

2011

Annual Program Report



Sustainability through Economic Strengthening, Prevention and Support for Orphans and Vulnerable Children, youth and other vulnerable populations (STEPS OVC) Project in Nchelenge and Chiengwe District



NIDYLSIG ZAMBIA



Nchelenge Inter-Denominational Youth Learning and Sharing Initiative Group

**Sustainability through Economic Strengthening, Prevention and
Support for Orphans and Vulnerable Children, youth and other
vulnerable populations (STEPS OVC) Project in Nchelenge and Chiengwe
District**

2011 Annual Program Report

Submitted to:

Africare- Zambia

**Plot 78/100 off Lake Road
Ibex Hill
P. O. Box 33921
Lusaka**

Submitted by:

Mwape Enos – Executive Director

NIDYLSIG

P. O. Box 740101

Nchelenge, Luapula Province

Project Information

Title of Project: STEPS OVC Project in Nchelenge and Chiengwe District

Location: 27 Sites in Nchelenge

Executing Agency: World Vision

Project Manager: Africare Zambia

Implementing Agency: NIDYLSIG

Project period: 14th June 2011 – 30th September 2011

Funding Approved: ZMK 262,258,960.00

Fund Received/Obligated ZMK 104,903,584.00

Reporting Category: 2011 Annual Program Report

Reporting period: 14th June 2011 – 30th September 2011

Table of Content

Table of Content.....	3
LIST OF ACRONYMS	4
EXECUTIVE SUMMARY	5
1.2 <i>PROJECT OBJECTIVES</i>	<i>6</i>
3.2 Strategic Objectives	6
1.3 <i>PROJECT COMPONENTS.....</i>	<i>6</i>
1.3.1 Primary/Basic School.....	6
1.3.2 Secondary/High School.....	6
1.3.3 Safe from, life skills and HIV prevention.....	6
1.3.4 Conduct roll out trainings.....	6
1.4. Project Target Group.....	7
1.4.3 Project Sites	7
1.5 <i>IMPLEMENTATION ARRANGEMENTS.....</i>	<i>8</i>
1.6 <i>APPROACH</i>	<i>8</i>
1.7 <i>SUB-GRANT AGREEMENT.....</i>	<i>9</i>
1.10 <i>EXPECTED PROJECT PERIOD OUTPUTS.....</i>	<i>9</i>
2.0 ANALYSIS OF ACHIEVEMENTS AND COMPARISON AGAINST TARGETS	9
2.0 Analysis of achievements during the first of the implementation of the STEPS OVC	
Project under review.....	13
<i>COMPARING TARGETS WITH ACHIEVEMENTS ACROSS AGE CATEGORIES.....</i>	<i>13</i>
<i>WORKING WITHIN TARGET POPULATIONS.....</i>	<i>14</i>
<i>MONITORING OF PROJECT IMPLEMENTATION</i>	<i>15</i>
<i>OUT COMES FROM ACTIVITIES IMPLEMENTED.....</i>	<i>15</i>
4.0 STAFF MATTERS	16
5. SAMPLE IMPACT CASES.....	17
6. LESSON LEARNT.....	18
7. CONSTRAINTS AND RECOMMENDATIONS.....	19
<i>CONSTRAINTS/CHALLENGES.....</i>	<i>19</i>
<i>RECOMMENDATIONS.....</i>	<i>19</i>
CONCLUSION.....	20

LIST OF ACRONYMS

AIDS	=	Acquired Immune Deficiency Syndrome
ARV	=	Anti-Retrovirus Virus
ART	=	Anti-Retrovirus Therapy
BCC	=	Behaviour Change Communication
CBO	=	Community Based Organisation
DATF	=	District HIV/AIDS Task Force
FBO	=	Faith Based Organisation
HIV	=	Human Immune-Deficiency Virus
IEC	=	Information education and communication
MoE	=	Ministry of Education
MoH	=	Ministry of Health
NAC	=	National AIDS Council
NGO	=	Non-Governmental organisation
NIDYLSIG Group	=	Nchelenge Inter-Denominational Youth Learning and Sharing Initiative
OVC	=	Orphans an Vulnerable Children
RHC	=	Rural Health Center
STEPS	=	Sustainability through Economic Strengthening
STI	=	Sexual Transmission infection
USAID	=	United States Agency for International Development
VCT	=	Voluntary Counselling and Testing
WVI	=	World Vision International Zambia

EXECUTIVE SUMMARY

This report gives the status of the outcomes from the implementation of the Sustainability through Economic Strengthening, Prevention and Support for Orphans and Vulnerable Children, youth and other vulnerable populations (STEPS OVC) Project implemented by Nchelenge Inter-Denomination Youth Learning and Sharing Initiative Group (NIDYLSIG) in partnership with Africare-Zambia in Nchelenge and Chienge districts of Luapula Province. The project was implemented from 14th June 2011 – 30th September 2011. The report gives an overview of the activities undertaken, approaches used, interventions, and achievements against targets. Furthermore, the report gives an in-depth analysis of the implementation of activities, lessons learnt and recommendations as a launch pad for subsequent programmes.

The project was implemented under three objectives;

- S01: Ensure that individuals and households affected by and vulnerable to HIV and AIDS access holistic, gender-sensitive, high-quality HIV prevention, care and support.
- S02: Strengthen the continuum of effective, efficient and sustainable HIV prevention, care and support
- S03: Improved efficiency, sustainability and Zambian leadership of HIV and AIDS related services including engagement with the private sector.

Despite having three strategic objectives as eluded to above, the program experienced some challenges during its implementation. One such major constraint was the increased number of OVC who needed support but could not access it due to lack of funds and the inadequate administration funds to carry out the monitoring and other administrative activities. However, after a series of debriefs and orientation to the program goals and objectives, the program got accepted and supported in its implementation. At the same time, the required skills in the area of OVC identification, and group management/leadership skills were not yet provided, thus causing a challenge in ensuring efficiency and effectiveness. However, the skills and knowledge latter acquired have had a positive effect on the beneficiaries, although this could have been better provided earlier at a launch pad for program.

1.2 Project Objectives

The project aimed to contribute to the reduction of HIV/STI prevalence and OVC support in Nchelenge and Chiengwe Districts by 30th September 2011

The Project specific objectives were as follows:

3.2 Strategic Objectives

- To scale up and expand community focused programs for HIV prevention and early seeking treatment for STIs in Nchelenge District by September 2011.
- To provide support aimed at improving the lives of youth and children directly affected by AIDS-related morbidity and /or mortality by 30th September 2011.
- To improve livelihood options and employment opportunities for orphans and vulnerable youths in Nchelenge District by September 2011.

1.3 Project Components

The Project had eight components namely: Primary/basic, secondary/high schools, safe from harm, life skills, and peer education roll out, OVC care givers, child protection, and establishment of kids club.

1.3.1 Primary/Basic School

Under this component, the project supported 300 OVCs and of these 158 were male and 142 female, in 25 schools.

1.3.2 Secondary/High School

Under this component, the project supported 50 OVCs and of these 29 were male and 21 female, in 2 high/secondary schools.

1.3.3 Safe from, life skills and HIV prevention

Under this component, the project trained 100 youths and children in safe from harm, life skills and HIV prevention..

1.3.4 Conduct roll out trainings

Under this component, the project conducted roll-out trainings to 302 youths and children, of these 173 were male and 129 were female respectively.

The other remaining components not targets/actual were achieved due to non-receipt of funds to implement the all approved activities.

1.4. Project Target Group

In order to give school youths and children more access to education, HIV and AIDS prevention and behaviour change communication program, the Project has targeted 25 basic/primary schools and 2 secondary/high schools.

Targets	Male	Females	Estimated target	Totals
Secondary/High	25	25		50
Primary/Basic	150	150		300
Safe from harm, life skills and HIV prevention	50	50		100
Roll out trainings	2,500	2,500		5,000
Care givers	15	15		30
Kids club				1

In selecting the schools and community areas, the following criteria were used:

- a. Location (**Rural Health Centers Catchment Areas**). In order to strengthen the referral system, all the selected schools and community areas were done with approved and participation of by the Ministry of Education, DATF, other community groups and key stakeholders
- b. Availability of BCC and HIV and AIDS facilities. DATF facilitated the knowledge, attitude and practices survey with other partners in the district in selected schools and these formed a basis of selection so as to implement the findings highlighted in the report.
- c. Active churches. Where the church leaders are members of NIDYLSIG and surrounding communities supported the initiative.
- d. Well-organized schools and surrounding communities.
- e. Schools with committed communities around.
- f. Remote but accessible schools.
- g. Distance from the town center and,
- h. OVC with acceptance letters from colleges and institutions
- i. Well-organised community groups

1.4.3 Project Sites

The project worked in 27 sites, and three community groups in Nchelenge and Chiengwe Districts. These are the districts where the OVCs were being supported, all in all there are 27 schools, comprising secondary/high schools and 3 community based organisation.

1.5 Implementation Arrangements

The Project was supported by Africare Zambia through the World Vision STEPS OVC/USAID funding. NIDYLSIG was engaged to implement the STEPS OVC in Nchelenge and Chiengwe District. The organisation used its comparative advantage of working with schools, communities and providing OVC support and HIV prevention messages in schools and communities. Key activities that NIDYLSIG supported are in line with the stated project objectives and the signed agreement with Africare Zambia. The numbers of OVC supported were determined by the population of the given schools and communities. The number of OVC supported 10-12 up to 16 per school, the lowest were 10 OVCs per school. A total number of 300 OVCs in primary/basic, 50 in secondary/high, 100 youths and children trained in safe from harm, life skills and HIV prevention and 302 roll-out reached.

The monitoring of program activities implementation involved identification, verification and tracking the OVCs through OVC register forms, HIV awareness, data quality control, physical verifications and clearing were done to all forms as part of the verification and follow-up school visit form were used as part of the confirmation to the schools, a provision for a signature by a witness who was either a School Manager/Head or community/community leaders. NIDYLSIG staffs conducted follow-ups with OVCs District Committee Members during the implementation of the program; this was done to assess progress, address challenges and chart the way forward.

NIDYLSIG worked with the twenty-seven (27) selected schools in OVC support, HIV prevention as well as strengthening and establishing of the HIV and AIDS health friendly services. The primary focus of activities was on the continuity of the OVC caring, HIV and AIDS prevention this was done by using a variety of methods which includes HIV prevention campaigns. NIDYLSIG had taken advantage of the community mobilisation to impart behaviour change communication as a tool for community mobilisation. This was done in recognition to the role of behaviour change communication in transforming the life of youths and children using different approaches for the dissemination of information.

1.6 Approach

For the project to succeed there was need for strong participation and commitment by different stakeholders. NIDYLSIG continuously solicited for the active participation of partners that included the Ministry of Education, local leadership, local NGOs, FBOs and CBOs in program planning and implementation.

1.7 Sub-grant Agreement

NIDYLSIG signed a contract with Africare Zambia to implement the Sustainability through Economic Strengthening, Prevention and Support for Orphans and Vulnerable Children, youth and other vulnerable populations (STEPS OVC) project. Under this agreement, NIDYLSIG was to provide the following services:

- Train 100 youths in Life Skills and HIV prevention for 5 days
- Conduct peer education activities for out of school youths in life skills, abstinence and be-faithful, including HIV prevention and delay in sexual debut
- Identify and form/strengthen youth health clubs
- Conduct roll out trainings for youths in life skills
- Support 300 OVCs in primary/basic school with school fees and school requisites
- Facilitate and train child protection committees on stigma, social neglect and exploitation
- Establish kid clubs
- Train 30 OVC/Y care givers
- Conduct quarterly review meetings with mentors/peers
- Conduct end of project dissemination meeting with key stakeholders

1.10 Expected Project Period Outputs

By the end of the project, it was expected that

- 300 OVCs would be supported in primary/basic schools.
- 50 OVCs would be supported in secondary/high schools.
- 30 OVC/Y care givers trained.
- 100 youths and children trained.
- 5,000 youths and children in school reached with safe from harm, life skills and HIV prevention messages

2.0 ANALYSIS OF ACHIEVEMENTS AND COMPARISON AGAINST TARGETS

Objective 1: To scale up and expand community focused programs for HIV prevention and early seeking treatment for STIs in Nchelenge District by September 2011.

Under this objective, the following activities were implemented:

- a) 100 youths and children trained in safe from harm, life skills and HIV prevention.
- b) 302 youths and children reached through roll-out trainings

Objective 2: To provide support aimed at improving the lives of youth and children directly affected by AIDS-related morbidity and /or mortality by 30th September 2011.

- a) 300 OVCs would be supported in primary/basic schools.
- b) 50 OVCs would be supported in secondary/high schools.

To improve livelihood options and employment opportunities for orphans and vulnerable youths in Nchelenge District by September 2011

Over all, this objective aimed at linking youths to learning and vocational institutions for youths to acquire skills for their survival and sustainability. The health and economic costs associated with poor service delivery of HIV and AIDS program are enormous and represent formidable obstacles to the improvement of living standards. The prevalence of disease and the potential for epidemics is closely linked to the accessibility of good behaviour and the success of a community in eliminating exposure to sources of discrimination. HIV and AIDS diseases contribute greatly to human suffering whereas promotion of good sexual behaviour can greatly reduce the risk of HIV and AIDS transmission.

Summary of physical progress (Key activities completed and specific results achieved)

Activity code	Activity	Target					Progress				Comments
		By when	Unit	Qty planned	No of people		Achievements			Achievements (%)	
					Male	Female	Qty	Male	Female		
Strategic objective 1. To provide support aimed at improving the lives of youth and children directly affected by AIDS-related morbidity and /or mortality by 30 th September 2011.											
	1. Support 300 OVCs in primary/basic school	30 th September 2011	#	350	175	175	350	188	162	100%	
	2. Facilitate and train child protection committees on stigma, social neglect and exploitation	30 th September 2011	#	20	10	10	0	0	0	0%	
	3. Establish 2 kids clubs	30 th September 2011	#	2	0	0	0	0	0	0%	
	4. Train 30 OVC/Y care givers	30 th September 2011	#	30	15	15	0	0	0	0%	
	5. To advocate parents to undertake HIV prevention and any social issues including sex and sexuality among youths	30 th September 2011	#	1,000	500	500	0	0	0	0%	

Strategic objective 2: To scale up and expand community focused programs for HIV prevention and early seeking treatment for STI in Nchelenge District by September 2011.

	1. Train 100 youths in life skills and HIV prevention	30 th September 2011	#	100	50	50	100				
	5. Conduct roll out trainings for youths in life skills	30 th September 2011	#	1,000	500	500	302	173	129	30.2%	

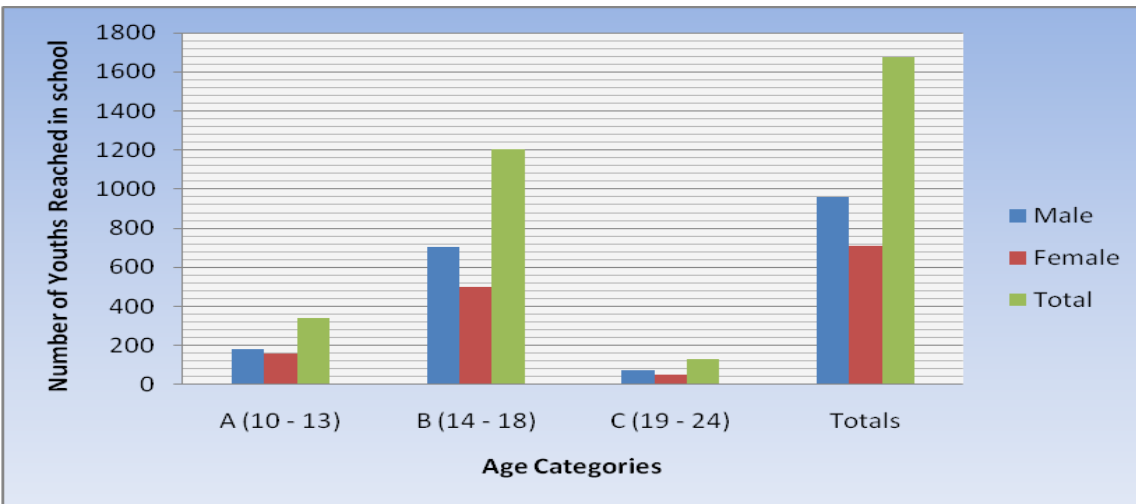
Strategic objective 3: To improve livelihood options and employment opportunities for orphans and vulnerable youths in Nchelenge District by September 2011

	Link youth to learning institutions and vocational trainings for educational support opportunities	30 th September 2011	#	50	25	25	0	0	0	0%	
--	--	---------------------------------	---	----	----	----	---	---	---	----	--

Strategic objective 4: Monitoring and evaluation management activities

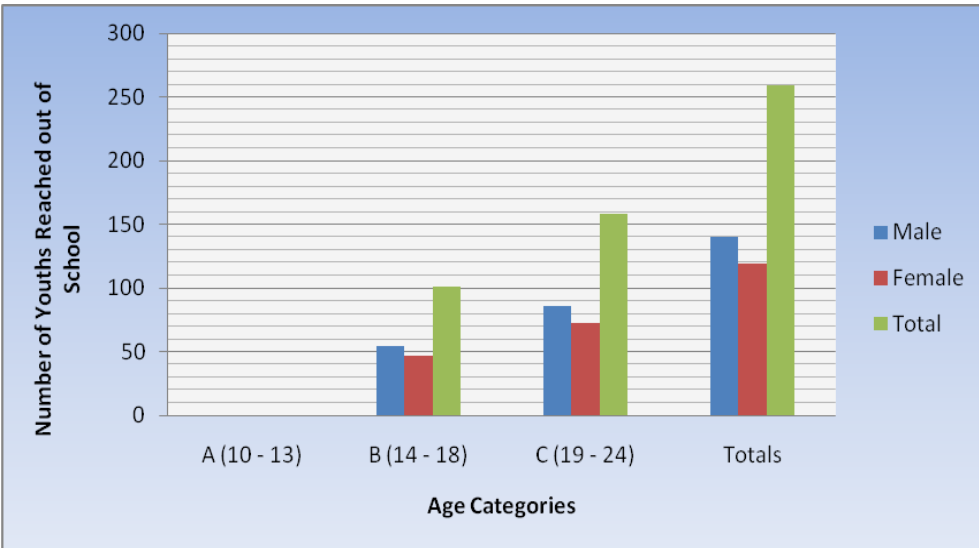
	Conduct monthly review meetings peers	30 th September 2011	#	3	0	0	3	0	0	100%	
	Conduct end of project dissemination meeting with key stakeholders	30 th September 2011	#	1	0	0	0	0	0	0%	

Comparing Targets with Achievements across Age Categories

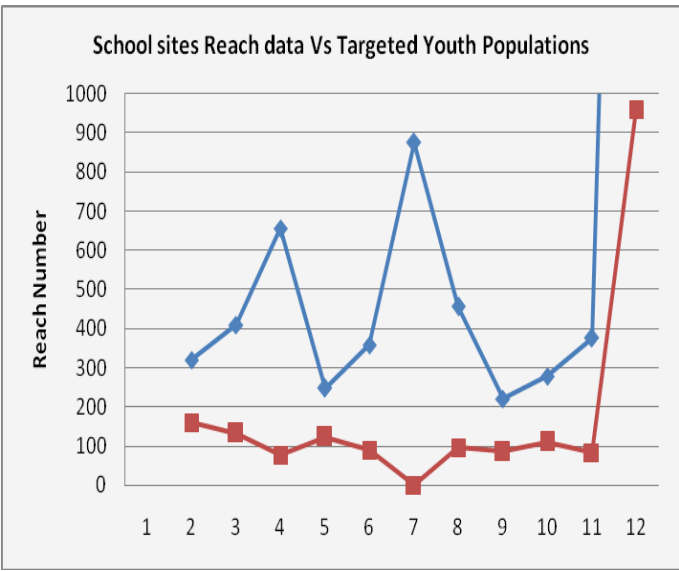


Looking at the graph above, it is evident that most of the youth reached during the in school peer education were in the 'b' age band spanning from 14 – 18 years. This is basically because most of the session took place in the upper primary and basic classes (grades 6 through to 9). Most schools started with lower classes and moved gradually to upper classes. It is therefore important that attention is paid to lower classes in schools where this is not paid critical attention in order to ensure that all age groups are catered for equally and adequately.

The situation is different for the out of school peer education where the main age category reached was the 19 – 24 year olds. The emphasis was placed more on fidelity during the delivery of modules as compared to the schools and during other months when there were more 10 – 13 year and 14 – 18 year olds in sessions prompting the programme staff to focus more on abstinence than fidelity. It can also be seen in both graphs that there are more male than females in sessions. It is an established fact that girls easily drop out of the sessions barely after attending one or two sessions than the boy counterparts. There is therefore need to encourage girls to attend and strive to finish the sessions in order to benefit from the rich knowledge and skills needed for future life challenges.



Working within target populations



The line graph shows the youth population of the targeted schools. The blue line is showing the targeted populations in schools number 2 to 11 while the red one is showing achievement so far in terms of reach data. The graph therefore to a large extent shows how remote the idea of double counting is in as far as schools are concerned. This of course rings bells for the three schools (5, 9 & 10; Mwatishi, Kefulwa and Nshinda) which have relatively low pupil numbers. Upon establishing the population of youths below 10 years, the sessions will be concluded and focus shifted to one to one contacts and large scale public gatherings. The graph for the out of school is more or less the same as for the in school reach data.

During the year under review, peer educators at different sites had one to one contacts with their peers on subjects ranging from abstinence to sexually transmitted infections. Kenani basic school fared much better than any other site in terms of discussions centred on abstinence promotion while Nshinda, Mwatishi and Kabuta upper basic school were the least. This however must be viewed in the light of the fact that one to one contact sessions are beneficiary driven and therefore peer educators cannot be blamed for not dealing with any subject on abstinence promotion. The information however provides valuable basis for assisting peer educators to become more proactive by incorporating abstinence messages in their day to day peer education sessions even when contacts see them on different issues.

Monitoring of Project Implementation

One monitoring visits were conducted by Africare Zambia officials from Lusaka to the project sites in Nchelenge District. Discussions were held with the Executive Director, M&E Officer, Program Manager, Finance/Administrative Manager and Administrative Officer. The visit contributed to the improvement of the organisation performance in finance, program and administration.

Some of the emerging issues raised during their respective visits were:

- Some OVC beneficiaries' lists were not signed.
- The availability of records was not up to date particularly in the case of OVC registers.
- Under financial management, there was a query as to why funds were still not used for the OVCs and the need to speed-up the implementation. The explanation was that funds came late and NIDYLSIG was still doing the verification of the OVCs with its stakeholders in the District.
- The team was also advised to complete the documentation for OVCs and financial reports up-dated.

Some of the recommendations made during the compliance visits were:-

- Ensure that visits are intensified to OVCs schools and up-dates all information
- Ensure OVCs sign the beneficiary list

OUT COMES FROM ACTIVITIES IMPLEMENTED

1. There is a general awareness about OVC and HIV related and barriers are slowly being broken and this could be attested by the adoption of various approaches – particularly parent child dialogue.
2. OVCs and Youth are generally becoming more pro active and knowledgeable about their own rights and are increasingly aspiring to achieve more in their respective lives.
3. Parents and teachers/guardians are also acknowledging the knowledge from their OVCs and youths in that they are taught various skills.
4. Strengthening and establishing of health friendly services assisted in the continuity of behaviour change communication promotion in schools and communities.

4.0 STAFF MATTERS

Under staffing, the organisation had seven (7) staff who was involved in the implementation of the STEPS OVC project in Nchelenge and Chienge District. The staff mentioned did not get salaries from the project expect for the two (2) field officers in Chienge District were on which was given on monthly basis, but the least five (5) staff were just getting allowance based on works done.

S/N	NAME	TITLE
1	Mwape Enos	Executive Director
2	Namonje Melinda	M&E Officer
3	Hanakamba Vickers	Finance/Administrative Manager
4	Chomba Kasonde	Programs Manager
5	Zimbiri Selina	Administrative Officer
6.	Musonda Kashita Ireen	Field Officer
7.	Mapulanga Sharon	Field Officer

5. SAMPLE IMPACT CASES

The following cases represent a synopsis of the project impact. Most of the orphaned/community members interviewed, expressed noticing the life changes in their various localities. Common amongst them was the attitudes towards to adapt to change their behavior that leads them to risk to HIV contraction. This was attributed to the fact that most schools and community members accepted the OVC and HIV prevention concept and interpret it on their day to day activities. Efforts must be made to ensure that community engagement strategies in OVC caring and HIV approaches are employed vigorously to ensure that youths and children taking measures of responsibility in this regard. OVCs have expressed their respect for life values, the role they play in their lives and their desire for information and encouragement from the NIDYLSIG staff and other members.



There hope in caring and supporting OVCs if community involvement and participation is encouraged at all. (Janet Chibwe beneficiary of the STEPS OVC project at Mable Shaw Secondary School)

At the household level, the orphan crisis leads to changes in the household composition, as well as to the present rise in number of child-headed households, child caregivers, and elderly care givers. At the district level, this raises a number of issues: increased mortality, fall in life household saving, orphan hood exacerbates gender inequalities, girl orphans are overworked and often are sexually exploited by their care keepers, they are more likely to drop out of school, and they are more often dispossessed of their parents' property

The ability to fulfill that wish will be an important step in the battle against OVCs and HIV prevention. Creating the space for dialogue, exploring, understanding and respecting the feelings and behaviours of OVC and youths will booster, not diminish the deepest spiritual values and practices.



Pupil's from different schools paying attention during the safe from, life skills and HIV prevention workshop held at Rodrodah Guest House.

There are also unprecedented numbers who have made their clear aspirations to learn, question, reach out, and respond to those in need, in order to meaningfully and productively assist the OVCs in schools and their communities they serve.

6. LESSON LEARNT

First the programme proved that it is possible in a resource-poor setting to implement STEPS OVC and HIV prevention community-based outreach among the youths on a very large scale. Second, active and voluntary participation and involvement by youths was the key to the success of the OVC and HIV awareness program: Success of the OVC and HIV awareness program depended on:

1. Full involvement and “buy-in” by stakeholders and individuals affected and infected by the HIV and AIDS
2. Commitment by all levels of government and NGOs were key
3. The range of needs that OVCs can meet must be clearly communicated to avoid raising false hopes of receiving more than what is allocated for each one
4. Increasing the number of OVCs volunteer care givers is much safer in that it is not all the trained care givers that are active. Some fall off due to several reasons (**transfers, loss of interest due to non-fulfillment of perceived personal gains etc**).
5. Involvement of community leaders is important at the initial stage of the program to promote acceptance of OVCs caring, generate community support, and enhance access to HIV and AIDS services
6. Involve school managers and community leaders to provide leadership role in OVCs identification, generate school/community support through stigma reduction and enhance access to existing community services that provide OVCs supports.
7. Target community members through safe from, life skills and HIV prevention approach will greatly help in catalyzing the whole community to adopt HIV behavioral changes. With this approach, it will be relatively easy to implement the HIV prevention programs, as the communities would have started realising that BCC and HIV prevention services are important among OVCs and youths.
8. Change is more likely in a community if influential people adopt the change.

The situation of OVCs among the youths and children in communities and schools remains the biggest challenge in changing school drop-outs by the youths and children in an environment with different activities and culture. The introduction of the OVCs support with school fees and school requisites/nutrition supplement is slowly changing the face of darkness of caring the OVCs as part of the day-to-day activities. This helping to clear the taboos surrounding forcing OVCs to early marriages especially orphaned girls by their guardian and parents.

Concerns that orphans and other vulnerable children may drop-out from school or lack access to health care and adequate nutrition have led to calls for public action such as subsidizing of OVCs schooling and nutrition. We illustrate the issues of scaling up for one specific intervention: Providing OVC with school and nutrition support will improve the quality of life: (Said by Mr. Lengwe George School Manager Kabuta Basic School)

7. CONSTRAINTS AND RECOMMENDATIONS

Constraints/challenges

The challenge for STEPS OVC and HIV prevention strategy, and in particular OVCs caring and support strategy, is to identify and implement appropriate focal areas and concepts that take into account lived experience in the context of a severe OVC and HIV prevention programs. OVC and HIV prevention and communication has been successful in promoting abstinence with upward trends in both practices. However, neither of these outcomes has translated into marked impacts on containing the increased number of OVCs need support and high sexual practices among the youths and children.

- Measuring of the most significant change in terms of attitudes and practices poses a big challenge.
- Poor attitude by some communities towards messages of sex and sexuality
- Changing dynamics of the socio-economic strategy in the light of planning feasible and workable in HIV prevention interventions
- “Work and get paid” stereotype by some of the stakeholders.
- Transport continued to be a major challenge for the organisation. Both for site backstopping, field visits and banking business in Chienge and Kawambwa, the organisation have always relied on other stakeholders for assistance. These were a big challenge faced, especially on the follow-ups on key issues identified by our staff on sites.

Recommendations

- Funds should be transferred once all the queries are addressed by both partners, like funds sent without getting partner clarifications. This greatly will helps in adhering to work plans in the field and thus gaining the rapport with other stakeholders. Short-term projects call for prudent planning and strategic implementation of activities.
- In order to effectively monitor and supervise activities at sites, it is important for the organisation to book/hire the vehicle in advance in order to address issues when they are fresh.
- OVCs and Youth being agents of social change are better placed to solve their own problems. All they need is the relevant technical, moral, material and financial support
- OVC care givers must be trained to assist in caring and supporting OVCs in households and community.
- Partners should treat sub-grantee has key stakeholder and support all the implementation if results can be achieved together.

CONCLUSION

The STEPS OVC and HIV prevention project has transformed many in terms of providing care and support to behavioural change. It has helped the beneficiaries in mindset change and if this is coupled with the practice input, the impact will be remarkable. What is needed is to keep up the momentum in terms of resource mobilization to ensure that both the theory on STEPS OVC and safe from harm practical gaps are filled. Lessons learnt should also be co-opted into subsequent OVC and HIV prevention projects to ensure their overwhelming success.

It is widely acknowledged that OVCs and HIV prevention can bring a comparative advantage or “**added value**” in undertaking activities relating to caring and support that can bring about access to education and good health habits. During the implementation of the OVC and HIV prevention programme, the youth have demonstrated an important role in extending service too hard to reach places or underserved communities, developing innovative or best practice responses, facilitate school-community advocacy and build strong communication among their communities. When designing messages to reduce sexual risk taken by youth in school, Messages that focuses on promoting events and prevention should be given on time in order to avoid unintended pregnancies.

There is some evidence that STEPS OVC and HIV prevention campaigns coordinated with interpersonal behavioural change can influence youth’s decision to bad behaviour, as well as boy attitudes to alcohol and sexual and reproductive health behaviours. However, a systematic review of the effectiveness of the STEPS OVC and HIV prevention approaches alone to change HIV and AIDS-related behavior yielded mixed results. Of those interventions that achieved results are those which bore an element of direct contact between the orphans, parents and the care givers. Therefore, there is need for further evaluation of the effectiveness of STEPS OVC and HIV prevention behaviour change approaches. **(Whether through the continued use of the OVC and HIV awareness as a tool for quality life to create an enabling environment for sustainable development change or through one to one or large scale public gathering methodologies)** to gauge their impact in reducing early indulges to sexual activities and practicing safer sex.

The primary purpose of STEPS OVC program is to represent the interest of providing care and support to the most need in communities and give them a voice whenever behaviours influence change. STEPS OVCs project are ideally placed to contribute to the epidemic response; they have the capacity to reach thousands of youths through school and community based AIDS programmes. Community initiatives like the Anti-AIDS clubs must be a priority for our support, because they are the foundation for sustainable responses owned by the people who have the most to lose and gain. During the NIDYLSIG implementation of the STEPS OVC project, indeed change can be seen through the responses which were coming from the program recipient

The current successes must be supported and given the necessary impetus through carrying out of programs that will promote interaction, learning, and knowledge exchange for sustainability of the project.