farms visited during August and September point to fewer requests for intervention from the surrounding farm workers. No visits took place during December, January or February due to the school holidays and athletic commitments at the Hantam School. No families were visited during April because of the many public holidays. Limited visits took place during July/ July due to the mid-year school break.

4.1.4.4 Outcomes

Personal monitoring and the support of families in their homes helps them to manage both social and health problems more effectively. There is a marked improvement in family hygiene and nutrition due to an increased number of vegetable gardens.

> *"Before the children were coming to school with dirty shirts and so on but because of our visits, we don't have that problem here at school with the children, the children are neat"*[63].

The health workers report that they have noticed the following improvements in the community:

- Better general health – fewer cases of chickenpox and scabies are reported to the clinic[64]
- Greater self confidence and sense of purpose experienced by the health workers as they are provided with the opportunity to make a living[65]
- A mind shift in community members regarding the importance of school attendance to secure a future for their children[66]
- A decrease in alcohol abuse[67]: "*Before there was a big problem with the alcohol but now it's really changed because sometimes you'll find some of the farm bosses are phoning here at school saying can you have your community members to come and speak to the people here we have got a problem. The people are coming to work drunk and so on but now we get less phone calls."*
- Greater social cohesion as there is a better and more open relationship between community members and Hantam staff[68].

---

[63] Hantam Health Workers focus group, 24 July 2009
[64] Hantam Health Workers focus group, 24 July 2009
[65] Hantam Health Workers focus group, 24 July 2009
[66] Hantam Health Workers focus group, 24 July 2009
[67] Hantam Health Workers focus group, 24 July 2009
[68] Community focus group, 25 July 2009

4.1.4.5 Success factors

The Hantam Trust has been involved with this community since 1989 and, over time, staff and health workers have managed to gain the farm workers' trust. Community members confirm this, for example one mentioned that she feels comfortable to contact the health workers when she and her husband cannot resolve an issue:

> *"They come or they tell me what to do. If I can't do that thing they will come. We sit and we solve the problem and then we don't fight anymore"*[69].

Constant contact between the health workers and the Hantam clinic means that problem cases are identified and acted on quickly. For example, one nine year girl had been repeatedly raped. Her recurring visits to the Hantam clinic for the treatment of infections caused suspicion amongst the Hantam clinic staff. They called upon the health workers to investigate this further and the appropriate people were alerted to deal with this situation[70].

In this way the health workers are able to guide and support the community toward a more healthy and responsible lifestyle.

The health workers do have access to a psychologist if this kind of intervention is needed.

4.1.4.6 Challenges

The following illustrates some of the conditions that health workers face:

- Alcohol abuse by farm workers
- Violent behaviour towards a Grade 7 learner which was followed by a court case
- Child neglect – children being left on their own for a whole weekend
- Poor living conditions and food shortage
- Animal cruelty.

The following are some of the challenges faced by the workers in terms of conducting their work:

- Hostility from farmers and farm workers, eg health workers are faced with closed doors as people are wary to allow people into their homes (one farmer did not allow the health workers to visit any of his workers)

[69] Community focus group, 25 July 2009
[70] Interview with Hantam Trust director, 26 July 2009

- Weather conditions prohibiting them from travelling on the dirt roads[71]
- Transport problems[72].

Figure 6: The four HCET community workers

4.1.5 Management of the HCET community health project

4.1.5.1 HCET Community health staff development

The HIV/AIDS, effective parenting and health workers have received a number of training interventions to equip them for their work:

- 2001: Basic HIV/AIDS knowledge and health information for the HIV/AIDS and health workers, facilitated by Yvonne Daki from Cape Town
- 2003: the effective parenting workers received training on the START programme[73] which was facilitated by the Sunshine Centre Association.
- 2008: the Phelophepa[74] training staff provided one week of training in effective parenting, HIV/AIDS guidance and basic health.

[71] Hantam Health Workers focus group, 24 July 2009
[72] Hantam Health Workers focus group, 24 July 2009
[73] The programme is based on the normal development and is designed to be used with children who are operating developmentally below the age of three years (i.e. they may be chronologically older than three years). See www.sunshine.org.za
[74] The train travels for 9 months of the year including community nurses, dentists, opticians, counsellors and medical students. The train spends a week at each stop. Funders include the Canon Collins Trust

4.1.5.2 Monitoring

All farm visits are conducted using a time schedule. The target is to visit all farm families at least once a year with problematic cases receiving additional visits. This timetable is, however, not cast in stone and is amended when a farm needs to be visited urgently[75]. The project manager will often accompany the health workers to the farms to ensure she remains informed of the project at grassroots level. The community receive her very well as she has an easy-going personality.

In the effective parenting programme the following data is collected and recorded onto a template during the farm visits[76]:

- Number of mothers and care-givers taking part
- Number of children of different ages included in the programme; in whose care these children are during the day and at night
- Identifying the problems voiced by parents
- The language that the parents are most comfortable with
- The extent of literacy of the parents
- A summary of problems concerning family's living conditions, hygiene, food availability, any signs of child neglect, alcohol abuse and domestic violence.
- Assessment of the child and a discussion of the child's current development phase based on the training manual.

The Effective Parenting workers also keep the IDs of the mothers and birth certificates of the children they visit on file if this is available.

The HIV/AIDS counsellors' template includes the following items:

- Number of people counselled
- Purpose of the visits (i.e. activities conducted)
- The detail of the visit.

[75] Hantam Health Workers focus group, 24 July 2009
[76] Taken verbatim from Effective Parenting Programme report 2008

The Health workers' template records the following:

- Number of males, females, adults and children seen during the farm visits
- Common ailments of household
- Living conditions, hygiene, nutrition
- Signs of child neglect, alcohol and domestic abuse.

There is an efficient follow-up system in place: original completed templates are filed according to their farm. Health workers retain a copy of the completed template to ensure that follow-up action is taken for problem cases. The copy is only discarded once the problem has been solved[77]. The project manager diligently records all quantitative data onto one spreadsheet which allows for easy analysis and review of the data. The indicators on the output sheet are in some instances not clearly defined for example: in the case of the effective parenting programme the number of mothers visited is actually recorded and not the number of farm visits as indicated on the output sheet.

Besides completing the templates, the effective parenting workers and health workers write a short narrative of their observations while conducting the site visits. The Hantam project manager types this up and files this with the relevant farm's information. The health workers report that the templates are easy to work with and no problems have been reported to date[78].

4.1.5.3 Reporting and communication

The project manager is the community health workers' main point of contact and all feedback is provided to her directly. Meetings between the project manager and community health workers take place as needed. There are also fixed meetings between the community health workers and Hantam clinic staff (this will be elaborated on in the Support section below).

The following reports are compiled:

- effective parenting workshop reports
- monthly effective parenting programme report
- monthly health worker report

[77] Hantam Health Workers focus group, 24 July 2009
[78] Hantam Health Workers focus group, 24 July 2009

- monthly HIV/AIDS counselling report.

The HCET community workers are clear as to their reporting responsibilities. The project manager receives the community workers' narrative reports and completed information templates from them timeously and she uses these to compile the monthly reports which are kept on file by the Hantam Project Manager[79]. Language can be a barrier as the project manager is not always able to understand what the workers have written, but she is further provided with verbal feedback about the health workers' activities which she incorporates into the monthly reports. This direct contact between the health workers and the project manager is working well as it keeps the project manager up to date on all activities. Through her follow-up questions during interactions with the health workers, she can assist to direct their activities regarding what they should check for and report on next time. Once she has written up the reports, they are reviewed by the health workers to allow them the opportunity to provide any necessary additional input.[80]

4.1.5.4 Support and relationships

Fixed weekly meetings take place between the Hantam clinic staff and health workers to enable effective health education and support for those who need it. The communication with Hantam clinic staff is viewed as an important support function as it leads to improved service delivery. The Hantam clinic staff inform the health workers about specific problems that they identify when the farm workers visit the clinic:

> *"They called me in saying to me I have to go and there was a mother bringing the child to the clinic and the child was not well and is losing weight, so we have to go and visit that house each and every week so that we can monitor that, the mother and the child because the child is not getting enough food. So there is a good communication with us and the clinic there"[81].*

The relationship between the community health workers and the project manager is perceived to be a good one and they note that she is always available when assistance is required. They noted their gratitude to the Hantam Trust for the support they receive, particularly in terms of further educational opportunities and staff development[82]. Due to the amount of time they spend

[79] Hantam Health Workers focus group, 24 July 2009
[80] Hantam Health Workers focus group, 24 July 2009
[81] Hantam Health Workers focus group, 24 July 2009
[82] Hantam Health Workers focus group, 24 July 2009

in the community, a good relationship has been established with community members and the Hantam staff. The community is grateful for the intervention and supports the project[83].

4.2 SCHOOL OUTREACH PROJECT

While the community health interventions of the Supportive Structures for Primary Education project, discussed above, focused specifically on the HCET community and *Umthombo Wolwazi* learners and their families, the school outreach project works at two other schools in surrounding areas: Noupoort (Eureka) and Colesberg (Lowryville).

There are two components of the School Outreach project – the teacher development and the school health components and these will be assessed to see how the interventions are doing in terms of achieving their main outcomes, namely:

- By tackling linguistic barriers to education, 50% (an increase of 30%) of children will achieve relevant grade level in standard national tests by the end of the project
- To bring about a 10% reduction in absenteeism through a 30% reduction in common childhood illnesses among beneficiaries, through a community health awareness and prevention programme by the end of the project.

Unfortunately, no measurable mid-term milestones were set at the beginning of the project, which means that there is nothing to measure progress against. Therefore, in order to obtain a sense of how the School Outreach project is progressing, the following aspects will be looked at according to each outcome:

- outputs
- implementation
- mid-term review check of achievement of outcome
- strengths
- challenges

Thereafter, the overall management of both of these components will be discussed in terms of:

- monitoring
- communication and reporting

---

[83] Hantam Health Workers focus group, 24 July 2009

- support and relationships

It is important to note that the towns of Noupoort and Colesberg, in which the two outreach schools are situated, are quite different to each other and this has influenced how the teacher development and school health components have fared at each school. Both schools have had longstanding relationships with the HCET (who have presented many professional development workshops at these schools[84]). However, each school has its own characteristics based on differences such as the surrounding communities, management styles of schools and teacher development levels.

Noupoort is smaller than Colesberg and slightly more rural. In terms of school management, Eureka (in Noupoort) has strong leadership in that the principal is "hands-on" and very committed. She provides guidance in terms of the systems and procedures to be followed by teachers; there is an 'open door' policy at Eureka and teachers feel very supported at this school[85]. At Lowryville (in Colesberg), there have been leadership struggles at the school, in-fighting and weak leadership to date[86]. As a result of this, teachers at this school note that they do not feel supported and have limited communication from management which leads to them experiencing higher levels of stress than teachers at Eureka. This has made the administering of an intervention at this school more difficult. Despite these challenges, the majority of teachers who have had to implement the Basic Concepts Programme are enthusiastic and committed to the Programme as they have witnessed and are convinced of the potential of the Programme in improving their learners' academic performance.

Although the two schools have different management and leadership styles and situations, many common barriers exist for learners and the greater communities that prevent the learners from receiving quality education. Due to high levels of illiteracy in these communities, together with high levels of poverty, unemployment and low skills requirements for those who are employed, many parents do not place much value on education. They do not always see the value in the children going to school, especially when there are very important chores that need to be done, such as collecting wood in winter or accompanying a frail grandparent somewhere. In addition to this, many of the parents are seasonal migrant workers who move around according to

[84] Interview with Hantam director, 26 July 2009
[85] Interview with Eureka HoD, 23 July 2009
[86] Interviews with Hantam director (26 July 2009) and Lowryville teachers focus group (23 July 2009)

employment possibilities – this results in children continuously entering and leaving the school according to these movements. This can be seen in the different types of absenteeism that exists among the children at the outreach school and illustrates that not all absenteeism is due to illness (which renders outcome 2 somewhat problematic and will be addressed in the discussion of outcome 2 below and the recommendations).

Outcome 1:

By tackling linguistic barriers to education, 50% (an increase of 30%) of children will achieve relevant grade level in standard national tests by the end of the project

The Basic Concepts Programme (BCP) is the vehicle through which this outcome is addressed. As the BCP is targeted at the level of the teachers, it is at this level where we can expect noticeable changes at this point in the project. Levels of learner performance are only likely to be affected later in the project cycle as there must first be changes in the teachers' attitudes, beliefs and practice so that these become aligned with the principles of the BCP. This will be established in 2011 when baseline data (collected in 2007) will be compared to post-test data (collected in 2011) of Grade 3 learners who have been taught through the BCP since Grade R.

Overall, there has been good progress made to achieve this outcome at this mid-point in the project.

4.2.1 Output summary for outcome 1

Mid-term milestones have not been set, but it seems that the project has reached all its targets according to the overall milestones. The table below provides a summary of these milestones and their completion dates as well as what has been achieved so far:

Outcome: ***By tackling linguistic barriers to education, 50% (an increase of 30%) of children will achieve relevant grade level in standard national tests by the end of the project***				
Milestones	**Targeted**		**Actual**	
	Completion[87]	**Output**	**Completion**	**Outputs**
1. ***Equipment***: Basic Concepts Programme manuals and kits purchased	End month 1	50	End month 1	50
2. Teacher Training				
• Grade R and 1 teachers trained	End year 1	13	End year 1	18
• Grade 2 teachers trained	End year 2	7	End year 1	7
• Grade 3 teachers trained	End year 3	7	End year 1	7
3. Implementation				
• Grade R and 1 teachers start to implement BCP	End month 2	18	End month 2	18
• Grade 2 teachers start to implement BCP	End month 14	7	End month 2	7
• Grade 3 teachers start to implement BCP	End month 26	7	End month 2	7
4. ***Review of impact*** (testing and support visits) in order to make necessary adjustments to the project	End years 1, 2 and 3	n/a	End years 1, 2 and 3	n/a

Note: Highlighted text refers to changes that took place between targeted and actual achievement

Table 6: Summary of milestones from January 2008 to June 2009

4.2.2 Implementation of the teacher development programme

Implementation of the Basic Concepts Programme began in 2008 at the two identified outreach schools. Implementation has taken place in three phases over the past 18 months, each with various activities including training, monitoring, communication and management of these activities.

[87] Lottery End of Year Report: February 2008-February 2009

4.2.2.1 Phase 1: Training

Teacher training commenced in January 2009. The training lasted five days and was conducted by the project leader (Educational Psychologist) who trained 37 participants. Table 7 shows the breakdown of the 27 teachers trained during this session. Four teachers from the Hantam Community Education Trust also attended this training, as well as six officials from the Northern Cape Education Department (NCED). Apart from one teacher who became ill at the start of the workshop, all participants completed the training.

School	Number of teachers				TOTAL
	Grade R	Grade 1	Grade 2	Grade 3	Teachers
Eureka	4*	3	3	3	**13**
Lowryville	3	4	3	4	**14**
TOTAL	**7**	**7**	**6**	**7**	**27****

***Note:** *Two of the Grade R teachers who received training do not teach at the school, but at other feeder schools for Eureka Primary.*

***One Grade 5 teacher from Lowryville was also trained as it was anticipated that she would be transferred to Grade 1.*

Table 7: Breakdown of Foundation Phase teachers trained at the project schools

The training comprised both theoretical and experiential components:

> *"…the…theoretical component aimed to introduce the participants to the core content and mechanisms, which underpin the programme. The afternoon sessions also included demonstrations of mediated learning with learners from one of the project schools in Colesberg. Teachers were required to gain experience with the teaching approach and teaching model during the morning sessions. The teachers received mentoring and assistance from the project leader and project assistant during these practical sessions. The Department of Education Officials also accompanied the project leader and project assistant to the project schools*[88]*.*

During training, the Project Leader helped teachers develop and apply a screening tool (Test of Basic Concepts Knowledge), which serves a double function:

1. it allows teachers to quickly establish the academic level of the class, and
2. it allows teachers to group the learners into different groups and refer the very weak learners for intervention.

[88] Taken from the Project Leader's January 2008 Visit Report

According to the Project Leader, this differentiation is very important because it determines the levels of intervention that is needed among the learners. This is especially useful in these schools where teachers face large classes and learners on different academic and developmental levels. Figure 7 shows learners in a group, learning about shapes.

It was also established during the training that the Project Assistant would visit each teacher (Grade 1-3) twice per term and that an official from the NCED would visit each teacher once per term. In addition, a Grade R specialist from the NCED would visit Grade R teachers twice per term.

Figure 7: Teachers using the BCP toolkit during classroom visit

Teachers' perception of the training

Evaluation findings show general satisfaction with the training and the material provided to the eight teachers at Eureka and the two teachers at Lowryville[89] who participated in the research. All teachers either agreed or strongly agreed with the following (see Tables 15-20 in Appendix B):

[89] Due to current strained relationships with Lowryville school, it was not possible to obtain data from any other teachers

- *Training manual / kit*
  - The language used in the manual is clear and understandable
  - The training manual's layout is clear
  - It is easy to use the manual in the classroom
  - The language used in the training kit is clear and understandable
  - The training kit's layout is clear
  - It is easy to use the kits in the classroom

- *Training methods*
  - There was a good mix between practical and theoretical sessions
  - There was enough time allocated for the theoretical session
  - There was enough time allocated for the practical session

- *Structure*
  - It worked well to have the practical session after the theoretical training

- *The facilitators*
  - I could clearly hear what the facilitator was saying
  - The facilitator was approachable when I had questions or concerns
  - The facilitator addressed my and fellow participants' questions appropriately.

- The training provided me with the confidence to implement what I learned.

The positive responses of the teachers confirm the Project Leader's reports and his own perception that the training went well (see Table 21 in Appendix C).

4.2.2.2 Phase 2 and 3: Generalisation and extension of generalisation

In Phase 2 teachers are expected to apply the newly acquired knowledge about the mediated learning approach into their general teaching practice. The Grade 1 to 3 teachers are firstly expected to identify which learners need the intervention and focus on them. Next, teachers should connect this programme with numeracy and literacy activities. Throughout this phase each teacher receives a classroom visit twice a term and group sessions three times a year. This feedback loop provides the platform for teachers to share their concerns and facilitates the provision of resources on a regular basis. In Phase 3, teachers are expected to become more

self-assured in their teaching as they continue to combine their current teaching approaches with the mediated learning approach.

Scheduling of monitoring visits

At the beginning of each term, a schedule is sent to all the teachers, indicating when the monitoring visits will take place, who will be visited and by whom (Project Assistant and/or Project Leader). The teachers therefore have advance warning of visits. Each school has a project coordinator who assists with communication between the project team and teachers and with the organisational requirement of the projects. The Project Assistant works through the HoDs of the schools and notifies them approximately three or four weeks before the visit so that the teachers can prepare or reschedule if needed[90].

Screening learners

At the beginning of the programme, teachers complete an attendance register of the groups they are working with: in Grade R and 1, all children are included in the programme but in Grade 2 and 3 there is one intervention group of learners who are identified through the assessment tests. The assessment tests are conducted at the beginning of the year in Grade 1 and are used for screening the learners so that teachers can group them according to their basic concepts knowledge. The attendance registers assist teachers to keep track of intervention learners' attendance at intervention sessions and the progress that they are making.

Lesson planning

Teachers develop a session planner with details of what they will do in each session. This forces teachers to think about what types of questions they will ask the learners, in line with the different aspects of the Basic Concepts Programme. The following concepts are covered:

- Shape: term 1
- Size: term 1
- Position (important for maths, reading and writing): term 1
- Letter: term 2

[90] Interview with Project Assistant, 24 July 2009

Intervention teaching

If learners are lagging behind in terms of the concepts, teachers must intervene. During this intervention teaching, struggling learners are grouped together and the teacher works closely with this intervention group while the rest of the learners continue applying what they have learnt in the class thus far. Through the BCP, Foundation Phase teachers have started to communicate with Intermediate Phase teachers so that there is more alignment between the different phases as the learners move through the school. In this way, teachers in the higher phases are already aware of any significant challenges or problems when intervention learners enter their classrooms.

The real focus of the BCP is on the Grade R and Grade 1 teachers as they will identify and begin to address learner challenges from the beginning of their school career and throughout the Foundation Phase. Grade 2 and 3 teachers are trained to address the gaps in learners that they are already aware of when they enter their classrooms.

Therefore, the success of the programme is optimised when there is continuity with all teachers at the school using the BCP language and model of questioning. These principles were focused on in 2008 and it seems that the majority of trained teachers have become very comfortable with the mediational teaching model and have adapted their way of teaching:

> *"We had to adapt it a lot…really a lot. We had to work according to the methods they prescribed to us. Then you could apply your own methods and experience. In the beginning it was really difficult…I struggled a lot because I didn't want to follow this rigid thing. I wanted to do my own thing. But in the end you find out what is the reality behind the thing that [the Project Leader] wants to lead you to. You can really see the benefits. Definitely."*[91]

The Project Leader has a good sense of what the classes are focusing on and in which grade. In 2008, no intervention was taking place with the Grade 2s, only about 8 children were being worked with but teachers were not generalising to reading and writing. In 2009, there is a focus on the learning areas and is the first intervention year for Grades 2 and 3.

[91] Teacher focus group, 23 July 2009

Teaching literacy through the BCP

When starting to teach literacy, according to the BCP, teachers are expected to spend two or three days 'unlocking' what is in the text, familiarising the learners with the vocabulary around the text and describing what is in the pictures before embarking on the text. The text is therefore placed in a meaningful context and the language in the text is used to teach spelling and writing. This holistic approach requires teachers to work with one group of learners at a time, which means that teachers must plan for the other groups of learners who are not receiving the teacher's attention at that time.

This is challenging for teachers as this teaching approach is very new to all the teachers. Therefore, it is necessary to demonstrate good teaching practice to the teachers because most have not experienced good demonstrations of teaching themselves. The Project Leader or Project Assistant sometimes makes interventions while the teacher is teaching. As teachers may find this somewhat threatening, the Project Assistant has started using a form of co-teaching with the teachers and she plans to apply this more frequently:

> *"So, if they're working with the top group in reading, I can sit with the intervention children and do some letter games with them or something, so that I'm not a threat…because it's [about] changing the way they teach. We've changed the way they question, but we haven't changed the way they teach yet*[92]*."*

Assessing learner progress

The Project Leader stresses the importance of assessing the learners in ways that truly show their progress. The Project Assistant explains how two learner workbooks might look identical, but the actual levels of progress can be very different when using proper assessment tests:

> *"…that tells me that everything that is in their book is copied from the board. There is no learning going on at all and I feel this is my biggest challenge now…. [Teachers] think they are teaching reading by standing up in the front of the classroom with all 40 children repeating after them whereas we are now trying to show them that teaching reading is requiring you to first to establish the language around that text, so you unlock the text first and then you start reading the text.*[93]*"*

[92] Interview with project assistant , 24 July 2009
[93] Interview with project assistant, 24 July 2009

The screening test is used at the beginning of the year to find out where the problems are with the group of learners and to divide the class into weak, middle and strong groups that are based on specific BCP categories. If the Project Leader finds inconsistencies with the test results, he asks the Project Assistant to re-test learners.

A baseline assessment was done with a random sample of Grade 3s in 2007 and with Grades 1 and 2 in 2008. Results were unfortunately not available in time for this report, but initial changes could be assessed at the end of this year (2009).

Teachers' perception of the implementation of the BCP

All teachers who were involved in the research agree, and some strongly agree, with the following statements[94]:

- Back in the classroom, I had no difficulties in implementing the Basic Concepts Programme
- I am comfortable conducting screening tests with my learners
- I can use the results from the screening test to group learners according to their ability
- My colleagues and I help each other to implement the Basic Concepts Programme.

Aspects of the BCP that they have found particularly useful or which have worked particularly well include[95]:

- The practical training of the Programme
- The four different steps for a reading lesson
- The use of fingers for counting
- The learning of the alphabet (all the learners now know their alphabet)
- Teaching children to speak in full sentences has improved their language
- Reading and sentence construction have improved learners' avidness to read
- Honest, constructive teacher assessment reports.

Aspects of the programme that have been difficult or that have not worked so well include[96]:

- Counting to 10,000 (especially with the weakest learners)
- The administrative part has caused stress

[94] Teacher questionnaire, completed 24 July 2009
[95] Teacher focus group, 23 July 2009 (translated from Afrikaans)
[96] Translated from Afrikaans

- The children initially struggled to work on the boards for in/out
- Many children do not know the diamond yet
- The singing of the alphabet.

Aspects of the programme that the teachers indicated they would like to change include[97]:

- For 'Letter' in the manual to begin with vowels and then the other letters to make the sound easier
- Administration processes
- Working with less learners, especially in the weakest groups
- The singing of the alphabet every day
- Having more apparatus to use with 10/15 learners

Some mentioned that they would not like anything to change.

4.2.3 Progress towards achieving outcome 1 at the project's midpoint

4.2.3.1 Learners' progress

It is still early in the project to really see changes in learner progress, as the teachers are only starting to actively implement the skills and knowledge that they received in the training. However, the following outcomes have already been reported in terms of learner progress:

- Grade 1 teachers note that when the Grade Rs enter Grade 1, they already know their colours and shapes and they can move directly on to the next concepts of letter and number. They even report that Grade R learners already know their alphabet.

- Teachers[98] note that learners have progressed and are more enthusiastic, especially when it comes to reading.

- Learners are more spontaneous and more confident. They are particularly confident since they have been reading in small groups. They read with a partner which is much less intimidating than reading in front of the whole class.

[97] Translated from Afrikaans
[98] Teacher focus group, 23 July 2009 (translated)

- Reading has improved and learners know the alphabet from Grade R already.

- Learners show good listening behaviour, especially during listening assignments. They listen to what they must do and listen well to stories. They also think more before answering and can debate better.

- Learners speak in full sentences and those who were shy are learning to speak out.

- Mathematics and counting have improved.

- Teachers have been able to fast track their teaching by getting the basics right. What they were previously only reaching in terms three or four, they are now getting to in the second term: *…to hear a Grade R child say the position of the board is on the top or a child at that age that can count to 30, there's something very fundamental that's changing and I find that very exciting and that's the only reason why I'm doing this work is that there are changes happening…especially if you do it properly in Grade R and 1 there won't be a need for intervention later*[99].

- The Project Leader estimates that "*…at least 50% of the learners…are functioning where we'd like them to be functioning, which is what I think we will get at the end of the year. This is very crude but this is mostly from reading."* The Project Assistant concurs with this in terms of the reading progress of the learners and puts it down to the amount of time spent talking about pictures, interpreting them and describing them. This enables the learners to describe what they are seeing and to use the vocabulary that they have been learning: "*So they can actually now describe what they're seeing because they've got the language. That to me is really exciting, as a language teacher, to see that happening very naturally from that basic concepts base and I think that's where this programme really works because it starts unlocking the world around them and they can actually describe the world around them because they've got the categories of colour, shape and size. They can now organise their world around themselves. It impacts not only on their language but on how they draw, how they write, how they spell. It's very holistic at the end of the day."*

[99] Teacher focus group, 23July 2009

Learner progress in terms of the screening: Test of Basic Concepts Knowledge

The following figures show data from the screening tests that were administered to all Grade 1 to 3 learners at the beginning of 2008 and 2009[100].

Grade 1s from both schools started from almost the same performance level and the Grade 1s at Eureka seem to have benefitted more from their participation in the Basic Concepts Programme, with 57% of learners being in the 'strong' category in 2009 (increased from 30% in 2008). Lowryville showed a smaller improvement, from 29% in the 'strong' category in 2008 to 33% in 2009. This is illustrated in Figure 8 below:

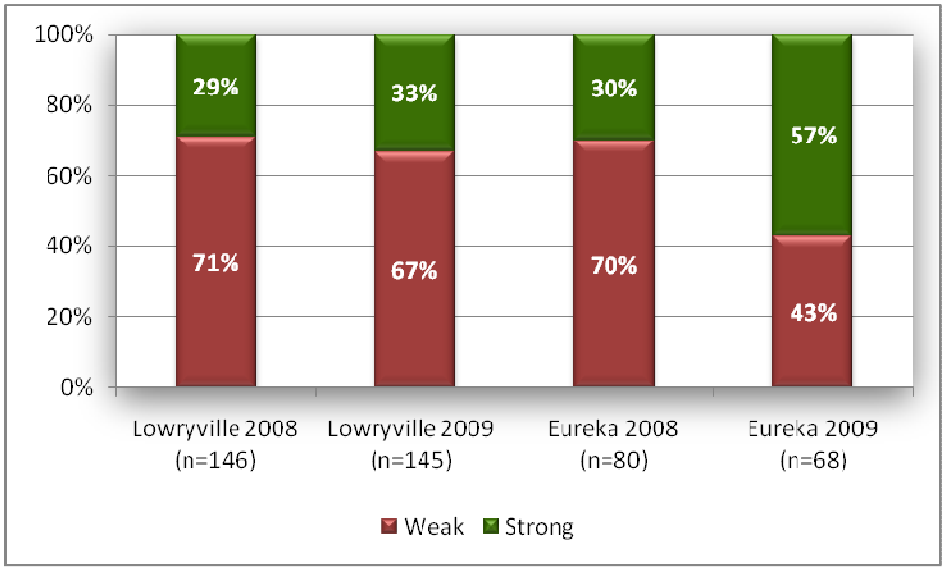

Figure 8: Screening test data of Grade 1s at Lowryville and Eureka, 2008 and 2009

Grade 2s, shown in Figure 9 below, had many more learners in the 'strong' category originally in both schools than with the Grade 1s. At Eureka, not much difference has been witnessed yet between the weak and strong categories of learners, while at Lowryville, 76% of Grade 2 learners in the strong category in 2008 has increased to 87% in 2009.

[100] Obtained from Project Leader's Report on Visit 1, February 2009

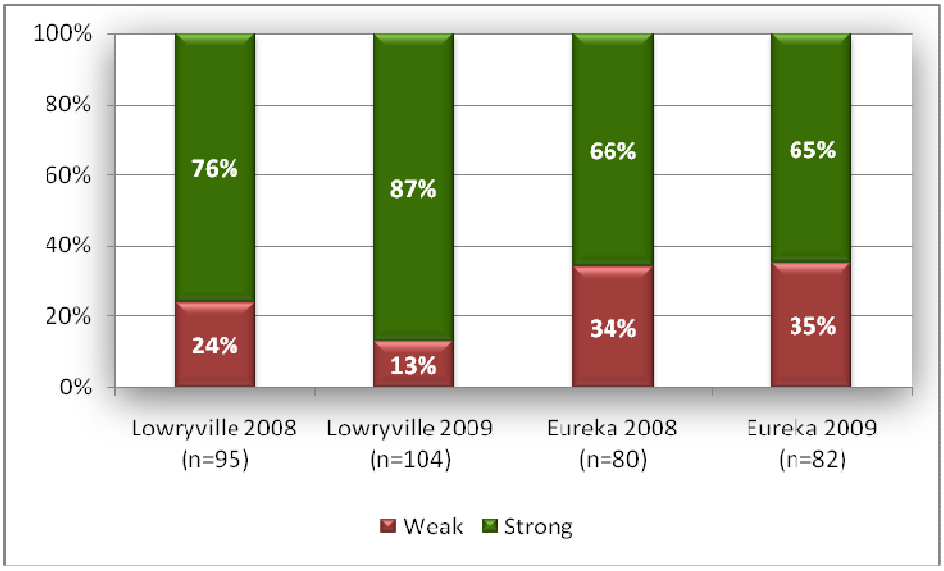

Figure 9: Screening test data of Grade 2s at Lowryville and Eureka, 2008 and 2009

For Grade 3s (Figure 10), Eureka had a higher percentage of learners in the strong category at the outset in 2008 than Lowryville in 2008 (82% and 73%, respectively). Between 2008 and 2009, the percentages of learners in the strong category increased at Lowryville from 73% to 80%. At Eureka, there was a decrease in the percentage learners in the strong category, from 82% in 2008 to 77% in 2009.

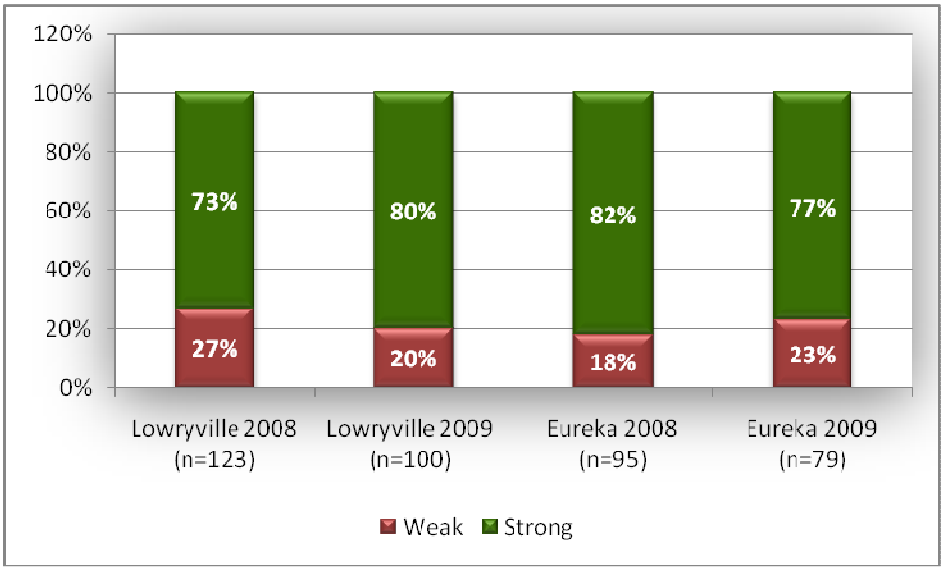

Figure 10: Screening test data of Grade 3s at Lowryville and Eureka, 2008 and 2009

The Project Leader notes in his report[101]:

> *"The results of the 'Test of Basic Concepts Knowledge' indicated that there have been some improvements in the learners' knowledge of basic concepts, particularly in the learners from Lowryville Intermediate. It is therefore of interest that the learners from this school have made more scholastic progress year-on-year than their counterparts from Eureka Intermediate. This is with the exception of Grade 1s from Eureka who have made considerable progress. The purposes of the visit were achieved with the exception of Grade 2-3 teachers from Lowryville Intermediate. The new focus areas of the project were introduced thus moving the project from its emphasis on the Basic Concepts Programme to teaching-learning (literacy and numeracy) inside the classroom. The emphasis on guiding and coaching teachers inside the classroom therefore becomes all the more important."*

4.2.3.2 Teacher outcomes

Teachers' progress between 2008 and 2009

Teachers have been continuously assessed in terms of their confidence with using the screening tool to group learners, adapting their teaching level accordingly and internalising the principles of the BCP (taking on a mediating role in the classroom by asking questions and insisting on learners answering in full sentences).

Overall, the Project Leader is satisfied with the progress that has been made with the teachers up until this point of the project:

> *"we've seen that grade appropriate outcomes are in sight, we are moving definitely… you can see when teachers are teaching and they know what they are doing, and they are working in a structured systematic, developmental way that is appropriate and relevant to their learners and you can see when that doesn't happen".*

After a year of implementing the programme at the two schools, at the end of 2008 the Project Leader[102] noted the following in terms of teacher:

- *It had been a largely experimental year for teachers to learn mediational teaching.*
- *Focus of teachers was on implementing with small groups of intervention learners and not all learners.*

[101] After visit 1, February 2009
[102] Taken from the Project Leader's November 2008 Visit Report

- *The teachers had not completed the programme by the end of the year.*
- *Teachers had experienced difficulties transferring the principles to their classroom (which is the focus of year 2).*
- *Teachers were not implementing the programme consistently (especially Grade R teachers at Lowryville and Grade 1 teachers at Eureka).*
- *High levels of learner absenteeism were a major concern in 2008, especially in Grade R (as yet attendance for Grade Rs is not compulsory).*

Regarding progress in 2009, the Project Leader felt that[103]:

- *Much progress has been made in the Grade R classes in terms of learner performance.*
- *There were clear differences between the different Grade 1 classes at Eureka.*
- *Grade 2 teachers were showing impressive levels of application, understanding and commitment.*
- *Teachers in Grade 3 have made progress since the start of the year despite large classes and large intervention groups.*

Teachers' acceptance of BCP

The Project Assistant feels that the Grade 1 teachers at Lowryville and Eureka are beginning to make the connections. The teachers are realising that the basic concepts taught through BCP overlap with the Department of Education's curriculum and this puts them more at ease because they receive pressure from the Department to adhere to the curriculum.

The visits to the classroom by the Project Assistant have become largely accepted by the teachers and the majority are much more comfortable having someone observe them in their class now than they were at the beginning of the programme. The observations by the Project Assistant are aimed at monitoring to what extent the teachers follow the BCP approach (of mediated learning) and how successful they are in applying these principles in the classroom. Some of the teachers indicated that these visits help them with their self-confidence in teaching[104].

[103] Taken from the Project Leader's July 2009 Visit Report
[104] Teacher focus group, 23 July 2009

Ability to screen and assess learners

The Project Leader has noted that he has recently witnessed, for the first time, that teachers have been able to assess which learners should be in which grade and can now argue for children to stay behind or to be promoted in a very specific way:

> *"We have come out of that very unclear, undirected part of the project – this is at Eureka, obviously I'm not speaking for Lowryville at all. So I would say we are about on track".*

Changing the way they teach

Teachers who were not able to work with charts at the beginning of the year are now able to do so and some of them do not even use charts in their classrooms anymore. It also seems as though 'grade appropriate teaching' is beginning to take place and the Project Leader is feeling "*cautiously optimistic":*

> *"…the more they do it, the more they are going to get it – the more traditional teaching is actually going to disappear. The more they do group teaching, the more we say work with your group now doing this, the more they see this is appropriate and as they do this and they scaffold the learners and as soon as that's finished they all put them back into one group."*

In Grades 2 and 3, teachers who initially did not know where to begin with problem learners, have been using intervention teaching to close the gaps:

> *"…we're beginning to see the transference of the model and the language into their everyday teaching and that I think is very exciting. And I know it's happening in Grade 1 at Lowryville even though we're not there. And the two teachers, the one in Grade 2 and the one in Grade 3, they're beginning to see the connections as well, so that even though we're not in the school they are still going on".*

One teacher explained that she uses the different steps that have been taught through the model and then uses her own examples to apply these steps[105]:

[105] Teacher focus group, 23 July 2009 (translated from Afrikaans)

> "[*The Project Leader] will give you the different steps. You can move the steps around, so if I tell a story about red boots, for example, I'll bring the boots. Not just read the story and show them the picture…bring more teaching aids so that the children can enjoy it. How do the boots sound when you walk with them? Things like that.…one must use some of your own creativity".*

Teachers, in the focus groups, noted that they understood their work better, had changed the way they present lessons (e.g. mental maths) and that they use the lesson steps. They give more attention now to slower learners than before the BCP and "*think outside of the box*"[106]. They also note that they actually enjoy working with the children now.

Creating a language-rich environment

Teachers understand the importance of how children develop and how to work with their developmental process by creating a "*language rich environment"*[107]*.* In terms of the teaching approach offered by BCP, teachers must use language by asking questions and insisting that learners answer in full sentences, which they are doing:

> *"And what we're seeing with the Grade 1 teachers is that because they're teaching reading and language in a very fundamental way, they are seeing a huge change in the children. They are not inhibited in the same way that they were. They're beginning to express themselves. The children are beginning to learn and they're learning at their own pace so it makes learning very accessible."*

The teachers noted that they are now able to improve learners' language and they know exactly how to do so now.

Increase in self-confidence

Some teachers felt that they had gained more self-confidence as a result of being part of the project[108] and that they now feel much more at ease teaching in front of others.

[106] Teacher focus group, 23 July 2009
[107] Interview with Project Leader, 30 July 2009
[108] Teacher focus group, 23 July 2009 (translated from Afrikaans)

Improving working relationships between teachers

As a result of the project, many of the teachers, especially the Grade 1s, are working together for the first time. After the assessment of their learners, teachers are united in their common goal: "*they're very interested this year to see if they are making a difference…because they are self-motivated now and that's the beauty of this programme is that once it starts working for the teachers they will continue with it because it works*"[109].

4.2.3.3 Outcomes for the project staff

Over the past 18 months, the Project Leader has come to realise what is manageable and what is more difficult to manage in terms of replicating the BCP to other schools.

4.2.4 Challenges with regards to achieving outcome 1

The BCP faces a variety of challenges. These range from broader societal issues (which are largely still due to South Africa's discriminatory past policies) to structural issues at the schools (such as large class sizes and absent teachers). Specific to Lowryville has been a strain on the relationship between the Project team from the Hantam Trust and a minority of teachers at the school (discussed below).

Teacher limitations

- In the broader South African teacher community, barely 20% of teachers apply teaching principles and many of the educators in the country are at a lower educational level than the children that they teach[110].
- There are a handful of teachers who have health or stress-related problems that prevent them from coming to school, which complicates matters when progress of their learners must be achieved and ascertained.
- The intervention schools are extremely under-resourced and teachers have so many needs before the needs of the BCP are even addressed.

Resistance to the programme from four Lowryville teachers

In 2009, four of the 14 teachers at Lowryville decided that they no longer wanted certain aspects of the programme to continue (this situation is discussed further in the section on relationships). It is reported that these teachers have found the BCP to work and they are apparently continuing

[109] Interview with Project Assistant, 24 July 2009
[110] Interview with the Project Leader, 30 July 2009

to implement it in their classrooms; however, they do not want any observers in their classes and so the classroom visits can not occur[111]. The Project Team is therefore not conducting the monitoring and support visits at this school. They are waiting for an invitation from the principal and teachers to resume these specific activities.

Socio-economic conditions and household situations

There are numerous contextual issues that affect the success of the programme:

- The learners are very disadvantaged and learning in itself is challenging for them because they have to be taken back to the basics every time. Therefore, the teaching must be *"much more explicit and direct and involved and language is critical, it's fundamental to what they're doing in the classroom"*[112].

- Many of the children have suffered severe abuse and neglect which have resulted in emotional disorders and other challenges such as Foetal Alcohol Syndrome which impacts on their rates of development and learning.

- Absenteeism is a big problem, especially in winter: "*…the children come from very deprived backgrounds. You experience how very cold it gets so what happens is that the little kids are kept away from school…..but are now having to address the social and the emotional problems. We are never ever going to touch on that in those schools its just too enormous…and it's not only with the children it's with the teachers as well. The teachers often have very severe social and emotional things they have to deal with in their lives…So working with nearly 30 teachers with different personalities, cultures and different home backgrounds… it's a little bit like treading on eggs"*[113]. Another factor contributing to absenteeism is the fact that many of the parents do not regard education highly and so, if their child struggles with school or if they do not want to go to school, the parents just let them stay at home.

- Many of the learners' parents are migrant labourers who work on farms seasonally, which results in high levels of movement of learners to and from different areas, so teachers often do not have the same learners in their class as at the beginning of the year.

[111] Interview with Hantam director (26 July 2009) and Lowryville teacher focus group (23 July 2009)
[112] Interview with the Project Leader, 30 July 2009
[113] Interview with Project Assistant, 24 July 2009

Practical considerations

- Class sizes are a major challenge, especially at Eureka where all the Grade R classes are around 36 or 37 children.
- The Project Assistant has English as her first language so she sometimes has trouble communicating with the teachers who predominantly speak Afrikaans. The Project Manager helps with translation and communication with teachers as much as possible.

Outcome 2:

10% reduction in absenteeism through a 30 % reduction in common childhood illnesses among beneficiaries, through a community health awareness and prevention programme by the end of the project

The initial proposal to the British Lottery did not include this outcome. The conceptualisation of Outcome 2 was based on the success from the Hantam Trust's health programme and specifically the sharp decline that was brought about in the Hantam School's absenteeism rate. The Canon Collins Trust recommended that a health component be included in the project in addition to the scholastic performance outcome as this would be more aligned to British Lottery funding criteria. It must be noted that the Hantam Project Director[114] was reluctant to include this and, from the outset of this project, was concerned about the achievement of this outcome due to the limited control and sphere of influence of the Hantam Trust in the two outreach communities.

There is no explicit "theory of change" pertaining to this outcome, but the idea is that a reduction in common childhood illnesses should influence absenteeism. The following four project strategies are employed to enable this:

1. Screening all foundation phase children in Lowryville and Eureka
2. Providing a protein shake for malnourished learners
3. Providing vitamin tablets and de-worming children
4. Conducting house visits to all foundation phase families.

Overall, two of the milestones associated with this outcome are on track to date; progress has not been as planned against milestone three due to issues at the Lowryville school. The last milestone is ongoing, but might require revision based on lessons learned thus far. Limited availability of data at this point in the project prevents any conclusion to be drawn around the attainment of this outcome. It is strongly recommended that this outcome is reformulated and this will be elaborated on in the Recommendations section.

[114] Interview with Hantam director, 26 July 2009

4.2.5 Outputs and implementation for outcome 2

The table below provides a summary of the outputs that have been achieved by the end of year one and midterm year two. The detail of each of these activities are further provided below:

Outcome: ***10% reduction in absenteeism through a 30% reduction in common childhood illnesses among beneficiaries, through a community health awareness and prevention programme by the end of the project***				
Activity	**Target date[115]**	**Change in target dates**	**End of year 1[116]**	**Mid-term (year 2)**
1. Health assessment of all children and creation of individual files	End month 4 (and end months 13 & 25 for new intakes)	Completed by end of year 2[117]	**Achieved**: 862[118] assessed and files created	**Achieved but ongoing** for new learners
2. All children participating in vitamin and de-worming programme	End month 3	Vitamins: monthly since month 3 De-worming: month 4 and 9	**Achieved**: Daily vitamins to all Foundation Phase learners **Achieved**: "Wormstop" in 797 children in June; 624 in November	**Achieved but ongoing** based on current number of foundation phase children
3. All families of Foundation Phase children visited by health staff (510 family units[119])	End year 1	Extended to end of Aug 2009	227 families visited[120]	**Not achieved**: conducted a total of 473 home visits (Discussed under home visits section)
4. All families of Foundation Phase children visited at least once for each year they have been in school	End year 3	Not applicable	**In process:** all accessible families had received one home visit by end Aug 2009.	

Table 8: Summary of outputs towards achieving outcome 2 of the school outreach project

[115] May 2008 Report
[116] Lottery End of Year report
[117] May 2008 Report
[118] At the start of the project there was 862 foundation phase learners. Varies on a month to month basis depending on attendance register numbers
[119] Lottery End of Year report: [119] Estimate as this is based on the assumption that there is 862 foundation phase learners
[120] Output summary tables

4.2.5.1 Health assessment of all children in outreach schools

In April 2008 a full time nursing sister was appointed to execute all activities related to the Health Outreach programme in Lowryville and Eureka. A medical room was set up at both schools and portable equipment was purchased that can be easily transported between the two schools. The nurse was supplied with a laptop to allow her to capture learners' health information while out of the office. The nurse met with the Hantam clinic staff on 15 April 2008 and she was introduced to the Outreach schools' teachers during April and May 2008.

Year	Month	Number
Year 1	March	0
	April	0
	May	48
	June	86
	July	38
	August	83
	September	20
	October	75
	November	17
	December	0
	January	79
	February	418
	TOTAL	**864**
Year 2	March	15
	April	0
	May	96
	June	17
	July	59
	August	47
	TOTAL	**234**

Table 9: Number of health assessments among foundation phase learners

The health assessment of the learners started in May 2008. Initially, the school nurse was tasked to conduct a full screening test of all foundation phase learners at the two schools. Due to the amount of time it takes to undress and dress the learners, it was decided that the nurse would conduct a thorough health assessment for learners with serious health problems and the

remaining foundation phase learners would receive a basic health screening. A total of 418 learners were assessed during February 2009[121] (Table 9). All learners (a total of 864) were screened by the end of the first project year. No screening could be done in April due to the many public holidays. In Year 2, assessments have been focused on following up the serious cases from Year 1 (for example, weighing the protein shake learners) and on screening the new foundation phase learners, including Grade Rs.

After the health assessment has been conducted, a file is opened for each learner with the completed checklists. In the case of healthy children, only the basic screening information portion of the checklist will be completed (i.e. eyes, ears and dental) and, in the case of children with health issues, further information is collected. Files are colour coded to prioritise further interventions. A childhood illness survey was introduced in 2009 to assess the incidence of childhood illnesses (below in Figure 11a and 11b). Baseline data was collected from 50 randomly selected learners in summer (February) and winter (July).

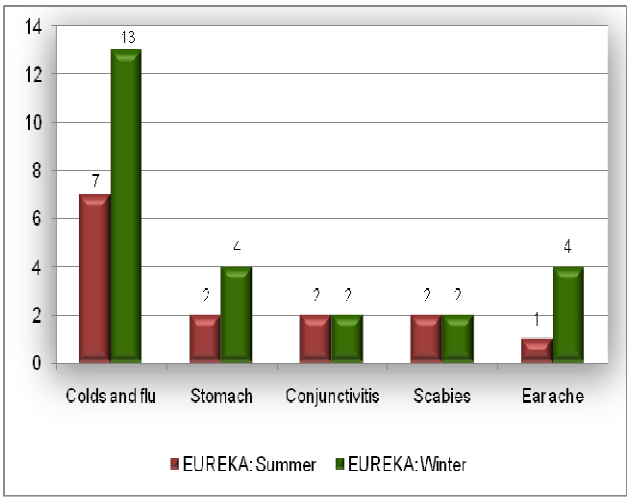

Figure 11a: Eureka Summer and winter data

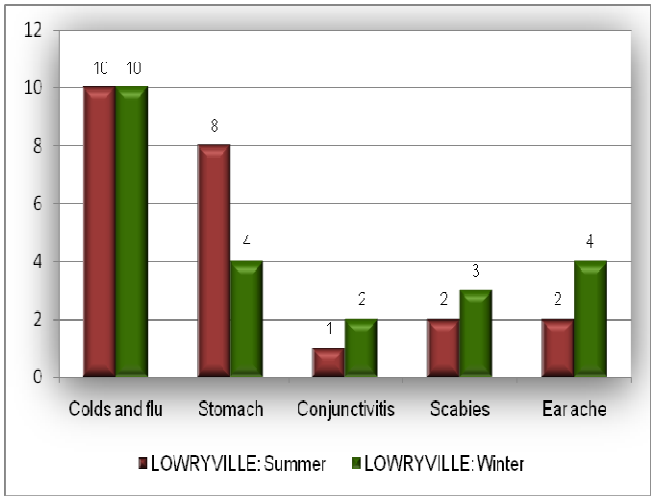

Figure 11b: Lowryville Summer and winter data

As expected, learners at Eureka had a greater number of colds and flu and earache in wintertime. Contrary to expectation, there were more stomach aches reported in winter than summer. There were the same number of cases of scabies and conjunctivitis across the seasons. No incidence of mumps or chickenpox was reported. At Lowryville, there were slightly

[121] Output sheet data

more reports of conjunctivitis and ear aches were noted during the winter. More stomach ailments were reported in summer at Lowryville. The only surprising result is the number of colds and flu – 10 learners had colds and flu in both summer and winter. On closer inspection of the data it emerges that seven of these instances correspond between the two datasets, i.e. the same learners reported having a cold/flu in both summer and winter. No mumps or chicken pox were reported.

The follow-up study at the same time next year will reveal whether the above results have improved.

Success factors

The presence of the school nurse has led to the early detection and treatment of a number of illnesses among the foundation phase schoolchildren, which has positively influenced their quality of life. Examples include:

- A number of suspected TB cases have been picked up at Eureka School and, as a result, parents have taken their children to the Colesberg clinic for testing. After treatment, follow-up tests showed negative test results in all four instances[122]. The timeous intervention by the school sister prevented a full-scale TB outbreak.

- Dental hygiene is problematic in both communities as children do not have access to dental facilities. Through the health outreach programme learners with bad teeth are referred to a dentist before problems escalate: "*We have sent numerous children to the dentist – it is a very big problem here and in Noupoort. The children's teeth are decayed and there are no facilities here. But we have made an appointment for them and we could send them because once a month they come. So I think that was a huge success*"[123]

- During the screening test, 14 children were diagnosed with poor eyesight. The Trust used additional funds from the British Lottery (from fluctuations in currency exchange) to provide these 14 children with prescription glasses[124].
- In one instance, a child with severe eye problems was identified. The nurse escorted the child to the Colesberg clinic for further testing where it became apparent that the child

[122] All Health and Outreach Reports 2008
[123] Interview with school nurse, 23 July 2009
[124] Interview with Hantam Trust Director, 26 July 2009

required surgery. The nurse ensured that a space in an ambulance was made available and that an appointment was scheduled with the doctor in Kimberley[125].

Teachers report that "t*he nurse examines the children. They look forward to those examinations and they enjoy going to the examination room and being there with the nurse. She treats them very professionally[126]".*

Parents are very grateful to the Trust for the opportunity to have their children's eyes tested as this is something they would not have been able to afford[127].

Challenges

The following challenges were faced by the school nurse when conducting the health assessments:

- Time limitations: it takes a long time to undress the learners, especially in winter when it is cold, and this adds to the time it takes to conduct the health assessment[128].
- Learners do not know their left from their right which makes it difficult to conduct eye tests and which has led to children being referred to an optometrist unnecessarily[129].
- There is uncertainty as to whether the Colesberg clinic follows through on referrals. In one instance the school nurse was informed that a TB-positive child was absent for a week and was therefore not taking the prescribed medicine. The school nurse contacted the clinic with this information but she remains uncertain as to whether the Colesberg clinic has resolved the issue[130].

4.2.5.2 Protein shakes for malnourished learners

As seen in the Context section of this report, links have been shown between low levels of scholastic performance and a lack of nutrition. It is estimated by the HCET project staff that at least one third of children at the intervention schools rely on the daily meal that they receive at school through the feeding scheme at 10h30. For those children who have nothing else to eat, they go to bed without supper and come to school without breakfast. A protein shake in the

[125] Interview with Hantam Trust Director, 26 July 2009
[126] Teacher focus group 1, 23 July 2009
[127] Teacher focus group 2, 23 July 2009
[128] Interview with school nurse, 23 July 2009
[129] Interview with school nurse, 23 July 2009
[130] Interview with school nurse, 23 July 2009

morning is meant to improve concentration levels, especially during the first three hours of the school day until the meal is served.

Health assessment checks and a scanning exercise in August 2008 revealed that 55 learners were severely malnourished. HCET staff obtained permission to use under-spent project funds to address this problem and, from April 2009, these 55 learners have been given daily protein shakes. A further 63 learners were identified as sufficiently malnourished to receive the intervention and 15 of them joined the protein shake programme in July 2009 when more funding became available.

This element of the project is not on the outputs table as it was not a planned intervention.

Success factors

The protein shake intervention was proactively established in response to a need that was identified during health assessments. It shows the success of the screening test programme as the school nurse was able to identify the severe malnourishment of some of the learners, and it also shows the ability of the Trust to respond quickly to the needs of its constituents. According to the teachers, the children enjoy the shake and have gained weight since they have started drinking it regularly[131].

Challenges

The main challenge facing this component of the health programme is contextual in nature. The majority of inhabitants in the townships in Colesberg and Noupoort are unemployed and live off social assistance grants which are reportedly often spent on alcohol and not food[132]. The protein shake intervention does not focus on the cause of the problems faced, but rather treats the symptoms. In this case, the cause of the malnourishment among the learners is due to the severe poverty in which many of these children live. Therefore the sustainability of the protein shake intervention is a cause for concern as learners' are becoming increasingly dependent on the protein shake.

The only option available is to get the Department of Health and the Department of Education on board to take this project forward:

[131] Teacher focus group 1, 23 July 2009
[132] Interview with Hantam director, 26 July 2009

"And that is something I would really like to bring to the attention of the health department, because that is affordable, but there has got to be that sort of intervention"[133].

The completion of protein shake attendance registers has been inconsistent which influences the quality of the monitoring function. This will be further discussed in the Monitoring section of this report.

4.2.5.3 Vitamin and de-worming programme

All foundation phase learners at the outreach schools are supplied with a daily multi-vitamin supplement from the teachers. Teachers complete an attendance register indicating which learners have received the vitamin tablets.

No tablets were distributed during December 2008 due to the school holidays. The lower distribution during January and February are attributable to fewer school days in those months as well as the withdrawal of four Lowryville teachers from the project (and therefore their associated learners). By March 2009 the provision of tablets continued to all foundation phase learners, except the four Lowryville classes, as before. Currently, approximately 710 foundation phase children are receiving the vitamin tablets on a daily basis (see Table 10).[134] In total 266 241 vitamin tablets have been distributed at the two schools between May 2008 and August 2009[135].

[133] Interview with Hantam Trust Director, 26 July 2009
[134] Quarterly output return table
[135] Figures supplied by Project manager, 31 August 2009

Year	Month	Number of learners
Year 1	March	0
	April	0
	May	797
	June	797
	July	763
	August	772
	September	774
	October	763
	November	763
	December	0
	January	624
	February	638
Year 2	March	711
	April	717
	May	719
	June	721
	July	716
	August	710

Table 10: Number of foundation phase children receiving vitamin tablets

To obtain the pills, the school nurse supplies the Hantam project manager with an order. This is typed up and signed by the Hantam project administrator and sent through to the Hantam clinic. The clinic sister acquires a quotation for the pills and, after approval of the quotation by the project administrator, the funding is made available. The project manager receives the vitamin and de-worming tablets and then distributes it to the school nurse. In this way, the Hantam project manager stays abreast of the process and the number of tablets distributed[136].

The bi-annual de-worming programme kicked off in month three of the project (June 2008) with 797 children receiving a first dose of 'Wormstop' in June 2008 and 624 children receiving a second dose in November 2008. The difference in numbers is attributable to nomadic families

[136] Interview with project manager , 27 July 2009

who follow a seasonal labour pattern. The 2009 de-worming was done during July 2009 at Eureka with 361 learners and August 2009 at Lowryville with 350 learners[137].

Success factors

Without the daily vitamins, learners have far less energy to participate in the classroom which hinders their learning. According to the teachers, the children look forward to their daily supplement – which they see as "smartie" sweets – and they even remind the teachers to distribute the pills[138].

Challenges

The issue of the sustainability of the vitamin programme and the distribution of protein shakes in a concern. Once this project stops, these will no longer be available to learners. The only viable solution will be if the Department of Health and/or Education takes ongoing responsibility for the continuation of this component of the health project; however ensuring this kind of support from the respective government departments is challenging.

The vitamin tablets increase the children's appetite. Where families are living beneath the breadline, this poses a very serious challenge because their increased appetite places more pressure on parents to provide more food[139].

4.2.5.4 Visits to foundation phase families

The first foundation phase home visits were conducted during May 2008. Milestone three (as per the output table in 4.2.5.) specifies that all 510[140] foundation phase family units were to be visited by the end of the first project year. This was later extended to the end of August 2009. By the end of the first project year, 227 of the outreach school's foundation phase families had been visited. Midway through the project (end of August 2009), a total of 473 family units had been visited. This means that this milestone has not been reached. The reason is because there are a number of outstanding Lowryville households which no longer form part of the programme due to the withdrawal of the four Lowryville teachers (and therefore their associated learners) dropping out of the project.

---

[137] E-mail correspondence with Project Manager, 1 September 2009
[138] Teacher focus group 1, 23 July 2009
[139] Teacher focus group 2, 23 July 2009
[140] Estimate as this is based on the assumption that there is 862 foundation phase learners

Year	Month	Number
Year 1	March	0
	April	0
	May	46
	June	20
	July	34
	August	10
	September	34
	October	21
	November	34
	December	0
	January	0
	February	28
	Total	**227**
Year 2	March	56
	April	0
	May	40
	June	69
	July	10
	August	71
	Total	**246**

Table 9: Number of foundation phase families visited

No home visits were conducted during April because of the many public holidays.

The fourth milestone states that all foundation phase families should be visited at least once for each year that the learners have been in school. As the project duration is three years, this implies that each foundation phase family will receive three visits in total. During the home visits basic living conditions, hygiene and number of people living in one household is checked. The checklist further includes details on the occupants such as their age and employment status.

This target of three visits per household will not be able to be achieved given the current status at Lowryville, and the fact that by mid-point all foundation phase families have received only one visit.

Success factors

Initially, the school nurse found it difficult to locate specific houses and dwellings as street names are often not visible. She reports that it used to take up to an hour to locate one person in some instances[141]. The teacher and the child now accompany the nurse on home visits, which are conducted between one and two o'clock in the afternoon, to ensure that the house is located and that the family is at home at the time[142]:

The teachers commend the nurse for the manner in which she approaches the families. They see her as part of the community and note that she goes to great lengths to ensure that their children are healthy:

> *"She makes herself part of the community. If we do home visits she comes with. She goes through the clinic cards and ensures that the children are up to date with their immunisations. If they didn't receive all their immunisations she will ask the parents to take the learners"[143].*

> *"The community knows her. When she goes into a house she makes herself part of the household. She sits on a chair or on the carpet. She makes herself part of them"[144].*

Challenges

In Lowryville and Eureka, access to the community is more difficult than for the Hantam school learners where community ties have been established over many years. The school nurse also does not know the communities very well yet so she does experience some fear when visiting unknown locations (this is getting better due to home visit accompaniment from teachers and learners).

4.2.6 Progress towards achieving outcome 2 at the project mid-point

Outcome 2 aims to decrease absenteeism by means of different health interventions. The logic behind the health outreach programme is that a drop in childhood illnesses should decrease

141 Interview with school nurse, 23 July 2009
142 Lottery end of year report
143 Teacher focus group interview 1, 23 July 2009
144 Teacher focus group interview 1, 23 July 2009

absenteeism. It is suggested by the different programme stakeholders that a number of outcomes have occurred because of the health intervention:

- an increase in children's concentration and energy levels
- an increase in the children's appetite[145]
- better participation in the classroom[146]
- reduced absenteeism[147]
- fewer colds amongst learners[148].

In order to determine whether absenteeism has actually decreased, two datasets will be presented below. The first dataset will consider the absenteeism of the Eureka Grade 2 and Grade 3 (2009) protein shake learners as this is monitored on a daily basis by the teacher. Secondly, we will consider the overall attendance figures of Eureka to determine whether any change has taken place at the Grade 1-3 level from 2008 to 2009.

4.2.6.1 Links between the protein shake programme and attendance

The protein shake programme commenced in April 2009. The Trust does not currently have a system to assess the link between protein shake receipt and changes in attendance, therefore the researchers have conducted their own mini-analysis to see whether any links can be found.

Description of the analysis conducted

To arrive at the analysis presented below, we did the following:

1. Weekly attendance figures were added up to arrive at a total out of five days (less in the instances where a week included public holidays)
2. This total was converted to a percentage – for instance if a learner attended school three days out of a five-day school week his/her attendance percentage for that specific week would be 60%.
3. An average score was calculated for each week by adding up the scores and dividing it by the number of learners.

A total of 17 learners Grade 2 and Grade 3 protein shake learners from Eureka were included in this analysis. Five learners had to be omitted from the calculations due to a lack of comparative

[145] Teacher focus group 2, 23 July 2009
[146] Interview with Project Manager, 27 July 2009
[147] Teacher focus group 1 and 2, 23 July 2009
[148] Interview with school nurse, 23 July 2009

2008 data. Comparative data for 2008 for our sample group – when these learners were respectively in Grade 1 and Grade 2 – is readily available. The 2009 Protein shake Grade R and Grade 1 learners would not have comparative data available[149] for the previous year so they were omitted. Due to the limited data received from Lowryville's side, none of their learners could be included in this analysis[150].

Table 22 enclosed in Appendix D contains the detail of the learners considered in this condensed analysis. The table provides a list of the individual Eureka learners and their attendance figures over a seven week period in 2008 and 2009. The following limitations need to be explicitly stated as it influences the ability to draw comparisons between the selected 2008/2009 dataset:

- It was not possible to match the weeks across the two years as the 2008 attendance registers was not completed beyond the fourth week of the first quarter.
- The 2008 dataset encompasses four weeks from quarter 2 and three weeks from quarter 3. The 2009 dataset covers quarter two up to the end of June 2009. The 2008 dataset therefore contains more winter weeks than the 2009 dataset.
- The 2008 dataset has one more public holiday than the 2009 dataset. Week 3 in quarter 2 of 2008 had three public holidays as opposed to two public holidays in the same week in 2009.
- In order to arrive at an aggregate amount, the average rate of attendance was calculated for each week. Due to the small dataset, an outlier value (for instance where a child was absent the whole week) has a significant influence on the analysis. For this reason we will consider whether there are other reasons for these learners' chronic absenteeism.

Findings

Figure 12 presents no conclusive evidence as to whether the protein shakes are affecting attendance positively in the case of the Grade 2 learners. A longer time series would need to be developed to draw conclusions pertaining to the protein shakes' contribution.

It can be seen that results are mixed, with a very slight overall increase for Grade 2 learners.

[149] As Grade R is not compulsory it would be futile to track their Absenteeism patterns. The current Grade Rs have no absenteeism data for the 2008

[150] The available Lowryville data has been captured and could be provided to the Hantam trust if they wish to accumulate the outstanding information for future reporting purposes

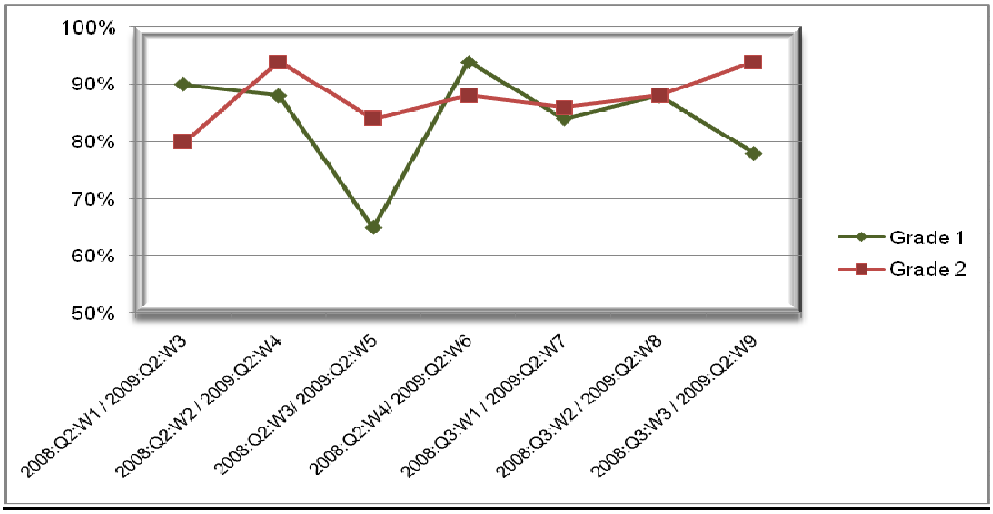

Figure 12: Attendance of Grade 1 and 2 Protein shake learners at Eureka

Figure 13 reveals a similar picture in that no clear trend between the two datasets can be observed. In only three instances are the absenteeism figures equal or more favourable in the current year compared to the previous year when these learners did not receive the protein shake (refer to data point 3, 5 and 6). Outlier values influences the analysis quite profoundly. Two of the seven learners included in this dataset were absent for two concurrent weeks causing the average Grade 3 data (2009) to reflect negatively against the comparative Grade 2 data set (2008). These two were identified by teachers being chronically absent due to a poor home environment.

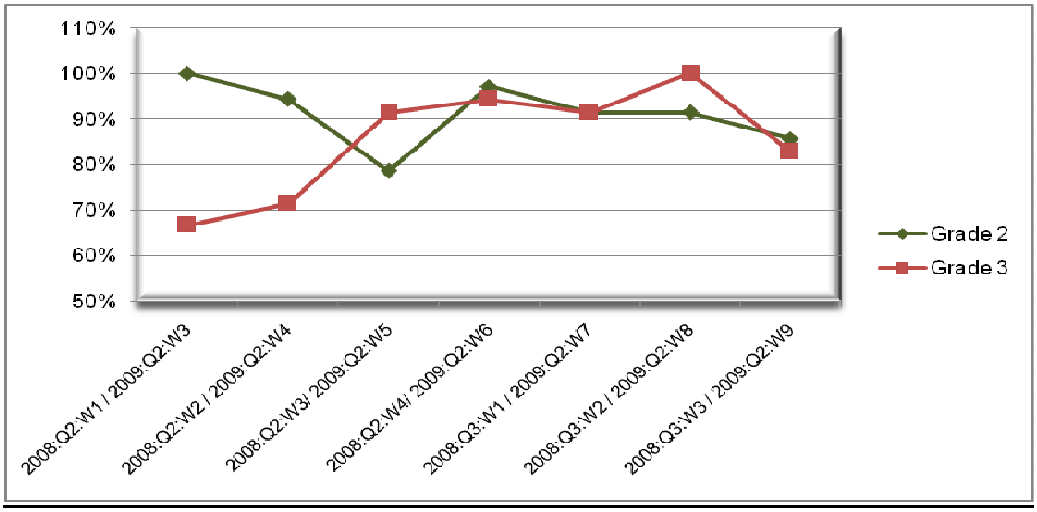

Figure 13: Attendance of Grade 3 Protein shake learners at Eureka

If this data is used in the future to assess outcomes, it is recommended that the seasons are taken into account when analysing. It is to be expected that attendance figures will be lower on winter

4.2.6.2 Overall absenteeism data

The table below contains the Grade 1 to 3 data for Quarter 1 of 2008 and 2009 for Eureka Primary School as provided to the Department of Education. Unfortunately, Lowryville could not be included in this analysis, as there was no first quarter 2008 data available. Furthermore, the Lowryville second quarter 2009 dataset only contained data for two classes (one Grade 2 and one Grade 3 class).

The impetus behind the analysis of these quarterly datasets is that these figures represent the attendance and absenteeism in summer months (Quarter 1) and winter months (Quarter 2). Table 12 and Table 13 constitute the number of days multiplied by the number of learners present and absent from Grade 1 to 3, expressed as a percentage.

Summer: Quarter 1 2008 and 2009

It should be noted that the first quarter of 2008 comprise of 10 weeks as opposed to 11 weeks in the corresponding quarter in 2009. This translates into 47 and 53 actual school days respectively in 2008 and 2009[151].

	2008: Quarter 1			2009: Quarter 1		
	PR %	**AB %**	**TOTAL**	**PR%**	**AB %**	**TOTAL**
Grade 1	86.0%	14.0%	4,402	91.9%	8.1%	4,352
Grade 2	89.6%	10.4%	4,320	95.1%	4.9%	4,244
Grade 3	96.2%	3.8%	3,375	91.8%	8.2%	4,146

PR= Percentage of learners present

AB= Percentage of learners absent

Table 10: Attendance and absenteeism for Quarter 1: 2008 and 2009

This data, as presented in the graph below (Figure 14), shows a slight decrease in absenteeism (and therefore a slight increase in attendance) for Grade 1s and Grade 2s from 2008 to 2009.

[151] Public holidays were excluded: 2008 had no public holidays during the quarter whilst 2009 had one public holiday

The Grade 3s are the exception with a slight increase in absenteeism and a corresponding decrease in attendance from 2008 to 2009 for the first quarter.

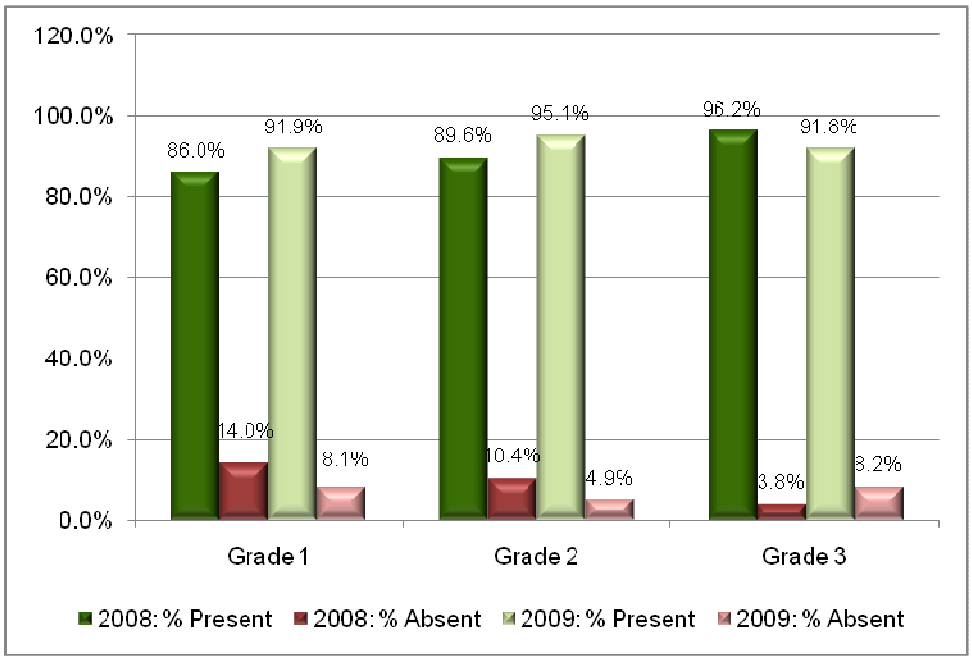

Figure 14: Overall attendance of Grade 1-3 Eureka learners: Quarter 1

Winter: Quarter 2 2008 and 2009

The second table (Table 13) shows the absenteeism and attendance figures for the second quarter, which includes some winter months. Quarter 2 of 2008 had 51 actual school days and four public holidays, whilst quarter two of 2009 had 49 actual school days and also four public holidays. Noteworthy is the similarity in trend with quarter one's dataset.

	2008: Quarter 2			2009: Quarter 2		
	PR %	AB %	TOTAL	PR %	AB %	TOTAL
Grade 1	88.7%	11.3%	4322	92.8%	7.2%	3673
Grade 2	90.7%	9.3%	4553	92.9%	7.1%	4054
Grade 3	93.5%	6.5%	3650	91.2%	8.8%	3993

PR= Percentage of learners present

AB= Percentage of learners absent

Table 11: Attendance and absenteeism for Quarter 2: 2008 and 2009

Figure 15 shows a decrease in absenteeism in the case of Grade 1 and 2 from 2008 to 2009 and a 2.3% increase in absenteeism for Grade 3s from last year to this year.

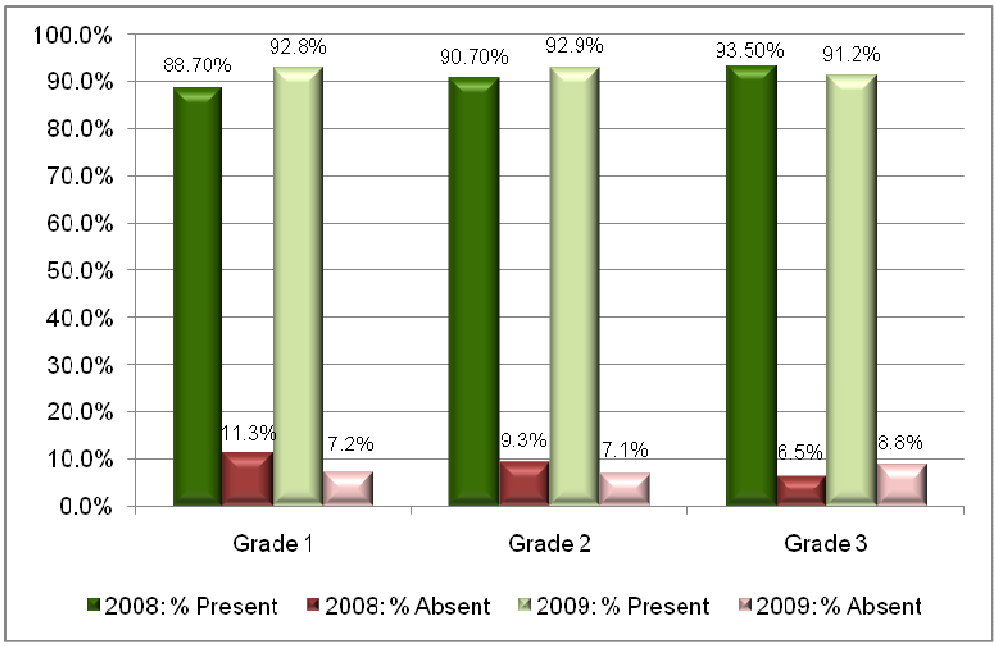

Figure 15: Overall attendance of Grade 1, and 3 Eureka learners: Quarter 2

Substantial weight gain has been seen in the learners who receive protein shakes[152], but the limited quantitative protein shake data presented above does not allow for any conclusive judgement to be made regarding its effectiveness in reducing absenteeism at this stage. The overall absenteeism data reveals that Eureka already has a very high attendance rate (88%-92%) in the foundation phase, which illustrates that the outcome needs to be adjusted (ie one cannot increase attendance by 30% when it is already at 90%). As there is currently a high attendance level and due to the contextual factors mentioned above, it is doubtful whether a health intervention of this sort will contribute more than a few percentage points in terms of attendance in the remaining 18 months.

4.2.6.3 General outcomes

What has been established is that the project has benefitted the learners tremendously and the following outcomes and successes have occurred because of it:

[152] Project Manager communicated this at Roundtable discussion, 7 September 2009

- a medical examination of all foundation phase learners
- home visits to more than half of the foundation phase family units
- eye tests being done and children obtaining glasses if necessary
- TB diagnosis and treatment
- dental checks and referrals to the dentist
- bi-annual de-worming of all foundation phase learners
- Weight gain in the protein shake learners[153]
- Better concentration and participation in the classroom due to daily vitamin tablets and protein shakes.

In terms of achieving this outcome, it is important to recognise the boundaries within which this health outreach intervention operates. The health outreach programme is merely scratching the surface in terms of the problems that the Noupoort and Lowryville communities face. Therefore, it is difficult for these few interventions to really influence a complex problem such as absenteeism. It is just as difficult to accurately measure the health intervention's contribution. It should be recognised that absenteeism is linked to deeply embedded socio-economic problems that are not currently addressed by the School Outreach project. Extreme poverty, a sense of entitlement and a lack of pride are just some of the greater value-related issues that require intervention in order to rebuild the family structure.

4.2.7 Challenges with regards to achieving outcome 2

The main challenges with regards to achieving this outcome is the fact that the targets that have been set seem to be flawed in terms of the logic and therefore it is unlikely that the outcome will actually be achieved.

The school nurse also reports some logistical challenges as the outreach schools and the Hantam Trust are all situated a fair distance away from each other and this does require a fair amount of travel on a regular basis. She uses both her own car and the local bus service for this travel.

[153] Project Manager communicated this at Roundtable discussion, 7 September 2009

4.3 MANAGEMENT OF THE SCHOOL OUTREACH PROJECT

4.3.1 Support and relationships

4.3.1.1 Teacher development

Teachers and learners are continuously supported through a comprehensive monitoring system. Teachers are even supported in their own classrooms so continuous learning and improvement can take place.

Due to the relative isolation of where the HCET is situated, it is understandable that relationships – not only within the organisation or with the schools, but also relationships with the community – are very important. Almost all relationships in this component of the project are viewed positively, besides some tension with some of the Lowryville teachers and the too limited involvement from the NCED.

Successes

The Hantam Director makes contact with the two outreach schools every two weeks and ensures that she also maintains contact with teachers from the Hantam school so as to stay on top of any new developments.

The relationship between the Eureka principal and Hantam staff is very good. The BCP is very highly regarded at the school and is strongly supported from the Eureka principal who has had a longstanding relationship with the Hantam Trust. Eureka acknowledges the support received from the Project Leader and the Hantam Trust: "…*they go further than the Department [of Education]…they do a lot for us…they even buy toys – the Grade R classes were scarcely equipped…that class is so well equipped now with toys, apparatus, dolls and everything*[154]".

There are also good working and personal relationships between the majority of the teachers and the Project Leader and Assistant:

> "*[The Project Assistant] is caring and helpful. She always does more than expected. She gives constructive feedback… [The Project Leader] is very helpful and always presents solutions and new ideas. The interaction between him, the learners and the teachers is very good. He is always open…"*

[154] Translated from Afrikaans

The teachers pointed out that this level of interest was not only confined to their work with the BCP, but that both the Project Leader and Assistant would enquire after their health and well-being and follow up with them if they heard about anything that was wrong with any of the teachers.

In terms of their relationships with their school principal, the Eureka teachers were very positive about their principal in terms of her 'open door policy' and her support, especially with the BCP. The teachers also mentioned having a good working relationship and open communication with each other. When they experience problems, they discuss these with each other and support each other.

Much effort has been made to establish good lines of communication between all the Hantam staff members. Their relationship with donors is also very important and it has been described as *"very personal"*[155].

Challenges

Both schools who are participating in the School Outreach Project were chosen from six or seven other schools, particularly because they had an established relationship with the Hantam Trust and were familiar to the Hantam Director (they were chosen partly because there was trust that they would be committed to the project).

Despite this longstanding relationship, there have been some unexpected issues at Lowryville which has resulted in the unfortunate disruption of the BCP at the school. Four teachers out of the 14 participants at Lowryville decided that they did not want classroom observations and lobbied that Hantam staff were banned from their classrooms. School management agreed with them and, at this point, the involvement of the Education unions was requested which resulted in the enforcement of the teachers' right not to have anyone in the classroom without their permission. Tensions were further exacerbated by broader issues such as changes in leadership at the school and due to general rifts in the community because of the elections taking place during that time[156].

[155] Interview with Hantam Trust Director, 26 July 2009

[156] Teacher focus group, 23 July 2009,; Interview with Hantam Trust Director, 26 July 2009; Interview with Project Leader, 30 July 2009 and Project Assistant, 24 July 2009.

A letter was sent to the HCET from the Department of Education informing them that their staff were no longer allowed in the classrooms of the four teachers[157]. The remaining ten teachers were not consulted in this and have proactively been trying to re-negotiate to have the BCP fully implemented at the school[158]. These teachers have remained committed to the BCP and have continued teaching in this way, which shows the extent to which the majority of these teachers have bought into the basic concepts approach to teaching.

For the time being, the Project Team is not going into the school at all. The ten teachers who are continuing with the Programme receive monitoring support outside of the school and three of these teachers perform a monitoring role and report back to the Project Team. Through the efforts of these ten teachers, it has been agreed that all testing of learners at Lowryville will continue as planned. This development at the school has added an interesting dimension to the analysis of the assessment results and opens up the possibility to compare different implementation across the schools – ie full the monitoring and support function of the BCP at Eureka versus more limited monitoring and support at Lowryville (if this situation continues till the end of the project).

The committed Lowryville teachers still have a good relationship with the Programme staff and the Hantam Trust staff. One of them has recently been put in a leadership position at the school and it is hoped that this might change the situation in the near future. The classes of the ten BCP participating teachers still have access to the books and teacher kits, as well as the various other resources that the Hantam Trust has provided to them to assist them with the teaching of their learners. The classes of the four teachers not involved in the Programme do not have access to these due to the fact that they have reneged on their legal agreement with the HCET.

4.3.1.2 School Health component

It was found that all the below relationships are good:

- the relationship between the teachers and the school nurse
- the school nurse's relationship with the Hantam clinic staff
- the school nurse's relationship with the broader community.

[157] Interview with Hantam director, 26 July 2009
[158] Focus group with Lowryville teachers, 23 July 2009

On the support side, the Department of Health is aware of the project and they fully support it. The nurse expresses some challenges regarding the relationship with the donor, particularly in terms of donor targets and expectations.

Successes

The school nurse reports a good relationship with the teachers from Eureka[159]. The teachers, in turn, describe her as a "community person" with an open demeanour who treats everyone with respect. They report that she never misses an appointment and will reschedule a meeting well in advance if she cannot attend[160].

The nurse has also established a good relationship with the community and Colesberg clinic over time and often communicates with local clinic staff directly[161]:

> *"Yes, you know what I worked with the doctors at the clinic so yes, the whole community knows me and they are just very grateful. They can't believe that a white nurse is coming into their houses. They go through quite a lot of trouble – sometimes I will sit outside on a bucket and write while the wind is blowing away my papers, but sometimes they will take the trouble and clear the table so you could have somewhere to write"[162].*

In terms of the Hantam Trust, the nurse experiences the relationship to be very positive. According to her, all Hantam staff members are encouraged to seek solutions and think creatively when faced with a challenge. She describes her work as one piece of a bigger puzzle towards which all Hantam staff members contribute.

Challenges

The school nurse was only appointed in April 2008 - after the outcomes were set. She feels that it would have been beneficial to her if she had been part of the conceptualisation phase with the funder:

> *"... it would have been easier for me if one could have walked the road with them a little so you could be clearer on what they expect from you. Okay, maybe they didn't*

[159] Interview with school nurse, 23 July 2009
[160] Teacher focus group 1, 23 July 2009
[161] Interview with school nurse, 23 July 2009
[162] Interview with school nurse, 23 July 2009

know themselves what to expect from us, but it would be easier for future projects if one can discuss it beforehand amongst ourselves and then they say - listen, you must do this and then I do it and I follow my own ideas"[163]

4.3.2 Monitoring

4.3.2.1 Teacher development

In order to monitor the progress of the teachers (and, inadvertently, the learners), the Project Leader and the Project Assistant conduct classroom visits with teachers in Grade 1 to 3. These teachers are also visited by officials from the NCED, who have committed to making one classroom visit to each teacher per term, while Grade R teachers are to receive two visits per term from an NCED Grade R specialist.

There were no issues reported from the teachers[164] regarding the monitoring visits from the project assistant and the project leader. Overall, they noted that the project assistant is reliable and does not generally miss visits, that there is enough time during her visits to address any concerns and that she is able to assist them with all their problems during these visits. They also feel that the project assistant's presence does not influence the children's behaviour so she is able to observe them in their usual state while she is there. In terms of visits from the project leader, teachers noted that the sessions take place within the set timeframes and there is enough time during these sessions to address their concerns. They feel that the project leader is willing to assist them with all their questions and they generally feel better equipped to implement the programme after these visits.

The two teachers from Lowryville mentioned that since the Project Team are no longer allowed in their school, they miss having these visits[165]. They expressed that due to this, they are not feeling as confident and comfortable in teaching in the BCP as they did in 2008. They feel it is the consistency of these monitoring visits that have provided them with support and also makes the Programme effective.

In 2008, the Project Leader paid three visits to Lowryville and Eureka. Visits conducted by the Project Leader and Project Assistants have the following focus:

---

[163] Interview with school nurse, 23 July 2009
[164] Teacher questionnaire, completed 24 July 2009
[165] Teacher focus group, 24 July 2009

- to observe teachers while they are teaching, and ascertain levels of progress since the previous visit
- to make recommendations about what was observed and suggest improvements
- to follow up on specific areas of concern
- to determine the extent to which the teachers can prepare a lesson or make decisions about what they are going to teach next
- to assess learners' numeracy and literacy skills.

The monitoring focus shifted from 2008 to 2009 as the programme progressed through the different phases. In 2008, the language used by teachers and learners in the classroom was deemed to be very important by the Project Assistant: "*You will see from those monitoring sheets, I was looking for the language, I was looking at the questioning skills, I was looking at the model".* In 2009 the focus has shifted[166]:

> *"I'm looking at how they're doing their maths, I'm looking at what number range they're counting in, what apparatus they're using, for the reading – what step they did, whether the children were responding and could use conceptual language, their alphabet and letter awareness…"*

This shift in focus has resulted in a different monitoring tool being developed by the Project Assistant, which she has started using recently, in addition to the other monitoring tools (that have been developed mainly by the Project Leader and used by the Project Assistant to gather the relevant information). Monitoring tools for the teacher development component of the programme include[167]:

- Observation of Mediation Sheet
- Recommendations Sheet
- BCP Register
- Visitors Register
- Quarterly Evaluation Sheet.

For the purposes of the evaluation, the observation sheets of all the teachers were captured (shown in Tables 23-26 in Appendix E) and they show which are the important themes that are

[166] Interview with Project Assistant, 24 July 2009
[167] Interview with the Project Assistant, 24 July 2009

being looked at during these monitoring visits. In addition, the teachers' own records are consulted – the Project Assistant monitors the teachers' files that contain their lessons plans, learners' attendance registers, learners' workbooks and their assessments.

Successes

The monitoring function is completely embedded in this component of the school outreach project. The Project Leader and Project Assistant schedule continuous visits with teachers and provide "customised" feedback to them. Monitoring in this project is very much a mentoring function.

Challenges

BCP support and monitoring visits have not been able to be conducted in Lowryville since the beginning of 2009 as the project team have not felt safe in going to the classrooms. In terms of the results of the study, interesting comparisons can also be made due to this development where one school receives classroom observations and support and the other does not.

Another challenge with the monitoring function is the administration load on the teachers. They are expected to complete even more registers now (for BCP learners, for learners who are receiving the protein shakes, everyday registers for the school and the Department of Education). In addition, teachers have their own preparation work and assessments that they have to do in addition to the BCP preparation and assessments.

It is expected that teachers focus only on the weaker learners, but teachers feel that they do also have to assess the strong learners and it takes a very long time to assess even one learner. In one day, only around five learners can be assessed because there are other activities that also need to be taken care of.

4.3.2.2 School health

Monitoring constitutes a big part of the school nurse's tasks and, therefore, Fridays are set aside to conduct administrative work[168]. Her monitoring function requires assistance and cooperation from teachers.

[168] Interview with school nurse, 23 July 2009

The following monitoring activities are conducted on a continuous basis:

- The general health of the learners is monitored by the teachers and serious cases are communicated to the school nurse.
- Referrals to the Colesberg clinic are followed up on, for example diagnosed TB cases.
- The children's health files are opened and kept updated.
- Where problems have been picked up during the home visits, the school nurse indicates this in the relevant files and makes a note to follow up on the specific learner.
- The teachers complete an attendance register in order track the distribution of the vitamin tablets – when a child is absent, he/she doesn't receive his/her daily vitamin tablet. The school nurse ensures that these registers are kept up to date.
- Protein shake learners' attendance records are captured separately at Eureka and sent to the Hantam project manager[169]. The teachers write monthly reports that document the protein shake learners' progress. The first set of reports was collected during June 2009 and a second set of reports are currently being collected and filed.
- Childhood illness incidence is recorded with a sample of learners (since 2009).

Successes

The school nurse diligently records all project activities and outputs. A substantial amount of data is collected through standardised checklists, which allows for comparisons across school, age and health categories.

The childhood illness survey is a very useful monitoring tool that was introduced during 2009. Using this survey, winter and summer baselines were conducted in February and July respectively[170] with a randomly selected group of 50 children from the two schools to assess the occurrence of childhood illnesses. Health issues are seasonal in South Africa as cold winters cause respiratory tract infections while the hot summers (and consequential poor water supply) lead to a greater number of stomach problems. The follow-up summer survey will be conducted in February 2010 and the winter survey during July 2010 to determine if there have been any changes in reported health problems for the 50 learners.

[169] Due to the uncertainty of the project at Lowryville only two teachers are supplying data for their protein shake learners. This is not individual data but an attendance register of the whole class.
[170] It should be noted that this is not a true baseline as the children has been on the vitamin pills for approximately three months prior to the summer baseline and even longer in the case of the winter baseline

Challenges

The hard copies of learners' health files are stored in file cabinets. The nurse updates these files on a weekly basis with the information collected during the week from her home visits. This is reported to be a time-consuming and labour intensive task.

Teachers have mixed responses regarding the number of registers to complete. Some complain about the extra burden while others do not mind as much:

> *"You must keep a register for [the project leader] and then you must keep a register for the nurse and they want their registers separately. The nurse wants the register for the children who receive the protein shakes. [The project leader] wants his register for the basic concept children. We also have a register. You understand? Our workload is already too high so it is very difficult to produce so many registers."*[171]

> *"The others complained that it is extra work. It is a lot of extra work but it is not that major. It depends on your personality – how you handle it."*[172]

The completion of the attendance registers poses some challenges for the teachers and the school nurse:

- As teachers have a number of registers to complete, they admit that they often complete these at the end of a week based on their recollection rather than on a daily basis as required. If the teachers do not complete the attendance registers as diligently as needed, the school nurse needs to do extra work to complete this task[173].

- Administration of the protein shakes is difficult when teachers do not provide consistent attendance registers: "*Lowryville is a lucky packet every time, you never know…but that just tells you what the administrative sides of those schools are actually like. I've got the registers for the shakes from Eureka 100%, the ones for Lowryville was nonexistent, I've got names…the only one I can really track for you is [name] class, she send me a register but she didn't send me a separate register I had to go and find them and mark them"*[174]

[171] Teacher focus group 1, 23 July 2009
[172] Teacher focus group 2, 23 July 2009
[173] Interview with school nurse, 23 July 2009
[174] Interview with Project Manager , 27 July 2009

- The inconsistent supply of attendance records from Lowryville means that the school nurse is not able to finalise the total number of vitamin pills that need to be distributed[175].

4.4.2 Communication and reporting

4.4.2.1 Teacher development

Communication and reporting occur at different levels:

- between the teachers and the project leader and project assistant
- between the project assistant and the project leader
- between the Hantam Trust and the project staff.

Communication with teachers is regular and comprehensive. The Project Leader and Project Assistant discuss recommendations for the BCP teachers after his school visits. The Assistant, in turn, communicates these to the teachers at the two schools. Recommendations are "individualised" or specific to each teacher and these specific issues are monitored by the Project Assistant during her next visit to that teacher's classroom. If there is not enough time for one-on-one feedback after the Project Leader's visits, a group meeting with all Foundation Phase teachers will be convened.

The Project Leader and Project Assistant have direct communication channels to each other. The Project Leader will phone the Project Assistant after her round of classroom visits and they will discuss progress and any points of concern.

In terms of reports, the Project Assistant submits quarterly reports to HCET and the Project Leader submits three reports to HCET annually (which correspond with his visits). Communication between Hantam and the project team is good. The Hantam Director receives the classroom visit reports from the Project Leader, as well as feedback from the Project Assistant. If there are any problems that arise, the Hantam Director is kept abreast of these. The Hantam Director writes a report every six months which describes all the activities that have taken place, any challenges faced and solutions to address these challenges. They also discuss the planned outcomes (obtained from the business plan submitted to the donors), relating them to what has actually done and how this affects the way forward. All the reports received from

[175] Interview with school nurse, 23 July 2009

various Hantam staff are used to compile these biannual reports. In conjunction with this, an interim financial statement is prepared by the Financial Officer and this, together with photographs and any other additional information, accompanies the biannual reports[176].

Successes

This reporting system is very structured and clearly indicates where teachers should be and what they should be doing. The reporting and communication activities provide a comprehensive 'feedback loop' where problems and concerns are directly addressed with proposed plans of action that are discussed with the teachers, HoDs and principals of the schools. The feedback loop works particularly well at Eureka where the School Outreach project has been integrated into the everyday functioning and management of the school. Project management is optimised through the established communication structure where all communication from HCET goes through the principal's office. She passes it on to the HoD who then distributes the communication to the teachers as necessary.

Challenges

In terms of reporting on the classroom visits, the layout and presentation of the monitoring and observation tools need to be more streamlined and focused. It is not always easy to see how the information contained in these tools are transferred into the reports. There is a need for these tools to be more quantifiable in order to make the reports more user-friendly and focused.

4.4.2.2 School health

The school nurse meets with the teachers at least once a month to discuss the learners' general health. She, in turn, reports to the project manager of the Hantam Trust on a monthly and quarterly basis by means of electronic reports. Data from the learner health files, which are kept at the school nurse's office in town, is used to compile these reports, which include:

- a summary of the problem cases
- number of children assessed
- number of home visits conducted
- number of tablets administered.

[176] Interview with Hantam Trust Director, 26 July 2009

The nurse and the Hantam Project Manager are in constant communication with each other. Furthermore, the nurse has established a good relationship with the Colesberg and Hantam clinic staff and liaises with them continuously.

All raw data regarding the health outreach component is sent to the Hantam Project Manager from the school nurse and teachers, including:

- Attendance registers for protein shake learners
- Progress reports for protein shake learners
- Daily attendance registers to monitor vitamin tablet distribution
- Attendance registers of all foundation phase learners
- Monthly and quarterly school outreach reports.

A report will be circulated to the Department of Health at the end of the project that will list the health problems that have been picked up on[177].

Successes

The continuous communication between the teachers, the school nurse and the respective clinic staff ensures that there is a comprehensive approach to the children's health. The manner in which the screening is conducted ensures that those in dire need of intervention are prioritised and supported (through home visits).

The reporting and communication systems are effective. An analysis of the content of the monthly and quarterly reports shows that outputs are recorded continuously and that all information collected by the school nurse is fed back to the Hantam Trust and used to plan necessary further interventions.

Challenges

The analysis of the health data proved quite challenging in terms of data management. Currently, the school nurse and teachers supply the Hantam project coordinator with the health data who files this according to the two different schools. This results in protein shake progress

[177] Interview with Hantam Trust director, 26 July 2009

reports and absenteeism data being filed in the same folder, making it difficult to extract a certain component's information.

Although the teachers are expected to provide the project manager with the attendance registers, this does not always occur and requires a substantial amount of follow-up from the Hantam staff.

5. MID-TERM REVIEW: A SUMMARY

A quantifiable mid-term review of the School Outreach in terms of progress towards achieving Outcome 1 and 2 has proven to be difficult because there are no mid-term outcomes/milestones against which this progress can be measured. However, it is possible to get a good general picture of the progress that has been made to date towards reaching these two outcomes at the outreach schools and progress of the HCET Community Health Programme.

5.1 IMPLEMENTATION AND ACHIEVEMENT OF OUTCOMES

5.1.1 HCET community health programme

The HCET community health programme does not have set targets, but instead execute their activities based on what the community needs. These community health workers are faced with challenging situations in the community – such as child neglect, poor hygiene and animal cruelty – but they have managed to establish trusting relationships with the community over the years. Together with the holistic health approach, which includes the Hantam staff, farmers and the community, this community health component has led to outcomes such as increased knowledge about physiological functions, enhanced community cohesion, a decrease in alcohol abuse and a paradigm shift regarding the importance of early childhood development.

5.1.2 School outreach programme

Progress towards achieving the outcome for Teacher Development at this midway point in the Project, seems to be on track. However, the mid-term evaluation has found that it is more difficult to gauge progress for the school health component (outcome 2) due to its formulation and the inherent 'theory of change' that informs the rationale for achieving outcome two. However, many positives have come from the school health component so far.

5.1.2.1 Teacher development

Teacher development activities appear to be progressing satisfactorily towards meeting its anticipated outcome. Various sources of evidence show that the teachers' approach to teaching

has changed and, although not quantifiable at this stage, there seems to be a definite difference in how the children are learning. However, it is not possible at this point to ascertain whether there will be the targeted 30% increase in relevant grade level standard national tests by the end of the project because the assessment data (using learner aggregates) that will be used to calculate this is not available at this point.

It is also unlikely that significant changes will be seen in the learners at this point because, in terms of the planned project phases, teachers are only beginning to systematically implement BCP principles in their classes now. The data will be most meaningfully applied once the final data has been collected in 2011 and a comparison can be made between the baseline data collected in 2007 (Grade 3s who received no intervention) and the post-test data (Grade 3s who have been receiving the intervention since Grade R).

5.1.2.2 School health

Numerous school health activities have been taking place, but it is very difficult to assess whether these activities are sufficient to meet the outcome of an overall 10% reduction in absenteeism (through a 30% reduction in common childhood illnesses). The biggest limitation regarding the achievement of this outcome has to do with the nature of the outcome itself. For instance, the stated reduction in absenteeism through focusing on common childhood illnesses does not address the different types of absenteeism that occurs at these schools as much of the absenteeism is as a result of non-health related issues. In fact, upon examining the absenteeism figures at Eureka, the baseline figures in the foundation phase are bad (generally above 80% across both summer and winter months, in section 4.2.6.2). Although research shows that there are links between health and absenteeism, it is the researchers' opinion that in this Programme the link between the two has not been made explicit. In other words, it is not clear whether the planned health activities alone can logically impact on absenteeism rates or whether other interventions (eg transport to and from school and an effort to increase community's perceptions of the importance of education) are also needed to be able to achieve this outcome.

In addition, the fact that there are no mid term milestones against which progress can be measured has made it difficult to form conclusive judgments regarding the progress towards achieving Outcome 2. Despite the problematic formulation of outcome 2, there have been many successes seen from the school health activities, such as detection of certain diseases in

children (TB) and the weight gain in severely malnourished children who have been provided with protein shakes.

5.2 SUPPORT AND RELATIONSHIPS

The HCET health workers and BCP teachers feel adequately supported and relationships are good between all stakeholder groups in general. The HCET health workers find the Hantam project manager approachable and she often accompanies them to the farms. The teacher development programme design ensures that the teachers receive maximum support. The school nurse is liked and respected by the community and all her colleagues. The relationship between Hantam staff members and the Eureka school is very positive; however, there has been some conflict with certain staff members at Lowryville which has led to an official cessation of the outreach project there. The majority of BCP teachers at Lowryville, do, however, continue to implement the BCP principles although they cannot receive in-class support. Health interventions also still continue at Lowryville, but this is also unofficial and the nurse would prefer the relationship to be strengthened so that she can gain access into the school again.

5.3 MONITORING

Both programmes within this project have embedded and very thorough monitoring systems. Not only do staff use fixed templates and tools to collect the data, but this data is actively utilised to shape the project. At this stage, only output data is recorded electronically on a monthly basis. As far as the School Outreach programme is concerned, the quality of the attendance register data has proven to be a challenge. This has not been due to a lack of effort from the project manager, but other factors have played a role (for example, a broken photocopier and the temporary cessation of the project at Lowryville).

While the tools are adequate for the monitoring purposes that they are currently utilised for, in general, the Trust would benefit from the monitoring tools being better streamlined so that the data produced can be more easily used to streamline reporting and to analyse outcomes and impact. It would also be beneficial to set up electronic templates so that the data can be electronically captured for efficient quantification and analysis.

5.4 REPORTING AND COMMUNICATION

A multi-level reporting system is in place for both the school outreach and the HCET community health programmes. The HCET community workers are clear about their roles and responsibilities and they supply the Hantam project manager with the necessary information from templates and with handwritten reports after each visit. Capacity building must be undertaken to equip these workers with report writing skills. On the school outreach side, Eureka teachers receive constant feedback around the BCP programme and monthly meetings are held between them and the school nurse to discuss learners' health. All reports are fed to the Hantam Director who uses all the data to compile bi-annual reports for donors.

A summary of the findings about the Supportive Structure for Primary Education Project is provided in Table 14 below.

HCET COMMUNITY HEALTH			SCHOOL OUTREACH		
General	**Successes**	**Challenges**	**General**	**Successes**	**Challenges**
IMPLEMENTATION AND ACHIEVEMENT OF OUTCOMES					
No targets: visits are conducted on a needs basis	• Change in knowledge, attitude and behaviour • Trust has been built up with community • Comprehensive approach is employed	• Workers face challenging situations (low literacy, societal problems etc) • Resistance from fathers to become involved	• No midpoint targets • Teachers and learners progressing as anticipated • Achieved milestone 1 and 2 of school health component • More data is needed to get better picture	• Teachers gained useful teaching methods from BCP • Outcomes evident in teachers and learners • Improved health due to early detection and treatment of a number of illnesses • Better concentration in learners	• Teacher limitations and under-resourced school environment • Tensions at Lowryville • Formulation of outcome 2 • Sustainability and acquiring commitment from DoE or DoH • Socio-economic issues that require deeper interventions than the project aims to
SUPPORT AND RELATIONSHIPS					
• Adequate support to workers by means of Hantam clinic staff and project manager • Good relationship between health	• Good relationships • Hantam shows a commitment to staff development	No challenges	Follow-up and feedback in teacher development programme ensures that teachers feel supported	• Good teacher support via monitoring practices and tools provided • Positive relationships with Eureka overall (with nurse and BCP staff)	• Lowryville situation has disrupted BCP implementation • Support is needed for school nurse ito equipment and travelling

workers and project manager				• Internal Hantam staff members report good relationships overall	expenses
MONITORING					
Good monitoring system with fixed templates to capture data	• Easy to work with templates • Good follow-up system	Some data is captured electronically, but not utilised optimally	• Continuous monitoring in classrooms done using a number of tools • Learner health files are updated weekly and follow-ups flagged for further intervention	• Embedded monitoring function in both components • Templates/ tools to capture data are being used	• Need to streamline attendance registers • Teachers' workload does not allow them to monitor learners closely • Data is not captured electronically so will require additional effort before analysis can be undertaken using it
REPORTING AND COMMUNICATION					
• Clear communication lines with meetings taking place when needed • There is a reporting system	• Responsibilities are clear to all • Narrative reports and checklists are provided timeously by health workers to be incorporated into monthly reports by the Project Manager	No challenges	• Clear, individual communication to teachers regarding their progress • Fixed reporting (monthly, quarterly) • Monthly meetings with teachers re learners' health	• Good communication and "feedback loop" is in place with Eureka teachers for both components • Structured overall reporting system	No challenges

Table 14: Summary of mid-term findings for the Supportive Structures for Primary Education Project

6. RECOMMENDATIONS

6.1 IMPLEMENTATION AND ACHIEVEMENT OF OUTCOMES

6.1.1 Revising the school outreach outcomes in light of a theory of change

It is fairly late in the project to revise the programme logic. However, if this project is continued or replicated in another setting, the researchers strongly recommend that a theory of change is developed that clearly outlines how activities and outcomes link to each other and to the overall desired impact. Furthermore, a closer alignment to the Hantam's health activities should be considered as this holistic model has proven to be very successful in bringing about the desired changes. Currently, the two outcomes are seen as separate from each other and the teacher development and school health interventions are treated as two distinct programmes. There is, however, some link between scholastic performance and child health which is more complex than is currently represented or measured in this project.

6.1.2 Re-looking at the outreach schools family visits milestone

Because four teachers have withdrawn from the programme at Lowryville, the school nurse is no longer required to conduct all the home visits that have been planned for the project. The fourth milestone for outcome 2 states that "a*ll families of Foundation Phase children will be visited at least once for each year they have been in school".* All 473 foundation phase families have received one visit to date, and these 473 families need to be visited twice within the next 18 months to achieve this milestone. Although this milestone only needs to be achieved by the end of the project, it has emerged from this mid term review that it will not be possible to achieve this because the learners (and their families) in the classes of the four teachers who have withdrawn are no longer accessible, which changes the final numbers of families to be visited as stipulated by the milestone four.

6.1.3 Revising outcome 2

Outcome two aims to reduce absenteeism by 10% by project end. The health activities conducted in the outreach schools to date has undeniably enhanced the general health of the foundation phase learners. It is recognised by mid-point that the attainment of this outcome is unlikely for two main reasons:

- The current levels of attendance at Eureka is already quite high (88%-92%), implying that attendance will need to be close to 100% in order for this outcome to be met
- The socio-economic conditions – which significantly influence absenteeism – surrounding these communities are not being addressed by the current interventions

It is recommended that this outcome be revisited to be more focused according to what can realistically be achieved – for example a reduction in childhood illness or improved scholastic performance and attendance in the protein shake learners.

6.2 MONITORING TOOLS

The monitoring function has been embedded in this project: standardised templates are used by project staff and monitoring activities are part of staff members' daily activities. This satisfies all internal monitoring needs; however, in general, the data that is collected is not done in such a way that it will be able to be easily used to report on the achievement of outcomes, nor to easily quantify the data where this is appropriate. It is recommended that the entire monitoring system for the project is reviewed as a whole so that the data collected is aligned with objectives and targets so that the monitoring function is optimised.

The Canon Collins Trust has expressed interest in using the data in this way but the expertise to undertake this does not currently exist in-house and will need to be outsourced. As this has not been included in the budget, such a project will need to be additionally funded.

Examples of possible changes to tools include:

- Year one and two output tables: it is not always clear what the unit of analysis is in output tables. In the effective parenting programme, for example, the number of mothers that are reached is reported on, but the line item in the data refers to the number of farm visits. It is recommended that the unit of analysis is clearly specified to avoid confusion with the numbers and to allow for reporting according to various variables (eg, can report per farm or per mother).
- Log schedule for health workers, effective parenting and HIV/AIDS counsellors: the current log schedule can not be used to calculate the figures that are contained in the

output tables. In addition, abbreviations (eg YM, YF) are used without a legend which proved problematic for external readers or users of the data.

- Protein shake attendance registers: chronic absenteeism amongst protein shake learners should be identified and classified as either health related or non-health related. This distinction will allow for better evaluation of the achievement of this outcome. By removing the non health-related chronic absent learners from the dataset, one would be be able to gain a clearer sense of the protein shake programme's particular contribution to reducing absenteeism.
- Teacher development monitoring tools: the current monitoring tools are not measuring the explicit objectives of the programme and can therefore not be used to quantify teacher progress. The different phases of implementation should be reflected in the different observation tools and each teacher could receive a rating as to how well they perform in relation to the 'norms' (or expectations) that have been placed there by the objectives. Different observation tools for the different grades could also prove useful.

As many teachers find the completion of multiple attendance registers burdensome, it is recommended that these forms are streamlined and possibly collated into one daily form to be completed.

6.2 DATA COLLECTION AND STORAGE

The Hantam Trust is to be commended for the extent of detailed data that is collected for each component of the programme and the fact that templates are used to collect this data. However, improvements regarding the collection and storage of this data would be beneficial.

6.2.1 Development of an integrated database

Much of the data that is collected is only stored in hard copy so it cannot be easily used to quantify outputs or to analyse the achievement of outcomes. In addition, the data is collected in a "silo-like" fashion, ie for the specific purposes of each project component. This makes it difficult to use the data for analysis purposes or anything other than for pure project monitoring and reporting purposes.

It is recommended that, once the collection templates have been reviewed to ensure that the correct data is being captured, all data (across projects, schools and activities) is captured electronically into one integrated database.

The reporting of data currently happens at level one (eg, reporting on the number of farm visits, number of people tested, number of foundation phase families visited etc). By capturing this data electronically in a well designed database, the Project staff would be able to:

- Consider output data at a higher level, ie for instance, by not only looking at the number of mothers visited through the effective parenting programme, but concurrently reviewing the child's age and the problems identified.
- Be up to speed with the details of the activities that have taken place across the different interventions.
- In the case of a fully fledged database, be able to view all output data with the press of a button – i.e. number of learners who've received vitamin tablets in the past month or the past quarter and the number of people who received HIV counselling by year end, and be able to compare this against targets.
- Track the progress of any particular teacher or groups of teachers over time if the teacher development schedules are electronically captured.
- Locate all information at a central location on the server. Currently, learners' health files, for example, are kept at a separate location which provides limited access to the information.
- Draw summary reports of cases that were flagged by the school nurse and the health workers and plan the week ahead.

The development of this database would need to be outsourced but should happen in close consultation with Hantam staff members to ensure that the database is user-friendly and appropriate. All backlog data will then need to be captured into this database and this function should also be outsourced to limit the burden on Hantam project staff. The project manager would then be responsible for the capturing of all future incoming data.

Ultimately, such a database could be utilised as a complete management information system that could assist with decisions about future interventions.

6.2.2 Consistent collection of data

Data is not always consistently received, for example no data about Eureka protein shake learners' attendance is available from 16 May up to the end of the quarter and only two Lowryville teachers are currently providing registers and progress reports on their protein shake learners. It is recommended that this is rectified as soon as possible as such data is vital if any evaluation involving quantification is to be done. The streamlining of monitoring tools (discussed above) might assist with this; otherwise another solution needs to be found.

In order to arrive at a judgement about whether outcomes have been achieved by the end of the project cycle, the following is needed:

- The daily tracking of the protein shake learners' absenteeism must continue. Efforts should be made to obtain the data from Lowryville as well in order to construct a longer time series of both schools.
- That outstanding quarterly data for Lowryville and both schools' quarterly data going forward must collected and captured to allow for comparisons to be drawn between all quarters from 2008 to 2010
- The follow-up health survey in February and July 2010 must be conducted as this will assist to determine whether there has indeed been a decrease in childhood illnesses as explicitly targeted in the outcome statement
- Learners with chronic absenteeism must be identified and, if these learners are not receiving a protein shake or if they are absent for reasons that are not health-related, it should be considered to remove them from the dataset when conducting analysis as their inclusion skews absenteeism results, especially in a small sample.

6.3 REPORTING

6.3.1 Integrating the reporting of outcomes

It is suggested that outcomes are reported on in a more integrated manner, rather than in the current silo-like fashion. There are many ways to achieve this, for example recording the protein shake learners' scholastic performance over time. This adds another dimension to the manner in which the intervention is assessed and, should the figures point in the right direction, provides leverage when seeking future funding.

6.3.2 Creating a monthly report template

Monthly reports do not all follow the same structure in terms of how the outputs are reported. In the case of the health component of the school outreach intervention for instance, different outputs are reported on from one month to the next. It is recognised that not all components apply to a specific month (eg de-worming, which only occurs every six months); however, it is recommended that each monthly report contains a standardised outputs table. Where a certain component is not covered in that month, this can be indicated in the table.

6.3.3 Streamlining the structure of all reports

The layout of all reports should follow the same structure, with information reported in such a way that it can be easily transferred to the British Lottery reports. A database could have pre-formatted reports set up in advance in different formats that could fulfil the requirements of a other donors as well.

6.4 SUSTAINABILITY

It is recommended that contingency plans are put in place for when the British Lottery funding comes to an end, particularly for the health interventions. From the findings it is clear that the health outreach and the health workers are making a valuable contribution to the respective communities. The discontinuation of the protein shakes, vitamin tablets and home visits, could, over time eradicate any positive influence this programme has had thus far. It is important to identify which health interventions should continue and it is recommended that the Departments of Health and Education are notified of the benefits of the programme to date and encouraged to take over this component of the programme to lock in the benefits accrued to these children thus far.

7. CONCLUSION

In the approximately 20 years of community involvement that the HCET has had with their target group, they have made a significant impact on the lives of the people in that community. The school outreach project attempts to replicate some of these benefits in surrounding schools and areas. At the mid-point, the Supportive Structures for Primary Education Project is mostly on track towards achieving its outcomes. One if the key ingredients for this success is the level of commitment and passion from all staff members.

A salient success factor in the HCET community health worker programme has been the establishment of trust with the farm workers. This has led to many tangible outcomes emerging such as an increase in voluntary HIV/AIDS testing, enhanced community cohesion, better parenting skills and a decrease in alcohol abuse.

Due to heavy workloads and numerous interventions, it is not unusual that new educational projects are often met with resistance, but most teachers at the two outreach schools have seen the value of the BCP programme and are committed to implementing it in their classrooms. This is particularly evident in Lowryville when the majority of teachers felt sufficiently empowered to fight for the continuation of the BCP in their school after resistance from a few of the teachers threatened the programme.

A major strength of the school health component of the outreach programme is its proactive approach. Any serious illnesses are picked up timeously through the health assessment and followed up until resolved. The need for a nutritional supplement was picked up during the screening process which led to the protein shake intervention. Already these children are reported to have enhanced concentration and have gained weight. The biggest challenge facing this component of the project is the sustainability of the outcomes once the project has come to an end in 18 months. Buy-in needs to be attained from the Department of Health and/or the Department of Education as. without their support, it is likely that the benefits over the three years will be lost.

Beside the withdrawal of four Lowryville teachers from the project, no other relationship concerns are mentioned – in fact all project beneficiaries report a good relationship with the

Hantam staff and there are effective internal communication practices in place across the HCET health programme and the School Outreach programme.

As the project is progressing well, very few programmatic recommendations have been made, other than the revision of outcome 2 as the logic is not clear in this context. Most recommendations relate to the streamlining of the monitoring and reporting function. The Hantam Trust already collects a lot of data via fixed templates and should be commended for the fact that they have a fully embedded monitoring system. However, to maximise the use of this data (particularly for purposes of outcomes/impact evaluation and reporting), an electronic database that is developed externally would be hugely beneficial, coupled with a review of all monitoring tools and the reporting structure to ensure that these are aligned to the overall outcomes and targets.

This review of the Supportive Structures for Primary Education Project has found that interventions of this sort need to be holistic and must have the support of the whole community. The HCET director refers to this as the 'three-legged pot' – consisting of the Hantam staff, the farmers and the community who all work together. Even with only one leg missing, the pot will fall over. In the "outreach communities", the project's sphere of influence is limited by various constraints, for example long distances, contextual issues and limited collaboration from the community as a whole. This is particularly true regarding outcome 2 where socio-economic conditions significantly influence the Trust's ability to achieve the goal. However, it is expected that significant outcomes will still be seen by the end of the project cycle.

REFERENCES

Atkinson, D., Buso, N., Pienaar, D., van Schalkwyk, C., Simes, P., & Lekhanya, T., (2003). Evaluation of service delivery: Colesberg. http://www.hsrc.ac.za/research/output/outputDocuments/2809_Atkinson_EvaluationofservicedeliveryColesberg.pdf

Basic Concepts, (2009). http://www.basicconcepts.co.za/informationhome2.htm

Benjamin, L. (2005). *The Development and Evaluation of a Metacognitive Programme for Young Learners in the South African context*. PhD dissertation, University of the Western Cape.

Bloem, M.W., Wedel, M., van Agtmall, E.J., Speck, A.J., Saowakortha, S., & Schreurs, W.H.P. (1990).Vitamin A Intervention: Short-Term Effects of a Single Massive Dose on Iron Metabolism. *American Journal of Clinical Nutrition*, 51, 76-79. As cited in Del Rosso & Marek, 1996.

Bradshaw, D., Nannan, N., Laubscher, R., Groenewald, P., Joubert, J., Nojilana, B., Norman, R., Pieterse, D., & Schneider, M., (2007). South Africa national burden of disease study: Estimates of provincial mortality 2000 – Northern Cape. http://www.mrc.ac.za/bod/estimate.pdf

Bundy, D.A.P, Shaeffer, S. Jukes, M., Beegle, K., Gillespie, A., Drake, L., Frances Lee, S.H., Hooman, A.M, Jones, J., Mitchell, A., Barcelona, D., Camara, B., Golmar, C., Savioli, L., Sembene, M., Takeuchi, T., & Wright, C., (2006). School-based health and nutrition programs. In Jamison, D.T, Breman, J.G., Measham, A.R, Alleyne, G., Claeson, M., Evans, D.B., Jha, P., Mills, A., & Musgrove, P. (Eds) (2006). Disease Control Priorities in Developing Countries. Washington: The World Bank.

Denmark: International Planning Committee of the European Network of Health Promoting Schools. Education For All (EFA), 2000

Department of Education (2008). Report on the Evaluation of the National School Nutrition Programme (NSNP). http://www.info.gov.za/view/DownloadFileAction?id=88572

Dixey, R., Heindl, I., Loureiro, I., Perez-Rodrigo, C., Snel, J. & Warnking, P. (1999). *Healthy Eating ForYoung People in Europe: A school-based nutrition education guide.* Copenhagen,

Donald D 1993. Re-conceptualising the Nature and Extent of Special Education Need in South Africa. *Perspectives in Education* 14 (2) :139 - 156. Winter.

Durrheim, K and Wassenaar, D (1999). Putting design into practice: writing and evaluating research proposals. In Terre Blance, M and Durrheim, K (Eds) (1999). Research in Practice: Applied methods for the social sciences. Cape Town: University of Cape Town Press.

Education For All (2009). Focusing resources on effective school health: A FRESH approach for achieving Education For All. http://www.unesco.org/education/tlsf/TLSF/theme_b/mod08/img/FRESH.pdf

Long, G. V., Whitman, C., Johansson, M. S., Williams, C. A., & Tuthill, R.W. (1975). Evaluation of a school health program directed at children with history of high absence. *American Journal of Public Health, 65*: 388-393.

Moloi, M. & Strauss, J. 2005. The SACMEQ II Project in South Africa: A Study of the conditions of schooling and the quality of education. SACMEQ Educational Policy Research Series, chapter 3, pg. 78.

Moore, E. (1994). *Evaluation of the Burkina Faso School Feeding Program*. Catholic Relief Services, Baltimore, Md. As cited in Del Rosso & Marek, 1996.

Simeon D.T., & Grantham-McGregor S. (1989). Effects of missing breakfast on the cognitive functions of school children of differing nutritional status. *American Journal of Clinical Nutrition*, 49, 646-53. As cited in Del Rosso, 1999.

Soudien, C. 2006. *Enhancing our freedoms: Education and Citizenship in South Africa.* Paper presented at the Harold Wolpe Memorial Trust Eastern Cape Lecture Series, 10 October 2006, University of Fort Hare.

Statistics South Africa (1999). Census 1996: Population data. Pretoria: Statistics South Africa.

Statistics South Africa (2003) Census 2001: population data. Pretoria: Statistics South Africa.

Statistics South Africa (2007). Community Survey. http://www.statssa.gov.za/Publications/CS2007Basic/CS2007Basic.pdf

Sunshine Association (2009). www.sunshine.org.za

Tasmania Government Publications. 2002. "At school, on time, ready for work", www.premier.tas.gov.publications.

Vince-Whitman, C., Aldinger, C., Levinger, B., & Birdthistle, I. (2000). Thematic study: School health and nutrition. http://unesdoc.unesco.org/images/0012/001235/123549e.pdf

Voigt, F., (1998). The quality of education: Some policy suggestions based on a survey of schools. SACMEQ Policy Research: Report No. 2. http://unesdoc.unesco.org/images/0011/001151/115171eo.pdf

Weideman M., Goga, S., Lopez, D., Mayet, M., & Macun, I., & Barry, D. (2007). Learner absenteeism in the South African schooling system. http://jet.org.za/publications/research/CASE%20JET_Learner_Absenteeism_report,_2008.pdf

Williams, L., L. (2002).Student absenteeism and truancy: Technologies and interventions to reduce and prevent chronic problems among school-aged children. http://teach.valdosta.edu/are/Litreviews/vol1no1/williams_litr.pdf

APPENDIX A

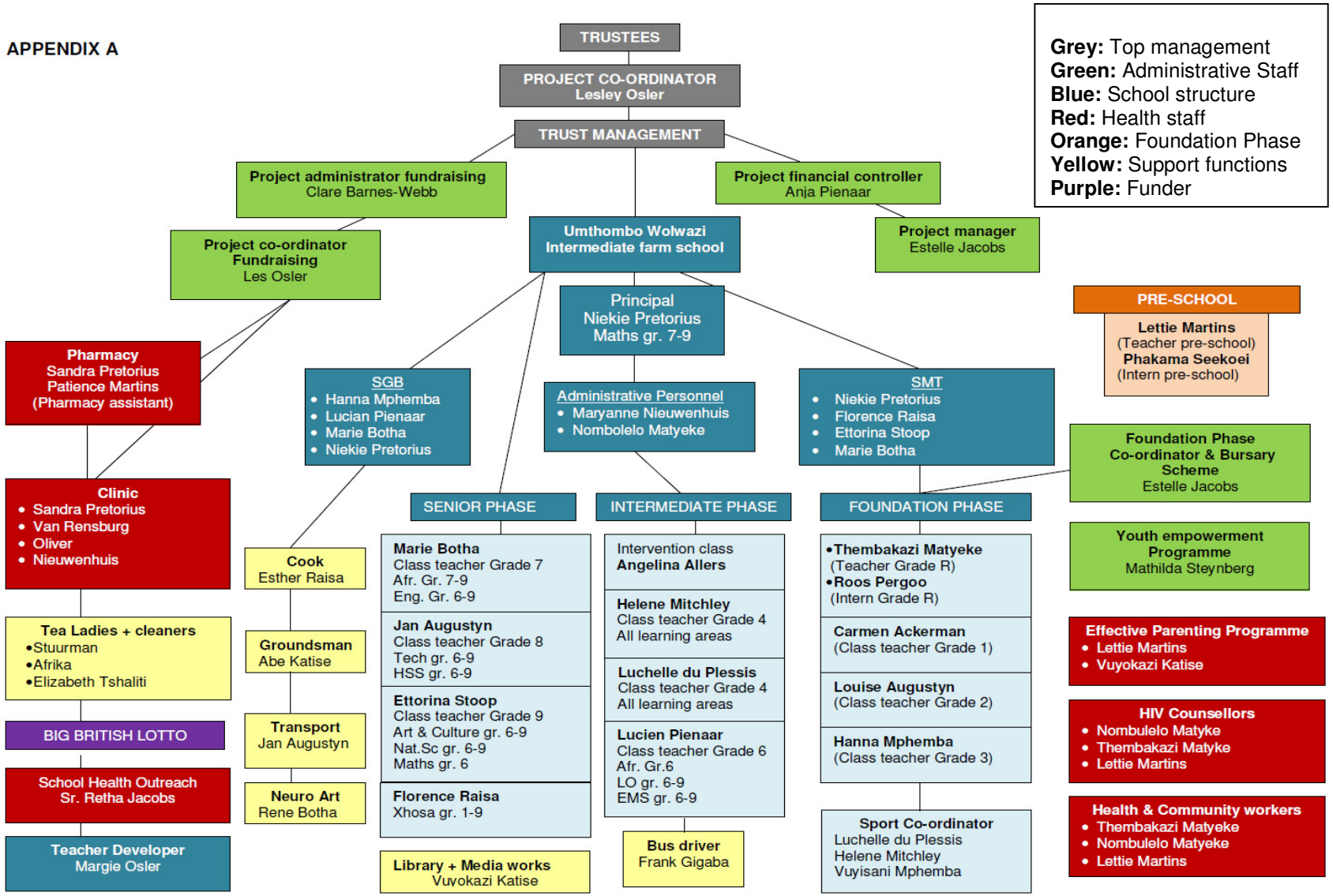

Figure 16: Organogram of Hantam Community Education Trust Organisation

APPENDIX B

Training Manual/Kit	Agree	Strongly agree	Total
The language used in the manual is clear and understandable	6	2	8
The training manual's layout is clear	6	2	8
It is easy to use the manual in the classroom	6	2	8
The language used in the training kit is clear and understandable	6	2	8
The training kit's layout is clear	6	2	8
It is easy to use the kits in the classroom	5	3	8
Training methods			
There was a good mix between practical and theoretical sessions	7	1	8
There was enough time allocated for the theoretical session	7	1	8
There was enough time allocated for the practical session	7	1	8
Structure			
It worked well to have the practical session after the theoretical training	7	1	8
The Facilitators			
I could clearly hear what the facilitator was saying	7	1	8
The facilitator was approachable when I had questions or concerns	6	2	8
The facilitator addressed my and fellow participants' questions appropriately	4	2	6

Table 15: Teachers' experiences of the BCP training at Eureka Intermediate

Manual/Kit	Agree	Strongly agree	Total
The language used in the manual is clear and understandable	0	2	2
The training manual's layout is clear	1	1	2
It is easy to use the manual in the classroom	1	1	2
The language used in the training kit is clear and understandable	1	1	2
The training kit's layout is clear	1	1	2
It is easy to use the kits in the classroom	1	1	2
Training methods			
There was a good mix between practical and theoretical sessions	1	1	2
There was enough time allocated for the theoretical session	1	1	2
There was enough time allocated for the practical session	2	0	2
Structure			
It worked well to have the practical session after the theoretical training	1	1	2
The Facilitators			
I could clearly hear what the facilitator was saying	1	1	2
The facilitator was approachable when I had questions or concerns	0	2	2
The facilitator addressed my and fellow participants' questions appropriately	1	1	2

Table 16: Teachers' experiences of the BCP training at Lowryville Intermediate

Implementation	Strongly disagree	Disagree	Agree	Strongly agree	Total
The training provided me with the confidence to implement what I learned	0	0	4	4	8
Back in the classroom, I had difficulties in implementing the Basic Concepts Programme	2	5	1	0	8
I am comfortable conducting screening tests with my learners	0	0	4	2	6
I can use the results from the screening test to group learners according to their ability	0	0	5	1	6
My colleagues and I help each other to implement the Basic Concepts Programme	0	0	7	0	7

Table17: Teachers' experiences of the BCP implementation at Eureka Intermediate

Implementation	Strongly disagree	Disagree	Agree	Strongly agree	Total
The training provided me with the confidence to implement what I learned	0	0	1	1	2
Back in the classroom, I had difficulties in implementing the Basic Concepts Programme	1	1	0	0	2
I am comfortable conducting screening tests with my learners	0	0	1	1	2
I can use the results from the screening test to group learners according to their ability	0	0	0	2	2
My colleagues and I help each other to implement the Basic Concepts Programme	0	0	1	0	1

Table 18: Teachers' experiences of the BCP implementation at Lowryville Intermediate

Follow-ups: Project Assistant	Agree	Strongly agree	Total
Margie has never missed a scheduled visit	5	3	8
There is enough time during visits to address my concerns	3	5	8
The Project Assistant assists me with all my problems	2	6	8
The learners are used to having someone observe them and this doesn't influence their behaviour	4	3	7
Follow-ups: Project Leader			
The ad hoc sessions take place within the set time frames	3	5	8
There is enough time during Louis's visits to address my concerns	4	4	8
Louis is willing to help me with all my questions	4	4	8
I feel better equipped after Louis's sessions to implement the programme in the classroom	4	4	8

Table 19: Teachers' experiences of the follow-up support provided at Eureka Intermediate

Follow-ups: Project Assistant	Agree	Strongly agree	Total
Margie has never missed a scheduled visit	0	2	2
There is enough time during visits to address my concerns	0	2	2
The Project Assistant assists me with all my problems	1	1	2
I can contact the Project Assistant any time I have a problem	0	2	2
The learners are used to having someone observe them and this doesn't influence their behaviour	1	0	1
Follow-ups: Project Leader			
The ad hoc sessions take place within the set time frames	1	1	2
There is enough time during Louis's visits to address my concerns	1	1	2
Louis is willing to help me with all my questions	1	1	2
I feel better equipped after Louis's sessions to implement the programme in the classroom	0	2	2

Table 20: Teachers' experiences of the follow-up support provided at Lowryville Intermediate

APPENDIX C

Visit	Activities	Results	Positives/Negatives
Jan 2008	Train teachers	32 teachers/officials trained over 5 days (13 in Eureka and 14 in Lowryville)	Positive evaluation of workshop by teachers; majority of teachers felt uncomfortable with presence of observer in class
	Screen grade 1-3 learners	• To see preparedness of learners for grade • Learners with low scores referred for intervention • Helps teachers form appropriate teaching-learning groupings in class	Majority of learners not prepared for school learning
	Set-up support and monitoring structures	Project assistant to visit each teacher twice per year; NCED one visit to each teacher per term	Large class sizes and learners functioning at differing levels
June 2008	Assess progress of teachers	Majority of grade R teachers had not been implementing programme. This lack of implementation was because of reasons such as: teachers not being paid; high levels of absenteeism among learners; lack of consistent support from NCED; construction taking place at Lowryville (teachers lost some of materials). Teachers still support programme regardless of these external factors. Progress is being made in Grades 1-3.	Focus on Grade R for 3rd and 4th term. NCED District Team accompanied Project Team during this visit.
Nov 2008	Monitor progress by evaluating scholastic performance and basic concepts knowledge of Grade 1 and 2 learners	Baseline data collected from Grade 3s before start of project in 2007 – test battery administered to representative sample of Grades 1s to 3s from both schools.	Grade 1: still large deficits but some promising results, especially from Lowryville Grade 2: weaker than expected – knowledge on basic concepts good for this stage of project; Grade 3: learners functioning around two years below grade level and knowledge of basic concepts not as good as should be.
Feb 2009	Meet with Project Stakeholders (NCED, HCET and schools)	Problems with entry to Lowryville and unions prohibit project team from entering the school; NCED not involved enough in monitoring activities.	Some teachers at Lowryville will continue with BCP, others not; NCED face internal challenges but District Director renewed commitment
	Follow-up teacher preparation: five-week	Grade R teachers followed in superficial way; teachers at Eureka had started to formally run BCP while teachers at Lowryville had started informally	

	plan supplied at end of 2008	Teachers of Grades 1-3 had implemented the Test of Basic Concepts Knowledge	
	Introduce new focus areas to teachers and mentoring	Intensive support needed for Grade R teachers Teachers of Grades 1-3 showed promising signs	
	Establish learners' knowledge of basic concepts at start of year	Learners were tested at the beginning of the year by their teachers	
July 2009	Monitor and evaluate teachers' progress	• Much progress has been made in the Grade R classes in terms of learner performance • Clear differences between the different Eureka Grade 1 classes • Grade 2 teachers show impressive levels of application, understanding and commitment • Grade 3 teachers have made progress since start of year despite large classes and intervention groups	Lowryville withdrew from project; no involvement from NCED since beginning of 2009, possibly due to financial problems; Is still commitment from Lowryville teachers despite not officially part of programme; teachers show self-belief and confidence in their work.

Table 21: Summary of visits to the schools by the Project Leader

APPENDIX D

	2008 (prior to Protein shake)							2009 (After protein shake)						
	Q2 Week 1(5 days)	Q2 Week 2 (5 days)	Q2 Week 3 (2 days)	Q2 Week 4 (5 days)	Q3 Week 1 (5 days)	Q3 Week 2 (5 days)	Q3 Week 3 (5 days)	Q2 Week 3 (3 days)	Q 2 Week 4 (5 days)	Q 2 Week 5 (5 days)	Q 2 Week 6 (5 days)	Q 2 Week 7 (5 days)	Q 2 Week 8 (5 days)	Q 3 Week 9 (5 days)
GRADE 1								**GRADE 2**						
Learner 1	100%	60%	100%	80%	80%	80%	0%	100%	100%	100%	100%	100%	100%	100%
Learner 2	40%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Learner 3	100%	100%	100%	100%	100%	100%	80%	100%	100%	80%	100%	100%	100%	100%
Learner 4	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Learner 5	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Learner 6	60%	80%	0%	60%	80%	100%	100%	100%	100%	100%	100%	100%	100%	80%
Learner 7	100%	100%	100%	100%	100%	100%	100%	33%	100%	100%	100%	100%	100%	100%
Learner 8	100%	60%	0%	100%	0%	0%	20%	100%	100%	100%	80%	100%	80%	100%
Learner 9	100%	100%	100%	100%	80%	100%	80%	67%	80%	60%	100%	60%	100%	80%
Learner 10	100%	100%	100%	100%	100%	100%	100%	0%	60%	0%	0%	0%	0%	80%
Average	**90%**	**88%**	**65%**	**94%**	**84%**	**88%**	**78%**	**80%**	**94%**	**84%**	**88%**	**86%**	**88%**	**94%**
	Q2 Week 1(5 days)	Q2 Week 2 (5 days)	Q2 Week 3 (2 days)	Q2 Week 4 (5 days)	Q3 Week 1 (5 days)	Q3 Week 2 (5 days)	Q3 Week 3 (5 days)	Q2 Week 3 (3 days)	Q 2 Week 4 (5 days)	Q 2 Week 5 (5 days)	Q 2 Week 6 (5 days)	Q 2 Week 7 (5 days)	Q 2 Week 8 (5 days)	Q 3 Week 9 (5 days)

	2008 (prior to Protein shake)							2009 (After protein shake)						
	Q2 Week 1(5 days)	Q2 Week 2 (5 days)	Q2 Week 3 (2 days)	Q2 Week 4 (5 days)	Q3 Week 1 (5 days)	Q3 Week 2 (5 days)	Q3 Week 3 (5 days)	Q2 Week 3 (3 days)	Q 2 Week 4 (5 days)	Q 2 Week 5 (5 days)	Q 2 Week 6 (5 days)	Q 2 Week 7 (5 days)	Q 2 Week 8 (5 days)	Q 3 Week 9 (5 days)
GRADE 2								**GRADE 3**						
Learner 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Learner 2	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	60%	100%	80%
Learner 3	100%	80%	0%	80%	80%	80%	80%	0%	0%	40%	60%	80%	100%	20%
Learner 4*	100%	100%	100%	100%	100%	100%	80%	67%	100%	100%	100%	100%	100%	100%
Learner 5	100%	80%	100%	100%	60%	100%	80%	100%	100%	100%	100%	100%	100%	100%
Learner 6*	100%	100%	50%	100%	100%	80%	60%	0%	0%	100%	100%	100%	100%	100%
Learner 7*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%
Average	**100%**	**94%**	**79%**	**97%**	**91%**	**91%**	**86%**	**67%**	**71%**	**91%**	**94%**	**91%**	**100%**	**83%**

*Note: * Refers to learners repeating Grade 3*

Table 22: Eureka Protein shake learners' absenteeism tracked prior to protein shake and after protein shake

APPENDIX E

Observations	Yes/No	Lowryville Teachers													
		2	3	4	5	6	7	8	9	10	11	12	13	14	15
B1 Does the Mediator make frequent use of open-ended questions: how do you know, what are you going to do, what is the difference?	Yes	1	1	2	2	2	2	1	1	2	2	2	2	2	1
B2 Does the mediator encourage his/her learners to talk?	Yes	1	1	2	2	2	2	1	2	3	2	2	3	2	1
B3 Do the learners speak/verbalise often during the session? (Make a list of words they use)	Yes	2	0	1	2	1	2	1	1	2	1	2	2	1	1
B4 Do the learners make use of conceptual language when they talk?	Yes	1	0	2	2	2	2	1	2	2	2	3	3	2	1
B5 Do the learners speak in full sentences?	Yes	0	0	2	1	2	1	1	1	1	2	3	1	2	1
	No	1	0	0	0	0	0	0	0	0	0	0	0	0	0
B6 Does the mediator follow the steps of the teaching model? (These do not need to be in order)	Yes	2	1	2	2	1	2	1	2	3	2	3	3	2	0
B7 Was the mediator prepared for the session? (Session planner, materials, activity sheets, etc.)	Yes	1	1	2	2	2	2	1	2	3	2	3	2	2	1
	No	0	0	0	0	0	0	0	0	0	0	0	1	0	0
B8 Does the mediator allow the learners to experiment with the materials/concepts?	Yes	2	1	2	2	2	2	1	2	3	2	3	3	2	0
B9 Does the mediator try to develop the self confidence of the learners?	Yes	2	1	2	2	1	2	1	1	2	2	2	2	1	0
B10 Does the mediator systematically develop the vocabulary of the learners? (Does she follow up on what was taught before)	Yes	1	1	2	2	2	2	1	2	3	2	2	2	1	1
B11 Was the concept effectively mediated during the session? (Did the learners begin to show some understanding of the concept?)	Yes	1	1	2	1	2	2	1	1	3	2	3	3	1	0

Table 23: Observation check list per teacher by Project Assistant: Lowryville

Observations	Yes/No	Eureka Teachers								
		16	18	19	20	21	22	24	25	26
B1 Does the Mediator make frequent use of open-ended questions: how do you know, what are you going to do, what is the difference?	Yes	1	1	2	2	2	2	1	2	0
B2 Does the mediator encourage his/her learners to talk?	Yes	1	1	2	2	2	2	1	2	0
B3 Do the learners speak/verbalise often during the session? (Make a list of words they use)	Yes	1	1	1	2	2	2	1	2	0
B4 Do the learners make use of conceptual language when they talk?	Yes	1	1	2	2	2	2	1	2	1
B5 Do the learners speak in full sentences?	Yes	0	1	1	2	1	2	1	2	0
B6 Does the mediator follow the steps of the teaching model? (These do not need to be in order)	Yes	1	1	2	2	2	2	1	2	0
B7 Was the mediator prepared for the session? (Session planner, materials, activity sheets, etc.)	Yes	1	1	2	2	2	2	1	2	0
B8 Does the mediator allow the learners to experiment with the materials/concepts?	Yes	0	1	1	2	2	2	1	2	1
B9 Does the mediator try to develop the self confidence of the learners?	Yes	1	1	2	2	2	1	1	2	0
B10 Does the mediator systematically develop the vocabulary of the learners? (Does she follow up on what was taught before)	Yes	0	1	2	2	2	1	1	2	0
B11 Was the concept effectively mediated during the session? (Did the learners begin to show some understanding of the concept?)	Yes	0	1	2	1	2	2	1	1	0

Table 24: Observation check list per teacher by Project Assistant: Eureka

Lowryville Teachers	Concept	Strengths	Challenges
1	position	good systematic introduction	children making a noise in the class
2	shape	very good adaptation	ask more open questions and wait for an answer in full sentences
3	colour	encourages learners to speak in full sentences; gives children an opportunity to handle blocks and count them; good discipline and structure	concentrate on asking more open questions
3	colour	children beginning to use full sentences; your questions are helping them to see and think and talk	need to follow each step of the model
3	position	gives good instructions; spends time on explanations	get more of the learners to talk less; help children to talk in full sentences; needs to help children establish higher order concepts
4	position	Has children working very well in groups; reliable and dedicated; well-prepared and cooperative	
4	shape	making very good progress even though pupils are weak; natural mediator; enthusiastic and encouraging; feels at home in the programme	
5	shape	pupils responding very well; speaking in full sentences; teachers questionnaire skills has improved; pupils work well in groups	4 Xhosa pupils needing intervention for language
5	colour	Made a concerted effort to improve questioning skills	pupils are repeating what another has said; one Xhosa pupil does not understand Afrikaans at all
5	size		pupils repeat each other and speak as one group, encourage individuals to speak; encourage to speak in full sentences; prepare questions more thoroughly; get pupils to be more focused and encouraged to think for themselves
6	colour	insists on sentences	not much time spent on individual pupils speaking
6	position	more enthusiastic about the programme	
6	size		encourage pupils to use full sentences by guiding them on how to start
6	addition	well prepared and works systematically	
7	shape	good mediator; pupils respond well to questions	not much work in pupils' books as they did not have many lessons due to many disruptions

Lowryville Teachers	Concept	Strengths	Challenges
7	shape		group is really slow and have large language deficits; drawing of shapes weak, need focus and attention; work in books needs to be done more regularly
7	letter		spend more time discussing the letter; use lines to learn to write letters; more phonetic awareness-extend words
7	size	excellent questioning skills	
8	shape	good systematic mediator; pupils responding with full sentences	
8		instructions are clear	give each child a chance to talk; work slowly and spend time on the concept
9	shape	gives pupils time to think and speak; always well prepared and methodical in her approach	some learners are very quiet and don't contribute at all because of language barriers and learning difficulties
9	shape		assist them to build full sentences
10	colour	methodical and clear in instructions	questionnaire skills need to be developed
10	shape	well prepared and systematic; gives individual attention	pupils in class have poor home circumstances and many difficulties and barriers to learning
10	size	focuses on assessment of concepts	pupils to speak in full sentences
11	shape	organised and thorough in preparation and teaching; confident mediator; encouraging with pupils	
11	size	works systematically and regularly with the groups	has some very weak pupils; three pupils who are regularly absent
12	colour	teacher is systematic and follows the steps well	needs to take more of a facilitative role and be less dominant; children must do more talking, sentences were repeated in parrot fashion; guide children and build vocabulary
12	shape	gained confidence, knows the steps well, mediating with effect; pupils are responding differently; enjoying the lesson	
12	size	pupils talk in full sentences; teacher knows the steps well; well prepared and systematic	
13	colour	encouraging	
13	shape	encouraging and enthusiastic; encourages pupils to think and experiment for themselves	

Lowryville Teachers	Concept	Strengths	Challenges
13	shape		encourage pupils to answer in full sentences; need to do sessions more regularly; very few activities done; groups to be halved to give pupils more attention
13			work more individually with the children; get children to be more verbal-not just one word answers; children noisy
14	colour	natural mediator; instructions are clear; systematic approach to the programme; follows model with understanding; children do most of the talking	
14	shape	natural mediator	one pupil who has lost sight in his right eye-struggling to write and needs extra activities to help him
14	shape	encouraging manner; pupils responding well; insists on full sentences	

Table 25: Observations per teacher by Project Assistant: Lowryville

Eureka Teachers	Concept	Strengths	Challenges
16	shape	calm and in control regardless of large number of learners; good examples used; reminds learners to answer in full sentences; asks open questions	
16	size		children to respond and not be passive
18	shape	pupils responding well due to better questions; good mediation; insist on speaking in full sentences; look at home with the programme	do mediation with at least two groups everyday; use visualisation before drawing
18	letter	very systematic; well prepared	establish letter name and sound
19	shape	making progress with very weak pupils; interesting and relevant activities done in books	pupils struggle to draw the shape due to other difficulties
19	shape	outstanding mediation skills	
19	addition		slower and more systematic mediation of number; interact with pupils while they are working-ask questions
20	shape	more at home in the programme; well prepared	be careful of finishing children's sentences
20	shape	asks though provoking questions; actively involves learners-participatory teaching and learning; does a lot of consolidation	get pupils to tell you what they see

Eureka Teachers	Concept	Strengths	Challenges
20	letter		discriminate between letter and sound
21	shape	natural mediator; gentle encouraging manner; well organised and prepared	use higher order of shape as much as possible when speaking
21	size	good interaction with learners; good preparation and use of apparatus; good encouraging	encourage learners to talk louder
22	shape	pupils responding better but still need encouragement	encourage children to use higher order vocabulary
22	size	follows all the steps; good interaction; good mediation	
23			
24	shape	encouraging manner; children responding well to mediation	
25	shape	well prepared and organised	
25	size	well prepared; systematic; encouraging manner; developed a very good mediation style	
26	shape		lacking in confidence; encourage children to speak in full sentences; pupils at desk not given a focused activity and were restless and disruptive
26	shape		don't work too fast-take your time and talk slower

Table 26: Observations per teacher by Project Assistant: Eureka