POVERTY MONITORING REPORT

PETAUKE DISTRICT

COMMISSIONED BY CIVIL SOCIETY FOR POVERTY REDUCTION (CSPR)

Research Team

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EXECUTIVE SUMMARY

Following the Zambia's classification as a Highly Indebted Poor Country (HIPC) in 1999, it was obliged to prepare a Poverty Reduction Strategy Paper or PRSP in short. The process of preparing the PRSP was concluded in 2002 and implementation begun started the same year.

In order to ensure that the implementation in the PRSP is successful, civil society, through Civil Society for Poverty Reduction (CSPR) has embarked on monitoring how the PRSP is being implemented and what impact the strategies are having on communities. As a starting point, a joint baseline survey on poverty was conducted by CSPR and ZAMSIF in October 2002 in the nine provinces.

To track changes between 2002 and 2003, CSPR undertook a rapid poverty assessment survey in five of the nine provinces namely Luapula, Eastern, Western and North – Western provinces. This report is for Petauke district in Eastern province where the rapid assessment was undertaken from12 May 2003 to 24 May 2003.

As regards findings, the survey revealed that the agriculture is still faced with a number of constraints. To start with, there is limited availability and hence access to credit to allow for adequate investment in the sector. Extension services for both veterinary and crops are not favourable due to inadequate staff, lack of transport and protective clothing for the available staff, among other constraints. Furthermore, the road infrastructure including feeder roads is very bad and makes transportation of inputs and produce very difficult. Other problems in the sector include soil infertility, lack of markets for agriculture produce and HIV/AIDS.

However, both the community and agriculture staff highlighted a notable improvement in relation to input delivery. It was mentioned that for the first time in five years, the district received inputs on time and at a subsidised cost. This has resulted in improved food security this year due to a high crop yield.

In the health sector, the survey revealed that the major prevalent diseases in the district are malaria, diarrhoea, respiratory infections, TB and HIV/AIDS. The sector has a number of problems ranging from infrastructure to drug availability. The three hospitals and 26 RHCs in the district are not adequate for the population. This is coupled with inadequate bed spaces, mortuaries, transport and very few communication facilities such as radios. It was discovered that staffing levels are very low especially for nursing cadres while drugs were said to be rarely available.

Water and sanitation equally was found not to have improved from the baseline survey. The districts suffer from an erratic supply of water while sanitation facilities are very few.

With respect to the education sector, the survey revealed that the free primary education has eased the burden on parents to secure school requisites such as exercise books, pencils, uniforms and textbooks among others. Together with the New Break Through to Literacy (NBTL) programme, enrolment ratios at grade one level have significantly improved. This improvement might however be hindered by lack of poor physical infrastructure, low staffing levels as well as teacher morale. While the primary level is recording some improvements, the secondary level seem not to be getting better. Apart from one school, which is being rehabilitated through HIPC resources, the rest of the schools do not have adequate resources to undertake rehabilitation work.

In order to improve the above situation, a number of interventions need to be put in place. In the agricultural sector, government should continue and improve on the timely and distribution delivery of inputs to the district. Extension services need improvement while soil conservation methods existing in the district should be encouraged and expanded. The road infrastructure in the district is a disaster and requires urgent attention starting from the main road (Great East Road) to feeder roads.

In the health sector, there is need to build at least more health centres while infrastructure and bed spaces at the existing hospitals should be upgraded. The disease burden for the district seems to have a similar trend and can therefore be greatly reduced if preventive measures were focused on. Improving the water and sanitation situation would assist in reducing the disease burden particularly for diseases such as diarrhoea.

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	HUMAN IMMUNE DEFICIENCY SYNDROME
CEMP	COMMUNITY ENVIRONMENTAL MANAGEMENT PROGRAMME
CLUSA	
CSPR	CIVIL SOCIETY FOR POVERTY REDUCTION
DACO	DISTRICT AGRICULTURAL COORDINATOR
DEO	DISTRICT EDUCATION OFFICIAL
D-WASHE	DISTRICT WATER AND SANITATION HEALTH
ESP	ENVIRONMENTAL SUPPORT PROGRAMME
FAO	FOOD AND AGRICULTURAL ORGANIZATION
FGD	FOCUS GROUP DISCUSSIONS
HIPC	HIGHLY INDEBTED POOR COUNTRIES INITIATIVE
HIV	HUMAN IMMUNE VIRUS
IFIS	INTERNATIONAL FINANCIAL INSTITUTIONS
IMF	INTERNATIONAL MONETARY FUND
LWF	LUTHERAN WORLD FEDERATION
MACO	MINISTRY OF AGRICULTURE AND COOPERATIVES
MBT	MICRO BANKERS TRUST
NGO	NON GOVERNMENTAL ORGANIZATION
NGOCC	NON-GOVERNMENTAL COORDINATING COMMITTEE
OPD	OUT-PATIENTS DEPARTMENT
PAM	PROGRAMME AGAINST MALNUTRITION
PRA	PARTICIPATORY RURAL APPRAISAL
PRSP	POVERTY REDUCTION STRATEGY PAPER
RCF	RURAL CREDIT FACILITY
RHC	RURAL HEALTH CENTER
RTI	RESPIRATORY TRACT INFECTION
SRP	SOCIAL RECOVERY PROJECT
SSIS	SEMI-STRUCTURED INTERVIEWS
T.B	TUBERCULOSIS BACILLI
WB	WORLD BANK
YMCA	YOUNG MEN'S CHRISTIAN ASSOCIATION OF ZAMBIA
ZAMSIF	ZAMBIA SOCIAL INVESTMENT FUND
ZARTEC	
ZAW	ZAMBIA ALLIANCE OF WOMEN
ZHDI	ZAMBIA HUMAN DEVELOPMENT INDEX

PERSONS INTERVIEWED

Mr. Pelekamoyo	District Education Officer
Mr. Elijah Siame	Acting District Agriculture Coordinating Officer
Mr. S. Goma	Manager- Administration, District Health Management (DHMT)
Mr. Valentine B. Mushipi	Internal Auditor, Petauke District Council
Ms. Sandra M. Katamba	Clerical Officer, Department of Water of Affairs, Urban Water Supply
Mr. Japhet M. Zulu	Administrator, Nyanje Mission Hospital
Mr. Emmanuel Phiri	Information Officer, Nyanje Mission Hospital
Ms. Alibes Phiri	Teacher, Nyanje Middle Basic School
Chieftainess Nyanje	Chieftainess, Nyanje Study Site
Mr. Davies Siwo	Block Extension Officer, Nyanje Study Site
Mr. Thomas Mwale	Councilor, Nyanje Ward
Mr. Donald Sakala	Councilor, Nyika Ward
Mr. Alick Banda	Councilor, Chilimanyama Ward
Mr. Chanda Zulu	Nurse In Charge, Chikuse Rural Health Center
Mr. Joseph Y. Phiri	Headmaster, Monde High School

CHAPTER ONE

1. BACKGROUND

Zambia's economic down turn begun in the mid 1970s with the increase in world oil prices and a fall in the price of copper. In the mid 1980s, the country experienced one the most rapid economic decline in Sub Sahara Africa and now ranks as one of the Least Developed Countries in the world. According to the 1999/2000 Zambia Human Development Report, Zambia's Human Development Index (ZHDI) started to decline in 1985 and accelerated in the 1990s. Some of the factors that led to this decline include life expectancy, which fell drastically from 55 years in 1990 to 37 years in 1998 while the full education enrollment ratio for school children dropped. Additionally, per capita income fell from USD451 in 1976 to USD300 in 1997 due to low economic activity, high inflation rates and population growth rates experienced in the 1980s and 1990s. The debt burden together with unfavorable terms of trade compounded the situation leading to unprecedented poverty.

As a result of the declining economy and the resultant poverty levels, Zambia qualified for the decision point of the Highly Indebted Poor Country (HIPC) Initiative in December 1999 and was required to prepare a Poverty Reduction Strategy Paper (PRSP). PRSPs are currently core to the anti poverty framework announced earlier in 1999 by the World Bank (WB) and the International Monetary Fund (IMF) and are designed to ensure that debt relief provided under the HIPC Initiative, and concessional loans from the International Financial Institutions (IFIs), are directed towards poverty reduction efforts in the poorest and most indebted countries. Consequently, all HIPC countries including Zambia are required to prepare a PRSP outlining poverty reduction goals and plans for attaining them and, demonstrate progress towards these goals before deeper debt relief can be released.

In June 2000, Zambia embarked on the preparation of the PRSP through a very consultative process involving different stakeholders, among them civil society. Zambia's PRSP was approved by Cabinet in April 2002 and was submitted to Boards of the WB and IMF in May 2002. The two institutions endorsed the document as a robust platform for addressing issues of poverty in Zambia and the Government has since started implementing policies in this document.

In order to track progress being made by the implementation of the PRSP and assure its success, civil society through the Civil Society for Poverty reduction (CSPR) has undertaken to monitor the implementation process. The CSPR would be monitoring implementation of the PRSP two times in a year: in mid- year and towards the end of the year. The two periods have been selected because they will be able to reflect the seasonality dimension of poverty since the first period is a harvesting period while the second period is usually a period when majority of the people have run oare just running out of food stuffs. Undertaking poverty assessments during only one of the periods is unlikely to reflect the true picture of poverty situations throughout the year.

As a starting point, a baseline survey on the poverty situation was undertaken in September and October 2002 covering all the nine provinces in the country. This study was conducted in conjunction with the Zambia Social Investment Fund (ZAMSIF). As a follow up to the 2002 baseline survey, CSPR conducted rapid poverty assessments in five of the nine provinces involving Eastern, Luapula, Northwestern, Western and Southern Provinces. The purpose of this survey was to track any changes between 2002 when PRSP implementation begun and now (May 2003).

1.1 Objectives

The main objective of this research is as follows;

- To monitor the impacts of the PRSP interventions on people's lives;
- To generate and assess levels of community participation and perceptions of the poverty situation in relation the PRSP since the last (2002) Baseline Poverty Assessment;
- To come up with information and data for updating the PRSP.
- To come up with community-bred recommendations onlhow best to fill the gaps and inadequacies of the interventions.

1.2 Methods

The monitoring methods used in this monitoring process was participatory using Participatory Rural Appraisal (PRA) techniques, listed in the table below. Different techniques were used to capture specific issues from specific respondent groups, which included men's group, women's group, youth groups and traditional authorities or leaders at community level and government official and politicians at district level.

Table 1: List of PRA techniques used in the PRSP monitoring

PRA technique	Group	Poverty Issues
• Semi-Structured Interviews (SSIs)	Health personnel, Teachers, Traditional leaders, Heads of government departments, ward councilors	General poverty issues according to specific PRSP sector
• Social maps	Men, women and youth groups	Child headed households, female headed households, number of widows, households headed by the aged
• Ranking and scoring	Men, women and youth groups	Crops grown, prevalent diseases
• Gender Analysis matrix	Men, women and youth groups	Crops grown, access to land, control of productive natural resources, control of household incomes, access to credit facilities and agricultural extension services
• Seasonality analysis	Men, women and youth groups	Diseases, food security
• Wealth ranking	Men, women and youth groups	Perceptions of poverty and categorizing poverty levels in respective communities
• Trend analysis	Men, women and youth groups	Income levels, crop yields, rainfall, agricultural input provision, food security
• Flow charts	Men and women	Poor farming, water and sanitation
• Sequence ranking	Men and women	Disease treatment

1.3 Sampling

Sampling of monitoring sites was based on the selection or sampling criterion that was used in the October 2002 PRSP Baseline Study in which the following sites were sampled on the basis of different sources of livelihoods. The study sites were:

1.3.1 Nyanje Site

Nyanje site was purposively selected based on the high poverty levels, growing of paprika as cash crop, distance away from Petauke Central and proximity to the Mozambique border.

1.3.2 Chikuse Site

Chikuse grows a much wider variety of cash crops including cotton, groundnuts and sunflower. Chikuse has also well-established education and health centers built with the assistance of the then Social Recovery Project (SRP).

1.3.3 Petauke Peri-urban Site

The peri-urban community largely depends on the informal economic sector, which is supplemented with maize growing around the township.

Respondents in the monitoring sites were sampled by availability sampling for community groups. While for government officials, traditional leaders and ward councilors and in terms of sampling were sampled purposively.

1.4 Monitoring Team

The monitoring team was composed of representatives from Civil Society for Poverty Reduction (CSPR) member organizations, which included Non Governmental Coordinating Committee (NGOCC) – Chipata, Young Men Christian Association of Zambia (YMCA) – Chipata, Chalaka Development Project – Chipata, Zambia Alliance of Women (ZAW) – Lusaka and a representative from the CSPR Secretariat in Lusaka.

1.5 Limitations and Experiences

1. Transport to and from study sites was unreliable resulting in losing time meant for monitoring. The team lost a full day and a half of the study time due to transport constraints.
2. It was difficult to gather the needed number of community due to poor communication. Due to lack of own transport we were relying other people for transport to deliver the letter/ message of the monitoring exercise. This delayed the delivery of the messages hence the problem of having the needed number of community members.
3. Power failure in the township on two different days delayed the preparation of site reports.

CHAPTER TWO

2 LIVELIHOODS

2.1 Agriculture

2.1.1 Crop Farming

Agriculture is the main source of livelihoods for the people of Petauke District. This came out from Nyanje and Chikuse sites. This includes mainly crop farming and livestock rearing. Crops grown are maize, ground nuts, sunflower, cassava, beans, paprika, cotton and sweet potatoes. The three study communities ranked these crops according to perceived importance. The ranking is shown in the diagramme below:

Visual 2: Crops grown in the three study sites as ranked by the community

Crop	Nyanje	Chikuse	Petauke Urban
Maize	1	1	1
Ground nuts	2	2	2
Beans	4	6	-
Sunflower	4	5	-
Cassava	3	-	3
Cotton	-	3	4
Paprika	-	4	-
Sweet potatoes	5	-	-

Rank 1 means commonly grown crop Rank 5 is the least commonly grown crop
Source: Drawn by communities in the respective sites

Maize and groundnuts are the major crops grown in Petauke. Maize and groundnuts are grown by almost all households largely for subsistence purposes and surplus is for sale. Other crops such as cotton, paprika and sunflower are grown as cash crops. These are supported by out-grower schemes, namely, the Cooperative League of the United States of America (CLUSA), Dunavant and Clark Cotton.

This pattern of crop farming in terms of predominant crops grown in the district does not show variations from the 2002 baseline survey. However, in terms of agricultural support to local subsistence farmers there has been a positive change as a new cash crop, namely, paprika, has been introduced. In Chikuse, for instance, the community mentioned that CLUSA is new in the area and has introduced paprika as a cash crop through its out-grower scheme for the 2002/03 growing season.

2.1.1.1 Agricultural Input

There has been a remarkable change in the delivery of farm inputs. The community mentioned that during the 2002/03 season they received inputs (fertilizer and seed) on time from the government and other input providers compared to the 2001/02 season. In fact this was mentioned to be the first time the input delivery was on time in five years. Table 2 below shows organizations that have provided input support to farmers in the district.

Table 2: Organizations providing agricultural input support to the communities in Petauke District

Organisation	Input Support Provided		
	Nyanje	Chikuse	Petauke Urban
FAO/PAM	Fertilizer	-	-
PAM	Fertilizer	-	-
Government (MACO)	Seed / fertilizer	Fertilizer/ Seed	Fertilizer/seed
Lutheran World Federation (LWF)	Seed	-	-
Sable Transport	Loans	-	-
Clark Cotton	Loans	Seed	-
Dunavant	Loans	Seed/ pesticides	-
CLUSA	-	Loans	-
Micro-Bankers Trust (MBT)	Loans	-	-
Rural Credit Facility (RCF)	Loans	-	-

Source: field data from the respondents

The table above shows three main categories of input providers. First are non governmental organizations (NGOs) such as the Food and Agriculture Organisation (FAO) of the United Nations, the Programme Against Malnutrition (PAM), CLUSA and the Lutheran World Federation (LWF). Secondly is government through the Ministry of Agriculture and Cooperatives and lastly is the private sector (Sable Transport, Clark cotton, Dunavant, Micro-bankers Trust and RCF). The input by NGOs was mostly targeted to especially the vulnerable social groups such as child headed households, women headed households, widows, aged and the disabled. For example, the RCF loan facility was given to cooperative societies consisting of 10 to 20 members broken down as follows: 50 per cent women, 15 per cent youths and 35 per cent men. Government provided subsidized inputs targeted towards maize production.

The private sector provided loans for cash crop growing. The cash crops being cotton, paprika and sunflower. MBT provided general agricultural loans to two groups in Nyanje.

Though inputs were on time during the 2002/03 agricultural season fazrmers, however, complained that access and distribution of the inputs was not very good in all the study sites the farmers/research participants due to the following reasons:

a. There was no proper system in place to ensure equitable and transparent distribution of inputs. The community complained that the heads of various government departments benefited more from the input distribution than the communities and targeted social groups. For example in Nyanje the community complained that the Agricultural Supervisor in the area 'grabbed' fertilizer inputs from a child headed household without proper explanation. They also complained that only people with money benefited from the input distribution as quoted below.

   "*enzo pasa a dalama kale osati o vutika*" meaning that only people with money were benefiting from the input distribution instead of the poor.

b. The inputs were insufficient to cater for the majority of households. For example the district received less than what was expected in terms of fertilizer. According to the District Agriculture Coordinator (DACO) the district requirement for fertilizer was 60,000 x 50kg bags but only 32,000 x 50 kilogramme (kg) bags were received. The councilor in Nyanje also pointed out that only 200 households benefited from the farming inputs from approximately 2000 households in his area.

c. The 50 per cent deposit requirement as down payment by government was considered too high for the majority of the people

d. The requirement to belong to a cooperative hindered people who do not belong to cooperatives

e. Fertilizer for sale was more than that for loaning

f. The politicization of the input distribution confused the process

2.1.1.2 Storage Facilities

According to the DACO Petauke District has adequate storage facilities for both agricultural produce and inputs. For example Nyanje only has six big storage sheds with a minimum capacity of 7000X50kg bags and the maximum of 16000X50kg bags. In addition to the six big storage sheds there are two smaller sheds with a capacity of 200-300X50kg bags and household granaries of varying capacities.

2.1.1.3 Extension Services

Petauke District is divided into five blocks, which are divided into 44 camps with only 20 manned by extension officers. According to the DACO the 24 camps are not manned due to lack of suitable personnel and loss of manpower due to HIV/AIDS. In terms of service provision, the community mentioned that they have no problems with extension services. They said that they do get technical services from extension officers. However, this was not the case with two rural sites visited. For example in Nyanje, of the eight camps in the block, only four are manned. The Agricultural Block Extension Supervisor explained that even those that are manned are not adequately provided with extension services due to impassable roads, lack of protective wear and of transport and in some cases absence of bridges. The community in Nyanje also stressed that the Agricultural Officer is selective in providing services to beneficiaries. In most cases he only selects his friends and close relatives. In Chikuse, there has been no replacement of the Block Supervisor since the one who was there retired.

In those areas which are not manned, however, the MACO makes use of experienced farmers to provide extension services as a coping strategy. In Nyanje the Block Extension Officer mentioned that they are also trying to sensitize the communities to organize themselves so that they can discuss agricultural issues through a participatory or peer approach.

2.1.1.4 Crop Yields

In terms of agricultural yields, the people in all the sites mentioned that the 2002/03 season will have a high crop yield compared to the 2001/02 season. The DACO confirmed this by saying that this year alone (2002/03 season) the district is expecting at least 1,500,000 bags of maize. This high yield is attributed to timeliness of inputs and good rains during the 2002/03 season. In Nyanje the people also attributed the good crop yields in the 2002/03 season to conservation farming (locally called *gampani*) by those who applied it. However, in Chikuse the men complained of heavy rains, which came too late and were destructive to their crop fields causing soil erosion and leaching of soil nutrients. This situation was feared to reduce crop yields for some people. However, compared to the 2001/02 season, the last season (2002/03) was relatively better off.

2.1.2 Livestock

Major livestock reared in the district are cattle, pigs, goats, chickens and ducks. Cattle are largely used for transport, consumption, drought power and prestige while goats, pigs and chickens are

used for consumption. However, according to the DACO the livestock industry in the area is frustrated by east coast fever. The District has limited veterinary services with some communities owning dipping facilities and others having no veterinary services at all.

2.1.3 Fisheries

The district has one dam and sixteen fishponds located in Nyanje. The District Council owns the dam while the fishponds are owned by MACO. In addition to the above there are small fishponds owned by farmers. According to the Agricultural Block Extension Supervisor and field observations only two fishponds out of sixteen are functional due to lack of canal and fishpond maintenance. Both the fishponds and the dam were said to have a lot of fish but the whole District including the surrounding community does not benefit from this resource. There is rampant poaching of fish. The district authority does, however, not appear to know about it.

Information from the community revealed that anyone harvesting fish pays a certain fee to the Block Extension Officer. Both the district officials and the community do not, however, know whom this revenue end up with. On maintenance of the canal, information obtained from the DACO revealed that K6 million from the African Development Bank (ADB) was released in the first quarter of 2003 for dredging. This contradicted the information given by the Nyanje Block Extension who claimed that no funds had been released for any maintenance work. Meanwhile, a physical check showed that no single maintenance had been carried out indicating that the allocated funds went missing along the way.

The main purpose of creating the dam and fishponds was to improve the nutrition status in the district as well as provide revenue to the Government and the local authority through selling of fish and fingerlings. In the current circumstances, this is not the case.

2.1.4 Constraint and Problems In the Agricultural Sector

The major problems and constraints experienced in the agricultural sector during the 2002/2003 farming season were:

a) Agricultural Input Provision and Distribution

There was a general complaint that there was no input distribution system in the 2002/03 input distribution and that the process of distribution lacked transparency. The people mentioned that there was no information given on the requirements for accessing the inputs.

- Example 1 A group of 27 members in Nyanje had 14 bags of fertilizer removed from their consignment without proper explanation and when the group approached the Agriculture Block Extension Officer for explanation he said that the names he had removed from the list of beneficiaries means that those people will not be accounted for as loanees. As a group they were worried because loan repayment is a group's responsibility not individual.
- Example 2 Similarly, four fertilizer bags (2 down and 2 top) were grabbed from a child headed household without explanation and advised them to buy from him if they needed fertilizer.

In addition, the inputs delivered fell far below the demand while the distribution process was politicized.

Soil Infertility

Soil infertility was sited as a major constraint due to continuous cultivation of same pieces of land for a prolonged period. This has contributed to low crop yields and over dependence on fertilizer, which is beyond the economic reach of majority households. To redress this situation, MACO is promoting soil fertility management methods such as conservation farming (*gampani),* crop rotation and fallow.

HIV/AIDS

The situation of HIV/AIDS pandemic was said to be serious in the district. According to the DACO, the department is badly hit especially the camp extension staff leading to a lot of vacancies. Small-scale farmers were equally said to have been badly hit.

b) Marketing

Due to lack of a proper marketing, brief case buyers are exploiting the communities since they set prices for purchasing their products, which are in most cases below production costs.

c) Road Infrastructure

Poor road infrastructure is a serious constraint to agriculture in the district. Most of the roads, including the Great East Road, are in deplorable state. This was reported during the October 2002 Baseline Study. The district authorities mentioned that the district had received K300 million HIPC funds towards the grading of some feeder roads (a total of three roads – one in each constituency). The following roads have benefited from these funds: *Chisenjere, Chikuse* and two other roads in *Musumbazi* and *Ongolwe* wards. The HIPC funds were allocated early in 2002 but due to administrative bureaucracy the money was only received in early December 2002. The grading of roads started immediately but was suspended in January due to heavy rains and only resumed in April 2003. However, the grading is hampered by lack of adequate machinery as the council has only one grader.

d) Extension Services

Extension services in the district are generally poor due to firstly inadequate staff, and then lack of protective clothing, poor road infrastructure, lack of bridges in some areas and transport. The community Nyanje also cited a tense relationship between itself and the Agricultural Block Extension Officer due to his lack of respect for traditional and civic authorities and supposedly under-hand methods in his official dealings.

The Agricultural Block Extension Officer also mentioned that the area has inadequate extension staff, a situation that has affected the servicing of other farm camps as cited earlier on.

2.2 Other sources and efforts of improving livelihoods

Other sources of livelihoods in the district include retail and other small-scale traders, vegetable gardening and beekeeping, which is being piloted in Nyanje. The beekeeping project in Nyanje is being promoted under the Community Environmental Management Programme (CEMP) of the Environmental Support Programme (ESP). The project aims at empowering women and has so far received K15,000,000. However, the women involved in the project mentioned that there is no financial accountability on the part of facilitators. For example the women in the area complained that they were coerced to sign the financial report of the first tranche of

K15,000,000 of which they did not approve. The women further stated that they are not involved in decision-making of the project.

2.3 Changes and Developments

In relation to the PRSP indicators for the agricultural sector very few farmers are accessing extension services due to the following reasons inadequate extension staff, poor road infrastructure, lack of transport and protective clothing for extension staff. Veterinary services are very limited resulting in the proliferation of livestock disease burden. government's effort towards improving soil fertility and crop yields, however, has yielded some desirable results as it has enabled a few farmers to practice conservation farming (locally known as *gampani*) and crop rotation. In addition, the private sector is promoting out grower schemes in cotton, paprika and sunflower.

Agricultural production in the district was said to be constrained among other things lack of draught power. Very few people own cattle and those that own it largely use it for transportation purposes and prestige. Small-scale farmers who largely depend on rainfall for their agricultural activities do most of the farming in the district as there is only one large-scale commercial farmer practices mechanized irrigation in the three sites visited.

As a result of government's assistance in terms of input distribution during the 2002/2003 agricultural season many households said that they have adequate food reserves to last a greater part of the year. However, they expressed fears that this food despite it being adequate will not last till the next season due desperation for money to cater for other household needs such as groceries and school fees and other school requirements.

CHAPTER THREE

3. HEALTH

This section briefly discuss the commonest diseases found in the study areas and the health facilities available to the people.

3.1 Prevalent Diseases

The most prevalent diseases in the district are malaria, diarrhoea, malnutrition, respiratory infections (pneumonia and non-pneumonia), surgical and emergency, skin infections, T.B. and HIV/AIDS. These were scored and ranked as indicated in visual 2below.

Visual 2 Ranking and scoring of prevalent diseases

Disease	Score	Rank
Malaria	* * * * *	1
Diarrhoea	-	2
Malnutrition/Kwashiorkor	-	-
T.B	* * * * *	-
HIV/AIDS	* * * * *	5
Pneumonia	-	-
Tonsils	-	3
Asthma	* * *	-

***** More stars (*) means scored highly in terms of prevalent.

Small number means ranked first in terms of prevalence

Source: Women and men FGD groups in Nyanje

Malaria is the most prevalent disease in the district. This was ranked highest in all the three sites. HIV/AIDS, diarrhoea and respiratory disease were also identified and scored highly prevalent in the district. Malaria was said to be more prevalent in the district during hot humid months mostly January to April as indicated in the seasonality analysis diagram below. This high prevalence of malaria around this time season was attributed to the presence tall grass, pools of stagnant water and high temperature.

Visual 3: Seasonality analysis of most prevalent diseases in Petauke Township

Disease	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Malaria	X	x	x	x	x	x	x	x	X	x	x	x
Diarrhoea										x	x	x
Boils											x	x
Tonsils	X	x	x	x	x	x	x	x	X	x	x	x
Cough	X	x	x	x	x	x	x	x	X	x	x	x
Eye Infections	X	x	x	x	x	x	x	x	X	x	x	x

(X) – Indicates seasonality of disease

Source: FGD of Women in Petauke Township

The common form of treatment for malaria patients is through administration of chloroquin. However, the clinical officer in Chikuse mentioned that most people are showing resistance to chloroquin treatment. According to the clinical officer preventive measures are not taken seriously as most people in Chikuse sell the mosquito nets that they are given to them.

Diarrhoea was said to be common among children around the dry season from around Agust to October when the water level is low. This was attributed to poor water quality and sanitation.

The high prevalence of HIV/AIDS in the community was attributed to people especially youths, who use condoms, which they perceive are not 100 per cent

These prevalent diseases correlate with high morbidity and mortality rates in the areas with malaria recording the highest number of morbidity and mortality rates followed by respiratory tract infenctions as depicted in the barchart reproduced below.:

The above levels of mortality and morbidly if compared to the current trend for the first quarter of 2003 (see table 2 below) show no significant variation in terms of trend. Malaria still accounts for high cases of mortality and morbidity.

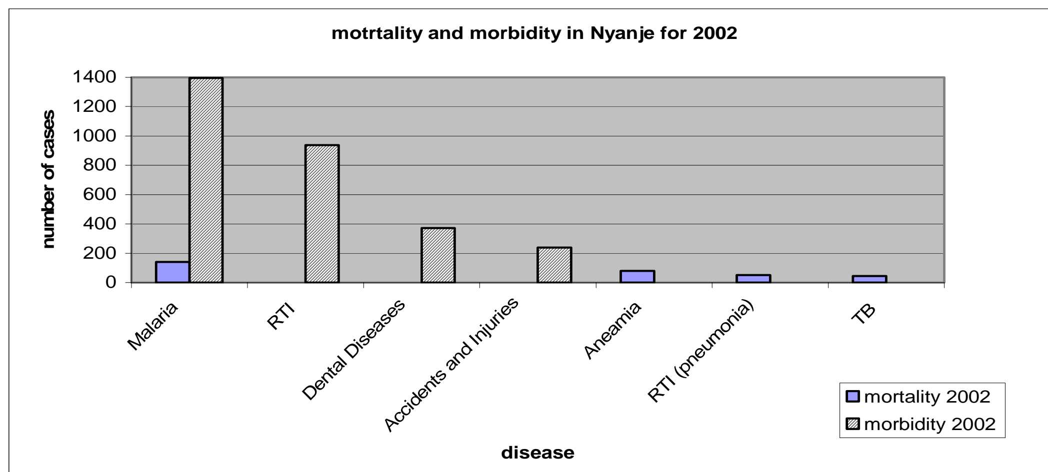
Table 3 Mortality and Morbidity cases in Nyanje for the first quarter of 2003

Disease	Morbidity	Mortality
Malaria	2593	13
Diarrhoea (non-blood)	248	-
Skin Infections	174	-
Malnutrition	-	-
RTI (pneumonia)	-	3
Cardial Vascular Diseases	-	2
Aneamia	-	2

Source: Hospital records in Nyanje

3.2 Health Facilities, Services and Constraints

The entire Petauke District has three hospitals and twenty-six rural health centers. These health centers are far below the demand of the district populatopon. For example in Petauke Urban there is only one clinic for a population of about 26,000. This is the clinic where people are required to go first before going to the hospital. This has resulted in congestion at the clinic.The district also faces a problem of lack of transport for patients. According to the Director of Health the entire Petauke District has only one ambulance which is usee for administrative purposes rather than ferrying patients. The health authorities, however, indicated that the one ambulance cannot adequately service the community and this is what has led the people to think that the ambulance is not there to serve them.



The hospitals and rural health centers have inadequate bed spaces compared to the number people admitted. In most cases more than one patient are made to share one bed space regardless of the disease one is suffering from. For example in the male admission ward at Nyanje Hospital the male patients are made to sleep on the floor and these patients are mixed in one ward regardless of disease suffered from. In Petauke Urban and Chikuse the people mentioned that children of eleven years and below are made to share one ward with expectant mothers.

Taking patients to the hospital is, therefore, the sole responsibility of their relatives. This includes even emergency cases. In Nyanje and Chikuse the community said that they use ox-carts and bicycles for transporting patients. The community in Petauke urban said that despite the existence of two ambulances at their hospital, only one is used for service delivery, while the Director of Health uses the other one as a personal to holder vehicle, hence the statement in the above paragraph that the district has only one ambulance.

In terms of communication, most of the Rural Health Centre (RHC) have no communication facilities such as radio and telephone. This makes communication with other RHCs difficult. In Nyanje the existing radio communication system at the hospital is only able to link them to the Petauke Hospital but not the rest of the rural health centers. In Chikuse the community said that in case of an emergency, their RHC sends some one to Petauke District Hospital which is 56km to report the case. This is usually by bicycle or ox-cart. Furthermore, the poor road infrastructure in the whole district is a serious constraint to effective communication by road. Distances between RHCs and referral centers are too long for patients to walk. For example in Nyanje the nearest RHC to Nyanje referral hospital is Sinda Clinic, which is about 24 kilometers (kms) away.

The furthest point is Matambazi, which is about 50kms away. People in Sinda they can book private transport (vehicles), and those from other RHCs use Ox-carts and bicycles.

The health sector in the district is also constrained by lack of adequate health personnel and lack of adequate drug supplies as this affects the quality, efficiency and effectiveness of health services in the district. This problem of inadequate health personnel was mentioned in all the sites visited. For example Nyanje Hospital was said to have a staffing level of 58 personnel. However, the normal establishment of staff is 86, meaning that the hospital is operating at 67 per cent of the normal staff establishment. This understaffing was said to be a serious problem with nursing cadres. However, according to the senior health officials at the hospital the current (2003) staffing levels show a remarkable increase in the staffing level by 17.4 kms from the 2002 level. The community also acknowledged the understaffing of the hospital but mentioned that the addition of one Medical Doctor has slightly improved the situation. In Nyanje, out of the qualified establishment level of three personnel, there is only one Zambia Enrolled Nurse who is currently in charge of the health center. In Comparison to the 2002 poverty baseline survey, the community feels there is an improvement with the deployment of the Nurse at the health center. The community mentioned that this is the first qualified personnel ever stationed at their health center in five years.

Inadequate drug supplies was mentioned in Chikuse and Petauke urban as another constraint to effective and quality health services in the areas. People in Petauke urban complained that drugs are usually not available and clients are made to buy drugs from private drug stores. This inadequate supply of drugs in the hospitals and health centers was attributed to irregular drug supply. For example the district hospital is supposed to receive drugs on a monthly basis but in most cases this is not the case. Instead drug supplies lag behind by one month or more and usually not in sufficient quantities to carter for the demand. Women during a focus group

discussion in Petauke urban cited Malaria and coughing medicines as usually unavailable at the hospital and clinic. However, the nurse at the hospital stated that drug availability is not a problem.

In all the sites visited patients pay user fees to access health services. However, there was a general complaint that the user fees are prohibitive and beyond the reach of the majority. They said that they pay about K1, 000 for registration at the Out-patients Department (OPD) and between K1, 000 and K5, 000 for admission cases. However, for chronic cases user fees do not apply, treatment becomes free of charge. Even though people are made to pay prohibitive user fees, drugs are usually not available and clients are made to buy drugs from private drug stores. This high cost, inefficient and ineffective health service was to make people follow the following sequence in terms of seeking treatment as shown in the sequence diagram below:

Visual 4: Sequence Ranking in Seeking Treatment of Diseases

Disease	Source of Treatment			
	Home	**Groceries *(Tutemba)***	**Hospital**	**Traditional Healer**
Malaria	4	1	2	3
T.B	2	1	3	4
HIV/ AIDS	2	1	3	4
Asthma	1	3	2	4
Pneumonia	1	-	2	3
Chest pains	1	3	2	4
Nyamakazi	3	2	4	1
Score	**15**	**11**	**18**	**23**
Sequence	**2**	**1**	**3**	**4**

Sequence of seeking treatment of diseases starts with (1), then (2), (3) ending with (4)

Source: FGD with Women in Nyanje

The sequence ranking above shows that many people first try to buy medicines from groceries (*tutemba*) then seek treatment at home before going to the hospital. When it fails then they finally seek treatment from the traditional healers. This kind of sequence in seeking treatment does not guarantee quality and safe treatment in the sense that sellers of medicines from groceries is done by unqualified people making the medicine takers prone to expired, wrong medicines and incorrect dosage.

3.3 Changes and Developments

Changes and developments in terms of the PRSP indicators in the health sector include the improvement in the health facilities and services in the two rural communities visited, namely, Nyanje and Chikuse. In Nyanje the communities indicated improvement and rehabilitation of the health center; the health personnel and field observation by the monitoring team confirmed this improvement and rehabilitation. The hospital personnel also mentioned that the staffing levels of the hospital have improved by 17.5 percent from the staff establishment of 2002, though the overall staff levels is still below the required establishment. In Chikuse the communities mentioned that the clinic is now looking good in terms of the outlook and that they now have a qualified medical staff who is a nurse by profession. However, the community in Petauke Township mentioned that there have been no major positive changes and developments in the health sector from last year (2002).

Compared to the 2002 PRSP baseline survey no changes were mentioned or observed in the health sector regarding prevalent diseases such as HIV/AIDS. The communities indicated that HIV/AIDS was very high amongst the youth groups because they do not practice safe sex. The health centres or hospitals equally lack adequate bed spaces compared to the number of patients admitted. Health facilities and services such as transport (ambulances) and building structures such as admission wards are lacking. The health centres also lack efficient communication facilities. Drug supplies were also said to be inadequate. The average distances to the health centres are also very long for the majority of the people in the district to easily access health services.

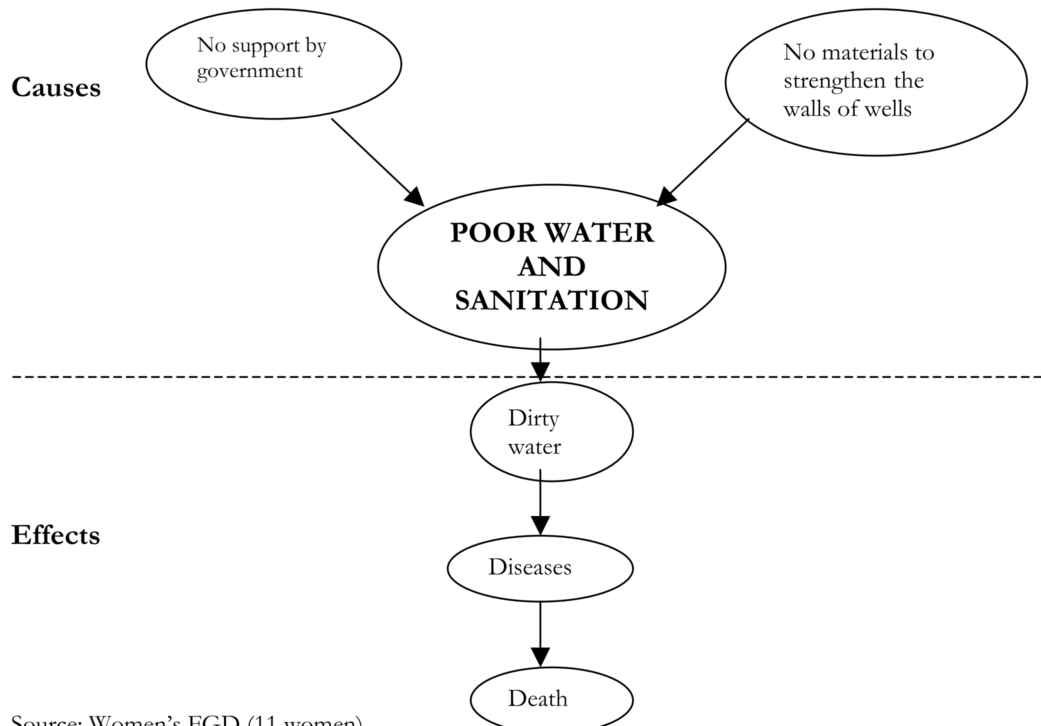
CHAPTER FOUR

4.1 Water and Sanitation

The water and sanitation situation in the area is poor due to lack of adequate boreholes, clean water and pit latrines. The two rural study sites of Chikuse and Nyanje have four boreholes each. One of the four boreholes in Chikuse provides clean water, another provides salty water, the other one was vandalised while the fourth one does not function. All the four boreholes in Nyanje are situated in the chieftness' palace grounds and these water facilities are not accessible to ordinary community members due to the local tradition. In Petauke urban the councillor said that there is one borehole per compound of more than 2000 people indicating limited clean water supplies. In addition the water reticulation system is very poor and usually not maintained resulting in constant shortages of water in the whole township. The township has not benefited from the Rural Water Supply and Sanitation Programme by the Government and Non-Governmental Organisations (NGOs).

The other cause of poor sanitation in the district is lack of pit latrines by many households. Most of the households in the area have no proper toilet facilities which promote good sanitary conditions. The community in Nyanje mentioned that they do not have pit latrines because they are not assisted with cement for construction of proper pit latrines. They mentioned inadequate support from Government and lach of materials to strengthen the walls of wells as major causes of poor water and sanitation in their area while diseases and death are its effects. These are indicated in the flow chart reproduced below:

Visual 5 Flow chart showing the causes and effects of poor water and sanitation in Nyanje



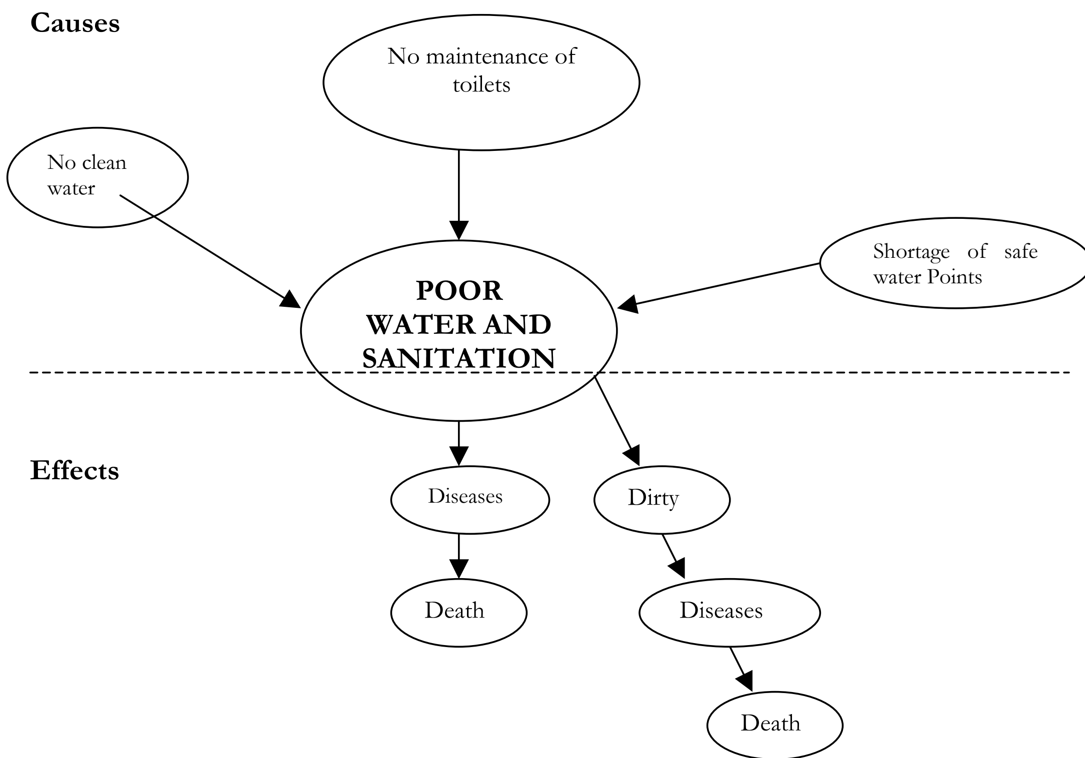
Source: Women's FGD (11 women)

The flow chart shows that poor water and sanitation is perceived to be caused by lack of materials to strengthen the walls of the water wells. This situation leads to dirty and unsafe water

that causes diseases such as diarrhoea which often leads to death. Diarrhoea was mentioned to one of the most prevalent disease in the area during the men's FGD, which they attributed to hunger, unclean water and lack of proper water sources such as boreholes for the local people. The women also mentioned that they have not received any help from government regarding provision of adequate, clean and safe water as indicated in the flow chart above.

As a coping strategy people have now resorted to using shallow wells (*mchela*) that also pose a danger to their health. The flow chart reproduced below isaboutusing shall wells which produce poor quality water. The digging of shallow welss which are often contaminated with pit latrine contents and is, therefore, not clean and safe for drinking, was attributed to shortage of safe water points. In its turn poor water and sanitation produces diarrhoea and death.

Visual 6 Flow Chart showing the causes and effects of poor water and sanitation in Petauke



Source: Drawn by a Women's FGD in Petauke urban

4.2 Changes and Developments

No notable changes and developments in the water and sanitation sector in the district were reported by the study communities. The status of the water and sanitation sector is still very poor in the whole district. There was no indication of an improved water and sanitation situation in the district. PRSP indicators have not been achieved. Communities are still lacking access to clean and safe drinking water sources due to lack of adequate boreholes. In the town area of the district there is reduced supply of water now compared to the 2002 baseline survey when water was supplied 24 hours a day. At the time of the last survey, water was being supplied two times a day early morning and evening. This situation was attributed to the fact that some of the boreholes were not functioning: In two other study sites, there were as many as four boreholes out of which only two were operational.

In Petauke urban the councilor mentioned that the there was one borehole per residential compound of more than 2000 people. In addition, most people especially in the rural communities as mentioned earlier on collect their drinking water from shallow and unsafe water sources called '*Mchela*' in Nsenga language. Furthermore, people walk long distances to fetch water. Many households in the area have no proper or hygienic pit latrines. Despite having the D-washe committees in their areas the communities mentioned that nothing is happening to improve the water and sanitation situation in their areas. The councilor in the urban area of Petauke complained that last year (2002) the District Council engaged a private firm to improve the water reticulation system of the township but up to now no improvements have been made. He said that the company just dug up the trenches to lay the water pipes but did not go further to install the water reticulation system of the township up to now. No reason for their work stoppage has been given.

Clearly, this sector has lagged behind in relation to nearly all sectors in terms of PRSP activities. Access to safe drinking water for both urban and rural; volume of treated water and water facilities provided are still problematic. In addition, water and sanitation has not received any funding from poverty reduction programmes in the district.

Changes and Developments

CHAPTER FIVE

5. EDUCATION

Petauke district has 98 primary schools, 10 secondary schools and 44 community schools. The district also has 23 interactive radio stations to help bring down the high illiteracy levels obtaining in the district. Overall, schools, especially primary schools, are well spaced out with only 10 per cent of school going children having to walk long distances.

5.1 Infrastructure

Most of the school infrastructure in the district is generally poor and inadequate. At best, it needs intensive rehabilitation and at worst, construction of completely new infrastructure especially classroom blocks, teachers' accommodation and administration block. According to the District Inspector of School, most schools in the district have a minimum of two teachers' houses despite the number of teachers available. As an illustration, at Nyanje Middle Basic School, only three teachers' houses are available against eight teachers currently serving at the school. In addition, the available houses are in a dilapidated state and have no electricity despite power lines passing on the houses' roofs. In other instances, pupils are learning in grass thatched mud and pole rooms with virtually no teacher accommodation. In general, the district has a shortage of desks with higher grades such as grade seven pupils having to sit on floor mats.

There are some limited community efforts aimed providing infrastructure such as classroom blocks and teachers' accommodation but very little assistance is being rendered to these efforts. For instance, at Monde High School in Chikuse, the community has been able to construct a 1x4 classroom block and six teachers' houses. Plans are underway to have an administration block built but the school will require a lot more assistance than is currently being received in order to complete the construction. Some assistance has been received from World Vision International (construction of a laboratory) as well Government (roofing sheets). Other efforts to improve infrastructure are underway at Tata, Wakara, Batunjeand, Dambwe, Mbwindi, Sonja High School and Wadimaira. The Catholic was said to be funding some of the works while at Sonja High School HIPC funds are being used.

5.2 Staffing and Teacher Morale

With a shortage of 105 teachers in 2003 which has reduced from 179 in 2002, the staffing situation in the district was said by the District Education Office (DEO) to be improving. The improvement was attributed to the ZARTEC program being implemented by the Ministry of Education. Records show that there are more male teachers in the district compared to females. The district has qualified teachers except in community schools, which has volunteer teachers. To help maintain teaching standards, the DEOs office provides inspection services to these schools.

Despite the said improvements, however, the situation still remains poor especially for rural schools. The most hit schools are community schools, which are largely being manned by unqualified and volunteer teachers. The poor staffing levels has led to a high teacher to pupil ratio averaging 1 to 56.5 for both primary and secondary schools against the recommended ratio of 1 to 42 for primary schools and 1 to 35 for secondary schools.

In Petauke urban, the total number of teachers available is 28 against an establishment of 40 teachers.

The poor staffing levels especially in rural schools was attributed to lack of accommodation for teachers and inaccessibility of some schools due to poor road infrastructure. In Chikuse, for instance, the road to the Boma is nearly non-existent making it impossible for vehicles to reach the area. Consequently, teachers are made to cycle a distance of 30 kilometers to collect salaries and buy basic necessities. This situation is a hindrance to would be teachers particularly female teachers who might find it difficult to cycle a distance of 30 kilometers. Where there is accommodation, most of the houses are in a dilapidated state and lack water supply and any form of power for a decent living. Besides being a hindrance to sending of new teachers, the cited factors play a significant role in diminishing the morale of the already available teachers. The morale is dampened further by what was called poor conditions of service obtaining at the moment. Teachers complained that while rural hardship was meant to mitigate some of these problems, it is not given on time while salaries are normally received late. For new teachers, the procedure for starting getting this allowance is cumbersome and long. Teachers complained about the fact that some of their colleagues who started work as far back as 1998 have not yet started receiving hardship allowance.

The district is heavily affected by the HIV/AIDS pandemic with, on average, 15 teachers die every year from the pandemic. This high mortality rate could be a contributing factor to the low staffing levels in the district.

5.3 Teaching and Learning Materials

The procurement of teaching and learning (including those for HIV/AIDS) has improved in the last three years. The materials are sent to the DEO's office for distribution to primary schools. In addition, a grant of K2.6 million from the Ministry per term assists in the acquisition of school requisites. The grant however has been static for some time now and hence has lost buying power originally envisaged due to the persistent rise in prices. For secondary schools, there was no evidence that these materials were being delivered. For example, a check in the stock book at Monde High School revealed that no such materials had been received in the last five years. A further check revealed that for the grade eight class, there was only one textbook for the teacher and one for pupils.

The research team discovered that while the storeroom at the district level was packed to capacity with teaching and learning materials for primary schools, the situation in schools visited was not as expected. While there is an appreciation that some materials are being received, the stocks are not adequate to meet the demand for both teachers and pupils. It was further discovered that certain schools face storage problems for the materials due lack of storage facilities such as cupboards.

5.4 Enrolment, Retention and Progression Rates

The enrolment rates at primary level have dramatically gone up in the last one-year in the district following the introduction of the free primary education policy. According to the community, this policy has eased some burden on parents who previously had to buy school requisites such as pencils, books, uniforms. In addition they are now not required to pay school fees.

According to the DIS, retention rates have improved with grade one classes recording 100 per cent in 2002 while the retention for grades two to seven averaged 86 per cent. Besides the free

primary education policy, improvements in the retention rates have been attributed to the New Break Through to Literacy (NBTL), which is enabling pupils, start reading and writing in the early grades. The following were cited as major hindrances to achieving higher retention rates for grades 2 and above:

- *Chinamwali* – a traditional initiation ceremony for girls who have attained puberty age
- For the last two years, the hunger situation kept children out of school as they had move with parents to distant places where they could find food
- Limited furniture for pupils
- Lack of adequate number of teachers due to poor or lack of accommodation and inaccessibility of some schools

Progression rates however were described as the main worry to the district particularly at grade seven where many pupils were unable to proceed to grade eight due to limited funds. The K17 million provided for vulnerable children falls far short of the required funds.

5.5 Changes and Developments

Compared with the baseline of October 2002, not much progress has been achieved in the education sector in Petauke district. The policy of free education has continued to work well resulting in an increased enrolment ratio estimated at 100 per cent in some primary schools. While some improvement was noticed in the availability of teaching and learning materials, a lot still needs to be done here especially in relation to distribution. Another change observed was a marginal increase in the staffing levels. In May 2003, the district had a shortfall of 105 teachers as compared to 179 in October 2002. However, teacher to pupil ratio averaging 1 to 56.5 for primary schools remain one of the highest in the country. On HIV/AIDS, there has been an increase in the number of teachers being lost due to the pandemic from around 10 in 2002 to 15 in 2003 per year.

School physical infrastructure has deteriorated in the district while progression rates have remained poor. With the exception of lower grades, there was a general complaint from education officials about the low progression rates in the higher grades. This was attributed largely to traditional practices, high cost of education especially beyond primary school and the hunger situation experienced by the nation in the last three years. The grant given to the DEOs office to assist the vulnerable children has remained small and has, therefore, not reduced the number of such children from staying away from school.

Comparing the findings to the PRSP, the education sector is lagging behind on most of the indicators outlined in the document. With the exception of the enrolment and pupil text book ratios, the district has remained static on most of the indicators such as progression rates, literacy rates, teacher pupil ratio to mention but a few.

CHAPTER SIX

6.1 Poverty Levels

In all three sites a poor person was said to be characterized by lack of basic necessities for his/her well-being. Therefore, poverty was defined as in the local language as *'kusowa zo funika pa umoyo wathu,'* translated as "leaning what is required in our life".

The communities identified the following as the key characteristics associated with poor persons: lack of clothes and money, laziness and not being married, lack of food and farming implements and/or inputs, inability to access health facilities, ignorance, having no grainary, wear rags and doesn't bath with soap, has a make shift house and so on. Others characteristics include inability to have reliable transport, lack of friends and inability to afford to meet all basic needs in life.

Following the above definition of poverty or characterisation of a poor person the communities in the respective sites indicated that the levels of poverty in their areas are very high. The Wealth Ranking exercise drawn in chikuse are reproduced below illustrates this point.

Visual 7: Wealth Ranking of the Community in Chikuse

Category	Characteristics	Perceive Number (%)
Poor *(Ovutika)*	Sleeps on the mat; puts on rags; bathes without soap; eats same diet every day; lacks proper accommodation facilities; eats once a day	**95**
Non- poor *(alikobwino)*	Eats throughout the year; uses animal draft power, has good clothing; changes diet; eats more than three times a day; owns some livestock; puts on clean clothes	**04**
Rich *(Olemra)*	Owns a tractor, owns a house made of bricks; has a garage; has a grinding mill	**01**

Source: Drawn by 12 men in Chikuse during an FGD

As indicated in the wealth ranking above the majority of the people are poor. Only about four out of a hundred are non-poor. They said only one person is rich in the area. This person was said to own a house made out of bricks; he also owns a tractor and that he also resides in Paetauke township.

6.2 Changes and Developments

There are no significant indications of the reduction poverty levels in the district. The majority people are still wallowing in abject poverty as indicated under the wealth ranking above. This trend or perceived level of poverty was also observed in the 2002 baseline survey. Meaning that poverty levels in the area have remained the same since the implementation of the PRSP.

CHAPTER SEVEN

7. CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusions

Considering the local people's perception and the general understanding of poverty it can be concluded that poverty levels Petauke District are very high as indicated by the wealth rankings in the preceding paragraph. These high poverty levels do not seem to have significantly changed since the operationalisation of the PRSP in 2002.

The PRSP input indicators on poverty reduction in the various thematic areas or sectors show that very little is being done to reduce the poverty levels in the district and this trend has not changed significantly over the last few years. A number of communities, both urban and rural, in the district do not access to basic requirements for their welfare such as quality health and education facilities and services, safe and clean water; proper sanitation facilities, proper infrastructure such as roads and bridges; and adequate food supplies (food security).

However, some notable changes and developments in poverty reduction according to the PRSP intermediate indicators include the improvements of health facilities and services such as the general rehabilitation of the hospital in Nyanje, which is a referral hospital for a population of over 10,000 people. The hospital has also been beefed up in terms of health personnel by 17.5 per cent from 2001, personnel establishment.

In Chikuse the community mentioned that they have received a qualified health personnel for the first time in five years.

In the education sector the construction of a secondary school with a modern laboratory facility in Chikuse is an intermediate indicator of poverty reduction in the area. Other interventions include school rehabilitation work being undertaken by the Catholics and through HIPC resources and the free primary education policy currently underway. A lot remains to be done in order to improve the situation in the sector.

In terms of food security the increased agricultural sector support in the last farming season (2002/03) in terms of inputs by the government and private sector was seen as a remarkable development towards poverty reduction in all the communities visited. The communities indicated that this year they have harvested enough food to cover a greater part of the year.

On road infrastructure,it was mentioned that three feeder roads would be rehabilitated in the district using HIPC resources as well as ZAMSIF funds. The newly introduced system of employing people from local communities to clear drainages and other works that go with road construction and rehabilitation is expected to put money in people's pockets, thereby leading to poverty reduction.

No notable changes and developments in terms of poverty reduction were mentioned or observed in the water and sanitation, road infrastructure and communication sectors. These sectors are undeveloped and have not received much attention compared to the other sectors since the implementation of the PRSP.

To improve the peoples access to basic requirements for their welfare and reduce poverty in the area the following were recommended:

7.2 Recommendations

7.2.1 Agriculture

1. Agriculture, inputs should be delivered on time and in right combinations. Sufficient quantities to district requirement should be delivered.
2. There should be clearly defined guidelines on who should benefit from subsidized inputs and how much an individual should benefit.
3. Conditions of accessing and repayment plans should be clearly explained to beneficiaries in order to avoid suspicions of underhand methods by those responsible for giving out loans.
4. Distribution of inputs should be free from political interference.
5. Providing adequate extension officers to the district and providing extension officers with the required tools to carry out their function should improve extension service.
6. Livestock farming should be encouraged by providing public, affordable and adequate dipping facilities in the districts.
7. Government should take full control of the mam and fishponds available in the districts in order to arrest illegal fishing currently going on while the fishponds should be immediately filled and restocked.
8. Soil conservation methods should be encouraged to reduce on the over reliance on fertilizer.
9. Road infrastructure should be improved immediately to improve inputs distribution and access to production point for buyers.
10. HIV/AIDS preventive messages should be incorporated in the agricultural extension services to serve the lives of the farmers.

7.2.2 Health

11. Health facilities should be improved by constructing more hospitals and rural health centers.
12. Preventive as opposed to curative measures should be emphasized in order to reduce on the morbidity rates as well as the cost that go with curative measures.
13. The district should be provided with at least four ambulances to improve on the acute transport problems found by the hospitals when attending to emergencies and other critical service cases.
14. Radio facilities should be provided to all rural health centers.
15. The low staff levels, particularly the nursing staff, should be attended to as soon as possible.
16. Drug supplies should be improved to avoid a syndrome of patients ending up with prescriptions at the health centers instead of medicines.
17. User fees should be standardized in government hospitals and rural health centers and made available.

7.2.3 Water And Sanitation

18. Government should help the local people to have affordable materials for the construction of proper pit latrines to improve the sanitation of the people
19. More boreholes should be put up both in rural and urban areas in order to mitigate the critical water shortage in the districts and improve access to clean and safe water.
20. Communities should be sensitized on the need to have pit latrines.

7.2.4 Education

21. School physical infrastructure in the districts should be urgently rehabilitation as a starting point. New infrastructure will also need to be constructed especially for rural schools.
22. Teachers' accommodation should be built to improve on staff levels in rural schools and where they existed, they should be electrified or provided with solar power. This will attract teachers to rural schools.
23. Staffing situation should be improved by sending more teachers to the district. The gender balance should be taken into account in order to reverse the current situation where there are more male teachers than female.
24. Community schools should be provided with qualified teachers and have their infrastructure properly built.
25. HIV/AIDS preventive messages should not only be targeted at pupils, but teachers as well.
26. Government should continue providing teaching and learning materials to primary schools but a distribution method should be put in place to ensure that these materials are taken to various schools upon arrival at the district office.
27. Assistance should be extended to secondary schools.
28. Community efforts relating to construction of infrastructure should be encouraged by being recognised and assisted not only by government but cooperating partners as well.
29. The policy of free primary education should be continued and improved upon in order to improve enrolment and retention rates at primary school level.
30. Retention and progression problems at higher grades need to be solved by tackling their cost causes.

7.2.5 Happenings in the PRSP

31. PRSP should be decentralized up to district levels in order to allow district-planning officials to incorporate poverty reduction programs in their plans.
32. HIPC resources (and indeed any other resources) should be used prudently with results visible for everyone to see.