

2012

Final Close-Out Program Report



NIDYLSIG ZAMBIA



Nchelenge Inter-denominational Youth Learning & Sharing initiative Group

Give Chance HIV Prevention in Nchelenge District



Final Close-Out Program Report

Submitted to:

Local Partners Capacity Building Program

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Project Information

Title of Project: Give Chance HIV Prevention Project in Nchelenge District

Location: 15 Schools in Nchelenge

Executing Agency: USAID

Project Manager: fhi360

Contracted Agency: LPCB

Implementing Agency: NIDYLSIG

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LIST OF ACRONYMS

AIDS	=	Acquired Immune Deficiency Syndrome
BCC	=	Behaviour Change Communication
CSO	=	Central Statistics Office
DATF	=	District HIV/AIDS Task Force
DDCC	=	District Development Coordinating Committee
DHO	=	District Health Office
DHS	=	Demography Health Survey
FBO	=	Faith Based Organisation
FHI	=	Family Health International 360
HIV	=	Human Immune-Deficiency Virus
IEC	=	Information education and communication
LPCB	=	Local Partners Capacity Building
MER	=	Monitoring, Evaluation and Reporting
MoE	=	Ministry of Education
MoH	=	Ministry of Health
NAC	=	National AIDS Council
NGO	=	Non-Governmental organisation
NIDYLSIG	=	Nchelenge Inter-Denominational Youth Learning and Sharing Initiative Group
PLWHA	=	People Living With HIV/AIDS
PTA	=	Parent and Teachers Association
OVC	=	Orphans an Vulnerable Children
RHC	=	Rural Health Center
SBY	=	School Based Youth
STI	=	Sexual Transmission infection
USAID	=	United States Agency for International Development

This report gives the status of the outcomes from the implementation of the Give Chance HIV Prevention Project implemented by Nchelenge Inter-Denomination Youth Learning and Sharing Initiative Group (NIDYLSIG) in partnership with LPCB in Nchelenge Districts of Luapula Province. The project was implemented from 1st December 2009 to 29th February 2012. 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 four objectives with a number of activities under each. Under the objective 1; of reduce the risk of 8500 youths and children between 10-24 years contracting and transmitting HIV and AIDS through promotion of behaviour change in 15 schools in Nchelenge District, 90 youths and children trained as peer educators and 30 were also trained adult mentors in school program. The project trained peer educators and adult mentors in behaviour change communication, bridges of hope, safe from and Monitoring Evaluation and Reporting tools. These played an important role of reaching out to their peers in school. A total of 7,022 youths and children between 10-24 years were reached with HIV prevention messages in school respectively. The number reached in school represent 85.22% against the targeted for the in school youths and children.

Under the objective 2; on promoting HIV and AIDS comprehensive intervention in 15 communities(surrounding the selected schools) in Nchelenge District, 15 school Anti-AIDS Clubs were established and strengthened in selected sites during the implementation of the Give Chance HIV Prevention Project. And one of the lessons learnt was that, HIV and AIDS activities are seen to be very expensive, as it requires a lot of funds. But the perception changed during the field monitoring and review meetings, that HIV and AIDS activity requires only commitment, support and engagement of local leaders.

Under the objective 3; were to increase from 68% to 84% the proportion of youths and children reach in 15 schools of Nchelenge District that understand the connection between consumption of alcohol and sex in HIV transmission. A number of HIV awareness and outreach activities were conducted at large scale and small groupings in school.

Under the objective 4: of increase from 25% to 59% the number of youths in 15 schools of Nchelenge District that receive information from their family members, guidance teachers, mentors, or parents about abstinence, being faith, and sexual development. Of the 30 chiefs and their village men's were sensitised, 32 school managers were sensitised and 10 health centre in-charges were oriented on the link of the HIV prevention in schools and how youths and children can access the services. The interesting part on the strengthen parent-child discourse was that they were more girl-child focused discussion in school as compared their boys container partners. The Give Chance HIV Prevention Project from the start was to involve the parents and pay much attention to this objective however not much attention was paid to the objective but the views that came from the parents were overwhelming. They said the project was beneficial and if parents were involved from the start they would have fully participated. And at the same time they would have encouraged their youths and children to fully participate, in the program.

Despite the successes alluded to above, the program experienced some challenges during its implementation. One such major constraint was the resistance by some schools to have the program activities implemented in their premises. 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 tools to use under the bridges of hope and safe from harm methodologies, 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. 1. INTRODUCTION

The Nchelenge Inter-Denomination Youth Learning and Sharing Initiative Group is a registered local faith based organisation under the societies Act registration no. **ORS/102/45/151**. The organisation was formed on the basis to provide HOPE, HELP, and EDUCATION support to youths and children affected or infected with HIV, AIDS and STI through youth learning and sharing prevention communication approaches. The Give Chance HIV Prevention project was an HIV and AIDS prevention programme focusing on promoting abstinence and being faithful among young people aged 10 – 24 years by establishing healthy behaviour patterns that can lead to a lifetime of benefits both in HIV prevention and in overcoming HIV-related.

The program promotes:

- ▶ **Abstinence** – Deferring sexual activity for the non-sexually active or no further sexual activity after having initiated it.
- ▶ **Being faithful** – Only one sexual or marital partner or limiting one's number of sexual partners

The Give Chance HIV Prevention Project ensured active youth participation in its design and implementation. It was founded upon the understanding that trained youths and children in school are best able to translate principles of behaviour change among themselves and that youth and children must be empowered by their families and communities as well as by individual skills imparted through peer education.

The Give Chance HIV Prevention Project was implemented by NIDYSLIG in Nchelenge district which is located in the northern tip of Luapula Province, some 255 kilometers from the provincial capital, Mansa. The district shares its borders with the Democratic Republic of Congo in the western side while in the north, east and south the district has common borders with Chiengi, Kaputa and Kawambwa districts. The district has a projected population of about 150,880 (Census population report as at 2010). Over 60% of the population is classified as poor and living below the one dollar a day threshold. The district is predominantly a fishing and fish trading district with over 50 % of its residents involved in fishing or fish trading as a means of livelihood while the rest are engaged in subsistence farming of maize, cassava, sweet potatoes and millet.

The District is endowed with an expanse of water stretching over 100 kilometers on the north-western part of the district, and also forming a natural international boundary with DR Congo. The entire district population is affected by HIV/AIDS directly or indirectly. Youth, fishermen, and fishmongers have been observed to be more at risk, inclusive of marketers, and commercial sex workers.

1.2 Project Objectives

The goal of the project was to contribute to the reduction in the spread of HIV and AIDS among children and youths 10-24 age groups through promotion of abstinence and faithfulness (**A &B**) as desirable behaviour to combat HIV.

The Project specific objectives were:

Objective 1: To reduce the risk of 8500 youths and children between 10-24 years contracting and transmitting HIV and AIDS through the promotion of behaviour change in 15 schools in Nchelenge District from December 2009 to February 2012.

Objective 2: To promote HIV and AIDS comprehensive intervention in 15 communities (surrounding the selected schools) in Nchelenge District from December 2009 to February 2012.

Objective 3: To increase from 68% to 84% the proportion of youth reach in 15 schools of Nchelenge District that understand the connection between consumption of alcohol and sex by 29th February 2012

Objective 4: To increase from 25% to 59% the number of youth in 15 schools of Nchelenge District that receive information from family members, guidance teachers, family mentors, or parents about abstinence, being faithful, and sexual development by February 2012.

1.3. Project Target Group

In order to give school youth and children more access to behaviour change communication and HIV and AIDS prevention program, the project targets 15 schools with one high school. The project was to work closely with 30 adult mentors in schools in school, school managers, health centre in-charge/health personnel, community leaders, and Ministry of Education staff at the District Education Board Secretary's Office.

Targets	Male	Females	Estimated target	Totals
in school youths	4,300	4,200		8,500
Mentors	15	15		30
Peer educators	45	45		90
Stake holders to be invited			30	30
School Sites				15
Chiefs and their village headmen's	15	15		30
Health centre in-charge	5	5		10
School managers	16	16		32

In selecting the schools, the following criteria were used:

- Location (**Rural Health Centers Catchment Areas**). In order to strengthen the referral system, all the selected schools and churches were linked to the RHC.
- 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.
- Well-organised and committed schools and surrounding communities.
- Remote but accessible schools.

1.4. Project Sites

In Nchelenge District project worked in 15 schools with total population of 14,387 aged 10-24 years ((See attached appendix 1 project sites).

1.5 Implementation Arrangements

The Project was supported by fhi360-LPCB through the USAID funding. NIDYLSIG was engaged to oversee the implementation in Nchelenge District. NIDYLSIG used its comparative advantage of working with schools provided HIV prevention messages in 15 selected schools in Nchelenge. Key activities that NIDYLSIG supported are in line with the stated project objectives and the signed agreement with fhi360-LPCB. Activities followed the dictates of the Detailed Implementation Plan. Training of target groups used existing BCC materials from Pact Botswana. NIDYLSIG believes in community involvement of all interventions and adopted the use of participatory approaches during training and implementation of activities. Schools identified their own adult mentors and peer educators. Selected youths, children and adults were given training and new information on behaviour change communication methodology pertaining to their role as agency of change in their communities they serve. The training was based on behaviour change communication, safe from harm, bridges of hope and HIV and AIDS prevention modules and included abstinence promotion, assertiveness and peer pressure, values and goal setting, sexual behaviour choices, alcohol abuse reduction, enhancing parent-child communication, improving couple communication, and monitoring, evaluation and reporting.

The numbers of peer educator were determined by the population of the given site. The number of peer educators ranged from 6 to 8 per site, the lowest was 6 peer educators per site. A total of 90 pupils were trained by NIDYLSIG in school peer educators. Additional a total of 30 adult mentors were trained to provide mentoring and supervision in 15 schools.

In pairs, the trained peer educators conduct small group discussion sessions, one to one, large scale public gathering and beneficiaries' feedback sessions. A total of 8,500 youths and children were planned to be reached through small group discussion session 24 months through this cascading approach. NIDYLSIG was monitoring the implementation of activities by the trained peer educators with support from the adult mentors and the school authority.

The monitoring of program activities implementation involved data recording through data tracking forms and training data registers, data quality control, physical verifications and clearing were done to all forms which the peer educators and the mentors used as part of the verification and follow-up site visit form were used as part of the confirmation to the sites, a provision for a signature by a witness who was either a School Manager/Head. NIDYLSIG staff conducted review meetings with peer educators during the implementation of the program; this was done to assess progress, address challenges and chart the way forward.

NIDYLSIG worked with the fifteen (15) selected schools in strengthening and establishing of the HIV and AIDS clubs. The primary focus of activities was on the continuity of the BCC and HIV and AIDS prevention using a variety of methods including drama. NIDYLSIG took advantage of the community mobilisation to impart popular theatre as a tool for community mobilization. This was done in recognition to the role of Art play in transforming the life of people using different approaches for dissemination.

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 and local NGOs and CBOs in program planning and implementation.

1.7 Sub-grant Agreement

NIDYLSIG signed a contract with Pact Zambia to implement the Youth and Children with Health Options Involving Community Engagements Strategies project. Under this agreement, NIDYLSIG was to provide the following services:

- Engaging key stakeholders
- Identify PEs and Mentors to be trained in BCC
- Identification of community and civic figures
- Train adult mentors in BCC
- Train peer educators in BCC
- Conduct youth outreach
- Participation in 2010 youth day celebration
- Scale up and expand school focused programs for behavior change communication and education
- Radio programming on BCC
- Re-train 30 adult mentors in behaviour change communication and HIV and AIDS prevention
- Re-train 90 peer educators in behaviour change communication and HIV and AIDS prevention
- Conduct weekly school/community outreach on abstinence and be faithful, including HIV prevention and delay in sexual debut in youths
- Strengthen school/community HIV and AIDS clubs
- Conduct 1 day awareness meeting with 4 chiefs and 40 village headmen on the HIV involvement among traditional leaders.
- Conduct 1 day awareness meeting with 15 school managers and their deputies on HIV involvement in the education sector
- Conduct 1 day awareness meeting with 10 health centre in-charge on reducing low or poor behaviour in seeking treatment among youths
- To advocate parents to undertake HIV prevention and any social issues including sex and sexuality among youths
- Hold consultative meetings with DEBS, school managers/heads and community leaders on the continuity of the HIV prevention program in Nchelenge
- Conduct monitoring visits to the target sites
- Preparation of Monthly reports for submission to LPCB
- Project Review Meetings
- Preparation of quarterly reports
- Conduct a one day end of project meeting with key stakeholders
- Preparation of the close-out report
- Conduct close out dissemination meeting with stakeholders

1.8 Expected Project Period Outputs

By the end of the project, it was expected that

- 90 Peer educators (**6-8 per school**) would be trained.
- 30 Adult Mentors (**2 per school**) would be trained.
- 8,500 youths and children in school reached with HIV prevention messages
- 30 chiefs and their village headmen's would be trained
- 32 school managers would be trained
- 10 health centre in charge would be trained
- 30 stakeholders would be consulted

2.0 ANALYSIS OF ACHIEVEMENTS AND COMPARISON AGAINST TARGETS

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Monitoring of Project Implementation

Six compliance and monitoring visits were conducted by LPCB officials from Lusaka to project sites in Nchelenge District. Discussions were held with the Executive Director, M&E Officer, Program Managers, Finance/Administrative Manager, Administrative Officer, Field Officers, peer educators, adult mentor and school heads and community leaders involved in the project. The field visit contributed to the improvement of the organisation performance in finance, program monitoring and administration.

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

- Some sites had the same main topic splintered into smaller topics covered over the five sessions. It was emphasized by the MER Manager insisted that the peer educators go back to the same classes and conduct sessions on the remaining topics before beneficiaries can be declared reached.
- Under financial management, there was a query as to why there was allowance for adult mentors were used to purchase a laptop. The explanation was that there in the last months towards the close-out most adult mentors were not doing the work were they were suppose to get though monthly allowances as transport.
- The team was also advised to attach justifications to transactions that were done outside the specifications of the approved plans.

OUT COMES FROM ACTIVITIES IMPLEMENTED

1. There is a general awareness about youth HIV and AIDS related and barriers are slowly being broken and this could be attested by the adoption of various approaches – particularly parent child dialogue.
2. Youth and children 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 youths and children in that they can be taught various skills.
4. Strengthening and establishing of HIV and AIDS clubs assisted in the continuity of HIV prevention promotion in schools

4.0 STAFF MATTERS

The organisation had some changes in the staff, only the MER Officer were replaced which had some impact on the organisation to train new staff to adapt to the organisation M&E operations and systems. This in all didn't made the organisation not to perform to the expectation. The all staff did contribute to the growth of the organisation which now it can stand and has been recognised by many partners.

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

5. SAMPLE IMPACT CASES

The following cases represent a synopsis of the project impact. Most of the peer educators/community members interviewed, expressed noticing the behavioural 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 and AIDS contraction. This was attributed to the fact that most schools and churches/community members accepted the BCC concept and interpret it on their day to day activities. Efforts must be made to ensure that community engagement strategies in BCC and HIV and AIDS approaches are employed vigorously to ensure youths and children taking measures of responsibility in this regard.

Peer Educators have expressed their respect for life values, the



There is behaviour change serve as peer educators "said by Mwenya Helen a 19 years girl at Kefulwa Primary School"

1. Chanda Joyce a female peer educator aged 19 years, at Nchelenge High School, during the discussion on boy/girl relationship session during a visit by NIDYLSIG program officers. This is what she had to say; "I normally discuss sex and HIV and AIDS with my boy friend, especially issues like when we intend to get together at one point and sticking to each other. I also discuss how to eventually stop multiple sexual partners when not read"

role they play in their lives and their desire for information and encouragement from the NIDYLSIG staff and other members. The ability to fulfill that wish will be an important step in the battle against HIV and AIDS. Creating the space for dialogue, exploring, understanding and respecting the feelings and behaviours of youths will booster, not diminish the deepest spiritual values and practices.



Peer educators and their adult mentors at Lushiba Primary School sharing experiences during the review meeting held at their school.

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 youths in the communities they serve.

6. LESSON LEARNT

First the programme proved that it is possible in a resource-poor setting to implement community-based peer education among the youths and children on a very large scale. Second, active and voluntary participation and involvement by youths and children was the key to the success of the Give Chance HIV prevention project:

Success of the Give Chance HIV prevention project depended on:

- Full involvement and “buy-in” by stakeholders and individuals affected and infected by the HIV and AIDS.
- Youth involvement and participation has increased coverage in HIV/AIDS awareness campaigns and further increased demand for VCT and other related services
- The range of needs that peer educator and mentors can meet must be clearly communicated to youths to avoid raising false hopes of receiving hand outs like peer educators, or to lead them to expect other support beyond the capabilities of the peer educators and mentors
- Increasing the number of trained peer educators is much safer in that it is not all the trained peer educators that are active. Some fall off due to several reasons (*transfers, loss of interest due to non-fulfillment of perceived personal gains etc*).
- Involvement of community leaders is important at the initial stage of the program to promote acceptance of youth peer education, generate community support, and enhance access to HIV/AIDS.
- Commitment by pupils in Anti-AIDS clubs, teachers and other school authorities was the key for

2. Mr. Banda M. Andrew of Kashikishi Upper Basic School, *one of the sites where Give Chance HIV prevention project was implemented had this to say*; “From the time I came to this school a year ago, there have been a number of cases of STIs and pregnancies reported to the school. This was seen through the number of school drop outs. The strategies which are in the behavioural change communication modules, to me as a cousin for the Bembas have started showing good results. The cases were common among the grade 7s and 8s mostly between the ages of 11 -17 years. Though I cannot be specific on the numbers, I can confidently say the number of such cases have drastically fallen in the school”.

- implementation of HIV prevention program in schools.
- Targeting in school pupils through the behaviour change communication (**BCC**) approach greatly help in catalyzing the whole school to adopt HIV and AIDS behavioral changes. With this approach, it will be relatively easy to implement the HIV prevention programs, as the communities would have started realizing that BCC and HIV and AIDS services are important.
- School youth participation and involvement in the HIV and AIDS prevention campaigns has been overdue. There is the potential to increase coverage thereby influencing the

much desired behaviour change in the general youthful population. **“Window of Hope”**

- Providing information is the logical starting point in any behavior change effort. Information, although necessary, is rarely enough by itself to produce behavior change in most people. The information must be easily understood and relevant to the individuals you are trying to reach. Behaviour change communication education ignites youths and children to make informed decisions especially regarding HIV and STI’s prevention
- Change is more likely in a community if influential people adopt the change.

10. Cross Cutting Issues

The Give Chance HIV prevention project saw the organisation participate in many activities which was organised by LPCB and other organisation. Through its recognition the organisation has been taking part in the District Development activities which are organized. Some of the activities NIDYLSIG participated were;-

District Development Coordinating Committee: Under this activity the organisation did managed to attend ten (10) District Development Coordinating Committee Meetings and contributed fully for the well being of the District especially response to the fight against HIV and AIDS.

LPCB: The capacity which LPCB built in an organisation showed some results of the partnering with other donors in the area of the HIV/AIDS. During the implementation of the Give Chance HIV prevention project, NIDYLSIG attended the trainings which were organised by LPCB-fhi360 for the strengthening of local NGO in responding to the fight against the pandemic. Among the trainings were;-

- ⇒ Project Design and Resource Development
- ⇒ Monitoring, Evaluation and Reporting
- ⇒ Finance and Grants Management
- ⇒ Leadership and Governance
- ⇒ Critical Management for Senior managers/directors
- ⇒ Social and Behaviour Change Communication
- ⇒ Bridges of hope techniques
- ⇒ Human Resource Management
- ⇒ Proposal writing and management
- ⇒ Strategic planning
- ⇒ Monitoring and evaluation analysis
- ⇒ NGO's Networking and collaboration
- ⇒ Compliance and Program Reporting

These trainings were meant to further improve the capacity of the local partners in the fields stated in order to help the local organisations better respond to HIV and AIDS.

LPCB HIV and AIDS Partners Conference: During the 26 months implementation of the Give Chance HIV prevention project, NIDYLSIG did presented a paper to the first ever LPCB partners conference on reducing HIV prevalence among youth and children through school and community involvement in the rural Nchelenge District.

DATF Meeting: During the implementation of the Give Chance HIV prevention project, the organisation being the member of the District HIV and AIDS Task Force did attend ten (10) meetings which were organized by the DACA. The meetings were to strengthen the networking and collaboration of HIV and AIDS Service delivery.

Management Meeting: The organisation held thirty (30) management meetings whose purpose was to review activities and planning. The meetings were meant to examine the challenges faced; successes scored and make recommendations for future programme performance improvements.

Youth Day Participation: NIDYLSIG as a youth organisation was involved in the full preparation of the 2010, 2011 and 2012 youth Day Celebrations. The organisation took an active role in ensuring that the nearby site schools and churches participated in the commemorations. The nearby schools involved were Nchelenge High, Kashikishi Basic, Nchelenge Basic School, Ray of Joy, Mukumbwa Community School, and Lushiba Basic Schools. All the churches were representatively in attendance at the event.

During the event, the organisation took advantage to sensitize the youths from all corners of Nchelenge District on the Give Chance HIV prevention project, its target and which schools were participating in the programme.

1. CONSTRAINTS AND RECOMMENDATIONS

Constraints/challenges

The challenge for BCC and HIV and AID prevention strategy, and in particular abstinence and fidelity strategy, is to identify and implement appropriate focal areas and concepts that take into account lived experience in the context of a severe HIV prevention. BCC and HIV and AIDS prevention 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 sexual practices among the youths and children. Among constraints and challenges faced were:-

- Measuring of the most significant change in terms of attitudes and practices poses a big challenge in short term projects.
- Filling names and signing on session attendance register for the number reached and interpretation of reach.
- Poor attitude by some schools towards messages of HIV prevention.
- 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 monitoring, outreach programming and banking business in Kawambwa, the organisation have always relied on other hiring, where the cost for hiring has gone up due inflation and high cost of fuel in Zambia. This was 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 help 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 cost for transport/vehicle in advance in order to address issues when they are fresh.
- Youth being agents of social change are better placed to solve their problems. All they need is the relevant technical, moral, material and financial support.
- Adult mentors must be provided with transport i.e. bicycles these will assist in the delivery of reports in time.

CONCLUSION

The Give Chance HIV prevention project has transformed many in terms of 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 BCC and practical gaps are filled. Lessons learnt should also be co-opted into subsequent BCC and HIV and AIDS projects to ensure their overwhelming success.

It is widely acknowledged that youths can bring a comparative advantage or “**added value**” in undertaking activities relating to promotion of behavioural change and that can bring about good health habits. During the implementation of the Give Chance HIV prevention project, 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 and out of school, Messages that focus on promotion events and prevention should be given in time in order to avoid unintended pregnancies.

There is some evidence that peer to peer 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 Give Chance HIV prevention project 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 peers, parents and the mentors. Therefore, there is need for further evaluation of the effectiveness of Give Chance HIV prevention project behaviour change approaches. **(Whether through the continued use of the peer educators as a tool for behaviour change to create an enabling environment for behaviour 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 peer education is to represent the interest of behavioural change in wider arena that gives them a voice whenever behaviours influence change. Peers 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 groups 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 Give Chance HIV prevention 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.

Appendix 1: Project Sites

No.	Name of Schools	School population
Schools	Nchelenge High school	1,834
	Kashikishi Upper Basic School	2,212
	Kefulwa Upper Basic School	850
	Nshinda Upper Basic School	708
	Mwatishi Upper Basic School	1002
	Kasumpa Upper Basic School	829
	Mangamu Primary School	412
	Mulanga Upper Basic School	845
	Lushiba Upper Basic School	1,082
	Kanyembo Primary School	1,164
	Ntoto Upper Basic School	882
	Munkombwe Primary School	312
	Ray of Joy Community primary School	1,059
	Mantapala Primary School	423
	Mukumbwa Community Basic School	773
		Total