

FINAL NARRATIVE REPORT



Foundation Program Manager: | Koffi Augustin Assouan JR |

INSTRUCTIONS

Please refer to the original proposal, Detailed Communications Plan, and Monitoring, Evaluation, Research and Learning Plan when answering these questions. Please annex all final products (reports, publications, and associated links). Upon completion, email the Narrative report and Financial Report to your Foundation Program Manager.

GENERAL INFORMATION

Project Title	ZAMBIA NURSE AND LIFE SKILLS TRAINING PROGRAM		
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Project Start	2012-12-28	Project End	2019-08-31

1. PROJECT SUMMARY

1.1 Project Achievements and Challenges

Outline your key achievements over the course of the project.

In order to address the growing nursing shortage and health care demands in Zambia, ChildFund International, in partnership with AMREF and Mastercard Foundation, led a seven-year program using an e-learning model to train rural nursing students without regular access to nursing schools and computer labs. Through a multi-stakeholder approach the program addressed both youth employment challenges and the nursing shortage by introducing a pre-service e-learning model which included in-person practicals and upgraded technology for schools across the country.

The key achievements will be aligned to the project program activities as outlined in the Executed Contract for Service between MasterCard Foundation and ChildFund:

A. Improve Health Systems and develop e-Learning Curriculum

1. Conducted Country Assessment: The project engaged the key partners, the Ministry of Health (MoH) and the General Nursing Council (GNC), and conducted a Country Assessment to ascertain the country's readiness to implement an e-learning program for pre-service students. The assessment findings demonstrated that Zambia had the basic requirements in terms of readiness to implement an e-learning program including organizational alignment, learning design and development, learning delivery, learning administration, and human resources for human impact. Based on the results of this assessment, four schools were selected to pilot the e-learning program in the first year.

2. Adapted Nurse Curriculum to E-Learning: The project supported the GNC to adapt the nursing curriculum to an e-learning program. This process included a review of training content as well as updating and standardizing it for the e-learning context. Before the project, each school used different training content. Through the e-learning technology, elements of the nurse training program were made virtual. This created a program of e-learning coupled with hands-on classroom instruction. The GNC has implemented the complete and updated training content that all the schools in the country are currently using consistently.

3. **Graduation and Continued Education of 8 Cohorts:** The graduates from the first cohort have all been employed by the government. The second and third cohorts are being employed gradually. In the first cohort, 126 students were enrolled and 121 graduated. In the second cohort, 221 students were enrolled and 208 graduated. In the third cohort, 85 students were enrolled and 66 graduated, and in the fourth cohort 347 students were enrolled and 250 graduated. The graduation rate of the first four cohorts was 83%. There are four cohorts who have graduated and entered the workforce and four cohorts are still going through the three-year program.

4. **Inclusion of Life Skills in the National Curriculum for Nurses:** The project supported the GNC of Zambia to review and amend the nursing curriculum to include life skills. Life skills are the abilities for adaptive and positive behavior that enable individuals to deal effectively with demands and challenges of everyday life. Life skills were incorporated into the curriculum to enhance the capacities of the e-learning students to self-direct their own learning as well as handle the demands and challenges related to the training program. Due to the success in building the broader capacities of students, the life skills curriculum addition has become a mandatory subject for all nurse trainees in Zambia.

5. **Policy Development:** With the assistance of ChildFund, the Ministry of Health developed the E-Learning Policy which guides the delivery of e-learning for nurse training in Zambia. The policy developed e-learning standards and guidelines, provided incentives to e-learning initiatives and projects, and promoted the use of e-learning as an authentic mode of training.

6. **Nurse Training Content Development:** The project supported the GNC to train nurse tutors and adapt technical content to the e-learning format and methodology which is now being used by all e-learning and distance learning students in the country. The content underwent rigorous testing to ensure that it was user-friendly, and that content was clear and easy to understand. During the e-learning roll out, teachers also received training on the e-learning program to ensure the curriculum and methods were understood by those who would develop and review content, including nurse tutors.

7. **Trained Master Trainers in the Learning Management System (LMS):** The capacity of nurse tutors to deliver e-learning training as well as support e-learning students was enhanced through a training conducted by the project in e-facilitation and use of the LMS. The objectives for these trainings were to help participants understand the role of the e-tutor, teach participants to use the LMS, and to show participants how to apply the Information Communication Technology (ICT) and basic office applications to provide learner support. These trainings from 2014 through 2016 significantly updated content delivery, from classroom-based tutors to facilitation by e-tutors. This allowed e-learning to be integrated across numerous training institutes and their satellites in both urban and rural areas. Overall, 284 tutors were trained who have continued to provide training in the 17 nursing institutions.

8. **Change of Mindset of Key Decision Makers:** This was a continuous process to ensure acceptability of the e-learning program at all levels through methods such as Quarterly Stakeholder meetings. The mindset of both MoH and GNC key decision makers as well as the school teaching staff around the viability of e-learning changed as a result of socializing the concept. They embraced the e-learning approach which has resulted in the Ministry of Health developing an e-learning policy and rolling out the e-learning methodology to all public schools of nursing. Additionally, the project conducted Change Management workshops which helped the key implementing schools of nursing to appreciate how the change in approach would make their work more efficient and effective in addressing the critical shortage of nurses in Zambia

B. Equip Public Health Training Centers with Computers and Software

1. The project conducted a country assessment of computer labs at the nursing schools to ascertain what additional infrastructure would be needed to support the e-learning students. Based on the country assessment report, the project procured and deployed 355 desktop computers which were distributed to the 17 nursing schools for their computer laboratories. These desktop computers were originally planned to be used by students who lived in nearby areas. Once

the project was being implemented, it was clear that most students lived too remotely to use the computer lab on a regular basis. The computer labs were used when the e-learning students completed their in-person sessions at the schools. These were meant for e-learning students but are now also being used by regular students as well.

2. 13 Nursing Schools had their computer labs networked. The computer lab had access to the internet where students could do research and facilitate face to face sessions. The training content was uploaded to the central server which had the Learning Management system (LMS) installed.

3. Trained MoH and GNC IT staff in maintaining the computers. The MOH and the GNC staff were trained in LMS management as well as hardware maintenance. MOH IT personnel are the first contact for any IT support but the project staff would provide back up support as needed. This was a continuous process aimed at building capacity of staff of the MOH and the GNC for sustainability of the equipment needed to maintain the program moving forward.

4. Procured and distributed 2,069 tablets for student use. These tablets were procured by the project through AMREF. Each tablet was uploaded with the nurse training content which could be used both online and offline. This assisted students with limited to no internet access. Students in rural or remote areas were able to participate in the program due to the access of these tablets with the uploaded training content.

C. Provided 517 full and partial scholarships for nurses and student midwives. A scholarship committee of NGOs and government ministries was formed for the purpose of ensuring transparency. Members of the committee included CAMFED, FAWEZA, the Department of Social Welfare under the Ministry of Community Development. This committee facilitated the scholarship process to ensure that the students who received scholarships came from vulnerable households. These youth who already wanted to be nurses, were qualified as needed by the government criteria, but would not have had the opportunity to train as nurses without additional financial support and access through the e-learning opportunity.

1. Appointed a Scholarship Committee of people who work for scholarship awarding organizations such as ChildFund Zambia Sponsor Relations, FAWEZA, CAMFED, and the Ministry of Community Services (department of social welfare). This ensured that the selection of scholarship recipients was open and transparent.

2. Developed selection criteria for scholarships. The committee developed the following as a check list for documents which should accompany the application for scholarships.

1. Acceptance letter from a government nurse training institution

2. Copy of grade twelve certificate (graduating from high school)

3. Copy of national registration card (National identification)

4. Report from Social Welfare under the Ministry of Community Development

5. Score card for vulnerability

6. Death certificate if parent/guardian is deceased or letter from the village headman/Chief stating that the guardian is deceased in the absence of a death certificate

7. Pay slip of guardian if working

8. Bank statement of guardian if doing business.

9. Proof of being or formally sponsored by ChildFund (where applicable)

3. Sensitized youth on the availability of scholarships to ensure the target group would be aware of the financial support and know how to apply.

4. Awarded 517 students with scholarships. These youth were economically marginalized and primarily from remote or rural areas. Without the scholarship support, most of these young people would not have had an opportunity to train as nurses.

D. Supported the transition to employment by providing Life Skills training

1. Developed Life Skills training curriculum and facilitators manual which continues to be used in all the nursing schools. The aim of the Life Skills program was to increase trainee retention throughout the program and to increase employability following the completion of the program. Some risks that were focused on through the life skills training were early pregnancy prevention, management of finances, and stress management. It also included how to deal with a variety of specific issues including financial literacy, decision-making skills, sexual harassment in the workplace, and leadership development.

2. Developed Peer Mentorship Life Skills Training manual for students to use during their program.

At inception of the project the original number of practicum sites could not accommodate the increased number of students and as such the project working with MoH decided to expand by opening District hospitals as practicum sites. These hospitals did not have clinical instructors, therefore, mentors were trained to support students when they are posted to these hospitals or clinics for clinical practice. Mentors were selected from qualified nurses and provided with additional training including how to provide advice, support, and encouragement to the e-learning students. The manual focused on how to encourage independent thought, facilitate open communication within the team, foster a reciprocal foundation of trust and respect, and encourage effective teamwork. The manual covers 24 lessons designed to engage students and educate them about life skills topics grouped in three categories: 1) Coping and self- Management skills, 2) Critical thinking and decision making, 3) Interpersonal communication skills. The manual on life skills covers and concentrates on the development of skills needed for the life such as communication, interpersonal skills, decision making, copings skills and self- management.

3. Trained 286 nurse tutors in Life Skills training techniques including key facilitation skills.

4. Life Skills adapted in the nursing curriculum for use by all nurse training institutions in Zambia. The life skills portion of the curriculum is covered in the first six months of the program. The adaptation was done at the time of curriculum review in 2014 by the General Nursing Council, ChildFund, and the Ministry of Health.

5. Reached more than 7,000 students from both public and private nurse training institutions with the Life Skills training curriculum. The life skills manual was developed by ChildFund and was initially delivered specifically to the e-learning students to reduce the dropout rate that could be experienced with a new program. One of the objectives of the Life Skills component was to increase retention and employability. Students that received the life skills training were assessed to be more self-directed, motivated & analytical. As a result, the MoH and the GNC adopted the Life Skills training to be delivered not only to the e-learning students but extended to the regular students, including students in private schools.

6. Increased intake of students by 64% based on figures provided by the General Nursing Council of Zambia. E-learning has increased the capacity of nursing training institutions to enroll more numbers of students and allowed for integrating students who would not be able to attend school in person full time. The scholarship component also made it possible for vulnerable youth coming from economically disadvantaged households to participate.

Increased the number of graduates entering workforce. The Ministry of Health is the largest employer of nurses and all the nurses being trained under this program will be employed by the Ministry. The first cohort of students graduated from the e-learning program are all employed by the MOH.

7. Enhanced Life Skills training: Prior to the introduction of Life Skills in the nursing curriculum, the students faced many academic and personal challenges such as peer pressure, poor time management, lack of self-esteem, and goal setting challenges. However, after the introduction of life skills training in the nurse curriculum, the schools recorded high student retention and a low number of unplanned pregnancies and substance abuse cases.]

Outline your key challenges over the course of the project, as well as your approach to addressing these challenges.

Many of the key challenges cut across all the program components, however the summary below outlines each component and its challenges separately for clarity.

1. Lack of standardization of original nursing curriculum: The nurse training content was not standardized so there was no benchmark to use for monitoring content administration. In order to standardize the content administration, the ChildFund and AMREF project staff supported the General Nursing Council of Zambia to develop e-content that was aligned to a standardized course outline which guided the subject experts in writing the learning content for students' use.
2. Lack of e-learning center infrastructure including equipment and tools: Although each nursing school had computer labs, the number of computers that had been procured by the Ministry of Health were not enough to meet the student to computer ratio of 1:5. Further, the computer labs were not professionally networked. The project addressed this challenge by distributing additional computers and networking the computer labs so that content was accessible to all. Through the project, ChildFund procured and distributed 373 computers and networked the computer labs in the schools of nursing. The Ministry of Health and Zambia Information Technology Authority provided the additional computers in the schools of nursing.
3. Costs required to be covered by scholarships: Prior to the introduction of the ZNLTP, vulnerable youth were excluded from nursing programs due to the parent's inability to meet the cost of tuition. The provision of scholarships allowed 517 vulnerable youth to access nurse training. This was especially valuable for rural students. For a student to be considered a vulnerable youth for this program, they were required to meet the selection criteria described in the scholarship selection check list. Scholarships were more expensive than originally anticipated due to the additional cost of in-person practicals, meals, lodging, and transportation. As a result, a fewer number of scholarships were given than originally planned for in the proposal.
4. Resistance to change: There was strong resistance to accepting e-learning as well as the use of the Learning Management System by most nurse tutors due to perceptions that the technology would be inaccessible to learners and difficult to implement. The project used stakeholder meetings where schools shared their experiences and pooled key decision makers into a Change Management workshop. Stakeholder meetings were held quarterly and chaired by the Ministry of Health. The meetings were attended by decision makers from the Ministry of Health, the General Nursing Council, the Zambia Union of Nurses, the University of Zambia, the African Medical Research Foundation, the Provincial Medical Officers, and implementing schools. The objectives for these stakeholder meetings consisted of sharing updates on the project, receiving feedback from implementing schools, and making key decision on next steps as well as scaling up the project. These meetings helped communication remain open, kept key stakeholders engaged, and provided a place to discuss the successes and obstacles of the project as they happened.
5. Demand for more support: The project did not have sufficient funds to address major bottlenecks to service delivery such as transport for students, academic gaps and needs, and expansion of classroom space. Limited classroom space was a significant challenge in terms of the increased student uptake and the need for larger classroom space to accommodate the face-face sessions. Additionally, the introduction of e-learning necessitated the need for additional transport to take students to rural clinics for their learning experience. The project continued to engage the government to increase funding to the schools to enable them to purchase more buses and build additional or larger lecture rooms.

6. Unstable teaching staff positions: The Ministry of Health continued to transfer teaching staff who were trained in the e-learning program to alternative locations which then required repeated trainings of the new teachers. In response, the project introduced National Master Trainers among the nurse tutors that reduced the overall cost of training if trained teachers moved on. The Master Trainers received a certification through AMREF. These are Ministry of Health staff and they would be pulled together to conduct training when it is needed without incurring much cost as opposed to engaging consultants to undertake the trainings. By training National Master Trainers, the Ministry no longer depends on consultants from Kenya through AMREF who originally conducted the trainings when the project began. This was also a way of ensuring sustainability as the National Master Trainers are able to train any new tutors who join the schools at a lower cost as opposed to use consultants or trainers from outside the country.]

2. PROJECT RESULTS

2.1 Project Results – MERL Plan

Based on the project’s key objectives complete the table below with the proposed project outcomes, indicators used to monitor the outcomes, the results achieved this reporting period, and overall results-to-date. *Add rows as needed.*

EXAMPLE:

Objective 1: To increase capacity of partner organizations, to deliver and scale effective training to young people from disadvantaged backgrounds.

Project Outcome	Indicator	Results this Period	Overall Results-To-Date	Comments
Implementing partner organizations have increased capacity to prepare young people for work.	<ul style="list-style-type: none"> - % change in capacity assessment tool scores. - # & % of implementing partners with a completed and approved capacity strengthening plan. 			

Objective 1: [To expand the capacity of nursing and midwife training schools in Zambia by identifying and addressing bottlenecks to service delivery **DOUBLE CHECK AGAINST PROPOSAL**]

Project Outcome	Indicator	Results this Period	Overall Results-To-Date	Comments
1.Schools of nursing have increased access to eLearning infrastructure and human resources.	% of eLearning training centre’s reported having adequate number of computers and medical training aids for e-Learning	100%	100%	All the govermennt schools of nursing received computers from the project. A total of 355 computers were distributed to 17 public nursing institutions including 2,069 tablets for students
2.Accredited nursing training integrated eLearning platform to enable re-use of assets, repeatability and scaling	% of Government nurse training schools that integrated the eLearning platform into the main nurse training	100%	100%	All the government nursing schools integrated eLearning platforms into the main nurse training course as a methodology of training nurses in Zambia.

3. Increased resources for student enrollment and employment placement	% of eLearning training centre's reported having adequate number of training staffs trained on use of the e-Learning platform	100%	100%	The project trained 286 tutors in eFacilitation and 10 as Trainer of Trainers in eFacilitation
	% of disadvantaged youth enrolled in scholarship program	76%	76%	A total of 517 students received either partial or full scholarship. There is still high demand of scholarship support.

Objective 2: Create employment opportunities for young people as qualified Nurses and Midwives

Project Outcome	Indicator	Results this Period	Overall Results-To-Date	Comments
1. High school graduates have increased access to life skills training	% of nurse trainees that receive life skills training through eLearning	100%	100%	All the trainees 2,573 that were enrolled as of February 2019 received Life Skills training. Additionally over 6,000 students have received eLearning from both public and private schools as Life Skills is now an integral part of the nurse curriculum.
	% of enrolled trainees retained throughout program period	83%	83%	The reasons for drop-out included change of career, high school false results, death, failing to pass the exams

Objective 3: None

Project Outcome	Indicator	Results this Period	Overall Results-To-Date	Comments

3. PROJECT LEARNING

3.1 Project Learning

What were the overall lessons learned from the project?

1. Lessons learned in Governance:

Strong governance was a key element in the success of the Zambia Nurse and Life Skills Training Program. To ensure that guidelines were used accordingly, a Steering Committee was formed at the inception of the project. The Steering Committee was comprised of key decision makers from the Ministry of Health, Ministry of Community Development, Mother and Child; Ministry of Education, General Nursing Council of Zambia, University of Zambia, Camfed and FAWEZA. The members of the steering committee assisted in building community and stakeholder confidence and buy-in around the project. Governance was incorporated into the project delivery from inception as part of the sustainability strategy. The Ministry of Health and the General Nursing Council were given the mandate to lead the project during the last year of implementation while the project team provided guidance where necessary. Most of the challenges faced were regarding the LMS. This strategy assisted in the Ministry of Health and the General Nursing Council of Zambia's increased capacity to manage the use of e-learning on a national level. The Ministry of Health made e-learning implementation one of the key deliverables of the Director of Human Resource Development who oversees all nursing and midwifery schools in the country.

2. Lessons learned in e-content design and development:

The role of content design and development has been the role of the GNC of Zambia who are mandated to monitor content, development, and delivery. Although the GNC was responsible, individual tutors often developed content that was designed and administered without standardization. With the ZNLTP content design and development, Zambia now has standardized student learning content which the GNC can monitor more easily. Because of this accomplishment, the student learning content developed by the project has been adopted for use by all student nurses whether they are e-learners or regular students. In the third year of the project, the content was reviewed by ChildFund and had no major flaws identified. So far three cohorts of e-learning students have sat for the General Nursing Council final examination with e-learning students performing as well and at times better as the regular students. A number of things contributed to students' motivation including the tablets with updated content, life skills training component, and scholarships.

Summary of Students Performance by cohort

Enrolled	Graduated	Percentage Graduated
Cohort 1 - July 2014	126 121	96%
Cohort 2 - July 2015	221 208	94%
Cohort 3 - Jan 2016	85 66	78%
Cohort 4- July 2016	347 250	72%
Cohort 5 – Jan 2017	162	
Cohort 6 – July 2017	607	
Cohort 7 – Jan 2018	521	
Cohort 8 – July 2018	504	
Totals 2573	645	Current Graduation Rate: 83%

3. Lessons learned in operations and management:

The project was divided between the two implementing partners, ChildFund and AMREF, and supported salaries and administrative costs, content design and development, capacity building for implementers, and scholarships. Although

the budget covered most of the activities, it fell short in addressing bottlenecks including support for student learning tools such as anatomical models, expansion of physical structures to accommodate the increase in student numbers, and unprecedented demand for scholarship support. To a large extent this hindered most schools from recruiting large numbers of students as space was needed during the face-to-face time. It was challenging during project design to recognize these unforeseen challenges, but a deeper assessment of hidden costs could help ensure understanding of the full learning context. Future projects should take a holistic view especially during the initial needs assessment. But suffice to also state that in some nursing schools especially those in urban areas government is already addressing the issue of space during face to face by building larger lecture rooms.

The amount of money budgeted was insufficient to cover the need of the project goals. At the onset of the grant, the original total number of students enrolled in the program over the grant period would be 6,000. A few years into the project, it became clear that the number of students it was possible to reach was not in the range suggested in the agreement. The total number of students to be enrolled throughout the life of the project was adjusted from 6,000 to 2,000. With this modification, the number of scholarships to be given was scaled to adjust for the change in total numbers.

The cost of scholarships was higher than expected and there was also high demand. Administering scholarships and keeping track of scholarship students is a heavy administrative burden. Although this was an e-learning program, there was a portion of the course where students needed to be on campus to fulfill the clinical course requirement. This meant each student needed to be provided with lodging, transportation and meals. These additional expenses were not originally included in the scholarship cost. ChildFund's role with the scholarship portion of the project was to ensure sustainability as the project closed. The last cohort admitted with scholarship recipients was in July 2016. Admitting later cohorts with scholarships wasn't possible because it wouldn't be possible to continue giving students the scholarship money, tracking or supporting them once project activities were over. Currently, 12 of the 17 schools are carrying out the project on their own without MasterCard Foundation and ChildFund International funding using the e-learning tools. This is an indication that the program will be sustained after Mastercard Foundation and ChildFund are no longer involved.

4. Monitoring and Evaluation:

The ZNLTP employed the use of a Logframe Matrix for the project monitoring and evaluation needs. Because this matrix was developed by the MOH, GNC, and the nursing schools this made the M&E process successful. The evaluation methodology called the Kirkpatrick Method is being used for the first time in evaluating nurse training in Zambia. There were two levels of the Kirkpatrick Method used. Level I measured reaction. Participant reactions were measured which included course content, relevance, timeliness, media, and instructor support. The completed findings were used to advise the project implementation. Level II measured participant learning at the end of the course including knowledge, skills tests, and performance in examinations. Level II evaluation is conducted pre- training and post-training, often immediately upon conclusion of trainings and again at 6-month intervals. This phase has already been completed. The results of Level I and Level II assisted in influencing program changes, such as the inclusion of tablet use in content delivery which was not in the initial project design. The tablets contributed to better results as each student had learning content easily available to them during the self-directed portion of the course as opposed to needing access to the school's computer labs.

Life Skills Training:

The aim of the GNC Registered Nurse Curriculum is to produce a nurse who is "self-directed, analytically minded, skilled, knowledgeable and responsive to the changing health trends." Despite the quest to graduate nurses with these attributes, the curriculum at first did not have a course that would help build these skills and capacities. The ZNLTP-developed Life Skills training provided key life skills and psychosocial well-being that increased both educational and employability prospects for the young

students, resulting in the Ministry of Health and GNC adapting Life Skills into the Registered Nurse Curriculum. The Life Skills training has been integrated the National Curriculum and is mandatory for nursing students.

Reviewing all project components, what would you do differently if you were to do this project over?

ChildFund and AMREF would have been in a better position if there had been a physical presence by AMREF in the country of implementation. AMREF's absence in Zambia affected quick decision making. It also became costly for ChildFund, who was a prime partner, to conduct spot checks for compliance purposes for AMREF based in Kenya. Additionally, we needed to have realistic scholarship numbers. Each scholarship was more expensive than originally planned. There needed to be a better assessment of facilities and the ability to scale up for more students during the initial phase of the grant. There needed to be a central database to track students' progress and outcomes and there needed to be a financial commitment from the government and schools before the project started.

How has this project and its outcomes contributed to learning needs and challenges in the field and describe which field?

1. Expansion of training institutions to absorb more students: The increases in the number of students has made the Ministry of Health build extra classrooms, skills labs, purchase additional transport and increase the number of teaching staff. The Government has built lecture theaters and bigger classrooms in all public institutions to accommodate 100 to 200 students. Every school has more than two buses to use to transport students to practicum sites.

2. Inadequate practicum sites due to increased numbers of students: The additional number of students has increased the number of students per patient. This development has made the project work the Ministry of Health to introduce new practicum sites among hospitals that originally were not designed to support student training. The new practicum sites have already been identified and are in use by schools. Each school has added to its practicum sites by using all the level one hospitals in the province near the teaching hospital and also using rural health centers for rural student experience. The government has embarked on a robust program to upgrade and improve health facilities throughout the country.

3. Demand management - Due to scholarship support the demand for nurse training among the vulnerable population increased resulting in the schools continued demand for more scholarship support from the project.

How has this work influenced your organization?

Initially, ChildFund's focus was in fields un-related to nurse training and its program activities did not cover all the 10 provinces in Zambia, however the ZNLTP has enabled ChildFund to expand its reach to all the 10 provinces and built a relationship with the Ministry of Health. Globally, ChildFund will build upon the successes of the program, particularly as it relates to our work with adolescents and youth. The project demonstrated how innovative outreach and tech programming can benefit the most vulnerable young people in hard to reach communities. Project success also demonstrated how alignment with a national need and gap can benefit youth while contributing to the growth of a country's infrastructure. ChildFund is exploring how to replicate the e-learning model including the Life Skills component in other countries in the Africa region as well as in ChildFund countries in Asia and the Americas.

4. SUSTAINABILITY

4.1 Sustainability

Based on the approach for sustainability outlined in the original project proposal, what specific actions will you take to meet your sustainability-related goals after project end?

Based on the approach for sustainability outlined in the original project proposal, what specific actions will you take to meet your sustainability-related goals after project end?

The nurse training curriculum has been adapted into the e-learning format and has been supported by corresponding infrastructure. Additionally, e-learning was approved as a methodology of training nurses in Zambia. Through the complete integration of the e-learning modalities into the current system, e-learning will be utilized in the long term.

The program is implemented by the government in the public nursing schools run with the full authority and support from the Government and the GNC.

There has been full Government involvement from the start of the project and will continue throughout program implementation and beyond. Protocols for scale up of the program are in place, outlining the transition from being supported by the project to government management. Schools that request to add e-learning as a method of training nurses need to apply for approval from the GNC and be inspected for readiness before they can begin the program.

The nursing e-learning curriculum has been developed in collaboration with the GNC to reflect, and incorporate, country needs and context, as well as foster ownership.

Capacity of key partners including the MoH, the GNC, participating schools, and teachers has increased demand for virtual training opportunities and e-learning is now mainstreamed into nurse training.

The placement and recruitment strategy, which was agreed upon with the GNC at program inception, is in use throughout the country. This is to ensure equitable distribution of health personnel to the all the areas.

Through the Learning Capacity Maturity Model (LCMM) process, also articulated in the handover strategy, a plan for curriculum content upgrading was formalized. Currently, there is now set procedure in the MoH for consistent upgrading and the current content is up to date. The project has played a significant role in upgrading and enriching content. Additionally, we now have teachers who have participated in content development that the GNC can work with for content updates.

Utilizing the LCMM process, the project has solidified plans with the MoH to ensure that the infrastructure in place will be maintained in the long term. Project implementers have worked consistently with the MoH and an action plan has been developed to facilitate this process beyond the project period.

Currently, all the students who were placed on scholarship have since completed the three-year nursing programs. There is still great demand for scholarships especially from rural schools. Without the scholarship component, vulnerable youth will be left out of the program moving forward.

5. SCALABILITY

5.1 Scalability

Based on the approach for scalability outlined in the original project proposal, provide an update as it relates to your strategy for scaling this project.

Based on the approach for scalability outlined in the original project proposal, provide an update as it relates to your strategy for scaling this project.

The project started with four schools of nursing and 126 students in two provinces. These schools were used as pilots for the purpose of testing the e-learning methodology as e-learning for training nurses had not been used before in Zambia and the implementing partners were uncomfortable implementing the methodology to full scale. However, to date the e-learning program is in 17 schools of nursing and in all 10 provinces in Zambia with over 2,573 students. Out of the 17 schools, one of the schools is an exclusively e-learning school. All the students at this school are enrolled under the e-learning platform. Several private schools have also started using e-learning as a methodology for training their nurses in addition to their regular program for training nurses. There's emerging evidence that both public and private schools are adopting the e-learning and life skills training component. Most public nursing schools started by enrolling smaller numbers for e-learning however the trend has changed, and the schools are now recruiting larger numbers for the program. This could be attributed to the fact that they now feel more comfortable and are confident using the e-learning system and tools.

We learned that this model is more expensive than we originally anticipated. It was originally planned that 6,000 students would be going through the program and it was closer to 2,500. The model is deemed more expensive than originally anticipated because for project start up before the e-learning methodology could be implemented, the computer labs in the school had to be improved and capacity of the tutors built. Computers had to be purchased and networked, the curriculum needed to be adapted, and the e-learning content standardized. The tutors had to be trained in LMS use. Additionally, fees for students were much higher than anticipated at the design stage of the project. By the time the project implementation started the Kwacha had depreciated and the cost for training students and went up with time so did the fees.

As mentioned, ChildFund is exploring replicating the e-learning model in the Africa region and its other country offices that focus on the employability of young people. Nursing is not the only industry that could benefit from an e-learning approach. Youth isolated due to geography or marginalization need options beyond the traditional training and educational models. While ChildFund is exploring the scaling up of the e-learning methodology to nursing in other countries, it is also considering how to use it in other industries such as vocational trainings, businesses, entrepreneurship, agriculture, and other promising fields for youth entering the labor market.

6. COMMUNICATION PLAN

6.1 Communication Plan

Please describe how you will ensure that project learnings and final products will be communicated and disseminated to appropriate stakeholders after the project has ended?

ChildFund will share the final Project Report with the donor and implementing partners as well as key stakeholders. ChildFund will also use the case study which was shared with key stakeholders. All project documentation and learnings will be referenced in the process of potential replication and scaling up in additional ChildFund locations. ChildFund will also use the project as an example of a strong and productive government-INGO partnership and will approach additional country governments and agencies to build interest in similar collaborations. Moreover, ChildFund will continue to monitor the impact of the project and consider additional ways to ensure its ongoing success and sustainability in Zambia.