



## **SUPPORT TO THE HIV/AIDS RESPONSE in ZAMBIA II (SHARE II) PROJECT:**

### **Annual Report, FY 2014 October 2013-September 2014**

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## GLOSSARY

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ART</b>	Anti-Retroviral Therapy
<b>CAPAH</b>	Coalition of African Parliamentarians against HIV & AIDS
<b>CATF</b>	Community AIDS Task Force
<b>CDF</b>	Constituency Development Fund
<b>CSO</b>	Civil Society Organization
<b>DACA</b>	District AIDS Coordination Advisor
<b>DATF</b>	District AIDS Task Force
<b>DBWMA</b>	Deceased Brother's Widow's Marriage Act
<b>GRZ</b>	Government of the Republic of Zambia
<b>HIV</b>	Human Immunodeficiency Virus
<b>HR</b>	Human Resources
<b>ICOZ</b>	Independent Churches of Zambia
<b>IR</b>	Intermediate Result
<b>JSI</b>	John Snow, Inc.
<b>LEAD</b>	LEAD Program—Zambia
<b>LTA</b>	Livingstone Tourism Authority
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MHA</b>	Ministry of Home Affairs
<b>MOH</b>	Ministry of Health
<b>MOF</b>	Ministry of Finance
<b>MP</b>	Member of Parliament
<b>MTR</b>	Mid-Term Review
<b>NAC</b>	National HIV/AIDS/STI/TB Council
<b>NASF</b>	National AIDS Strategic Framework
<b>NGI</b>	PEPFAR Next Generation Indicators
<b>NZP+</b>	Network of Zambian People Living with HIV/AIDS
<b>OD</b>	Organizational Development
<b>PAC</b>	Provincial AIDS Coordination Advisor
<b>PATF</b>	Provincial AIDS Task Force
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PLHIV</b>	Person/People Living with HIV and AIDS
<b>PMTCT</b>	Prevention of Mother to Child Transmission
<b>PPP</b>	Public-Private Partnership
<b>PSMD</b>	Public Services Management Division
<b>SHARe II</b>	Support to the HIV/AIDS Response in Zambia II
<b>SO</b>	Strategic Objective
<b>TA</b>	Technical Assistance
<b>USAID</b>	United States Agency for International Development
<b>USG</b>	United States Government
<b>ZAM</b>	Zambian Association of Musicians
<b>ZARAN</b>	Zambia AIDS Law Research and Advocacy Network
<b>ZAWA</b>	Zambia Wildlife Authority
<b>ZHECT</b>	Zambia Health and Education Communication Trust
<b>ZINGO</b>	Zambia Interfaith Networking Organization
<b>ZP</b>	Zambia Police Service
<b>ZPS</b>	Zambian Prisons Service

## EXECUTIVE SUMMARY

The five-year United States Agency for International Development (USAID)-funded Support to the HIV/AIDS response in Zambia II (SHARe II) Project was designed by USAID to address the four broad project objectives shown in *Figure 1* below.

Objective 1:	Strengthen and expand leadership involvement in HIV/AIDS and improve the policy and regulatory environment;	Between October 1, 2013 and September 30, 2014, the following activities were implemented:  In <b>HIV/AIDS Leadership Programs</b> , SHARe II continued working with chiefs and traditional leaders to increase their HIV/AIDS leadership and messaging through capacity building support in planning for development in order to alleviate poverty, a well-recognized cross-cutting driver of HIV/AIDS in Zambia. SHARe II also provided HIV/AIDS leadership and messaging training and technical support and platforms for HIV/AIDS leadership. The chiefdoms are beginning to see the results of their efforts, through
Objective 2:	Strengthen organizational and technical capacity of coordinating structures to sustain the HIV/AIDS response;	
Objective 3:	Strengthen and expand HIV/AIDS workplace programs;	
Objective 4:	Strengthen collaboration and coordination of HIV/AIDS activities with the GRZ, USG funded partners, and other stakeholders	

*Figure 1: SHARe II project objectives*

increased HIV-related service uptake by their people and through increased development activities by community members and external stakeholders. SHARe II also worked with other leaders; SHARe II-trained musicians have been conducting HIV/AIDS messaging outreach in schools and other venues, and SHARe II-trained religious leaders have been reaching out to their congregants in the Copperbelt, Central and Lusaka provinces.

In **Policy and Regulatory Environment Programs**, SHARe II has continued working to promote a supportive legislative environment, including support to implement the Anti-Gender Based Violence Act; technical support to amend the Prisons Act to make conditions for inmates more humane and supportive to HIV prevention; technical and funding support towards the repeal of the Deceased Brother's Widow's Marriage Act; technical assistance towards the development of subsidiary legislation for the NAC Act; and technical and funding support towards the formulation and/or review of the national policies on HIV/AIDS, gender, and alcohol. Training in HIV-related case-management with police officers (in-service and pre-service) and court magistrates was also supported; the Zambian Judiciary particularly, with SHARe II support, is now HIV competent with 83% of its magistrates trained in HIV-related case management and providing appropriate adjudication in the HIV-related cases that present before their courts.

In **Coordinating Structures Programs**, SHARe II supported the 72 partner District AIDS Task Forces (DATFs) to improve their coordination of the local HIV/AIDS response by linking them to local and other resources; by providing training and support to improve HIV/AIDS technical competencies; and by providing technical support and training to improve institutional capacities to coordinate the HIV/AIDS response. SHARe II provided

technical and funding support to the Network of Zambian People Living with HIV/AIDS (NZP+) to improve financial, HR, and M&E systems, and governance, and assisted NZP+ to develop a proposal for a USAID/SHARe II grant to increase uptake and utilization of HIV prevention, care, treatment and support services for PLHIV, which was funded.

Under its **Workplace HIV/AIDS Programs**, SHARe II continued its work in the private, public and informal sectors, establishing partnerships with affiliates of the Zambia Congress of Trade Unions and Zambia Federation of Employers who have been brought on board to help coordinate workplace HIV/AIDS programs on behalf of their affiliates. SHARe II supported GESHA and PAW programs in the public service (including ministries, the Police Service and the Prison Service) and supported the rollout of informal sector workplace HIV/AIDS programs, in the Lusaka-based partner markets. SHARe II's support to the Tourism HIV/AIDS Public Private Partnership (PPP) and Livingstone Tourism Association (LTA) has included peer education training and program implementation support at partner workplaces and in defined outreach communities in Livingstone and Mfuwe.

More detailed and specific activities undertaken in FY 2014 under each task are outlined in the main body of the report below.

## PROGRAM OVERVIEW

The USAID-funded Support to the HIV/AIDS Response in Zambia II (SHARe II) project was signed on November 9, 2010 for a five-year period extending through November 4, 2015. SHARe II is implemented by John Snow Inc. (JSI) and partners: Initiatives Inc.; Grassroots Soccer Zambia (GRSZ); Zambia Health Education and Communications Trust (ZHECT); LEAD Program - Zambia Ltd.; Zambia Interfaith Networking Group (ZINGO); Livingstone Tourism Association (LTA); Independent Churches of Zambia (ICOZ); Network of Zambian People Living with HIV and AIDS (NZP+); and Serenity Harm Reduction Programme Zambia (SHARPZ).

### SHARe II Project Purpose

The purpose of the SHARe II project is to support and strengthen the multi-sector response to HIV/AIDS and contribute to USAID/Zambia's achievement of its Country Development Cooperation Strategies (CDCS), specifically *Development Objective 3 or DO 3: Human Capital Improved through IR 3.2 Health Status Improved*, to reduce the impact of HIV/AIDS through Multi-Sector Response, and ultimately, the attainment of GRZ's vision of a 'nation free from the threat of HIV/AIDS'. SHARe II builds upon successes, innovations and best practices, including those from SHARe I, and works through strategic coalitions and partnerships with the National AIDS Council (NAC) and other stakeholders to support Zambia's HIV/AIDS response efforts, and thus contributing towards the attainment of Zambia's vision of a 'nation free from the threat of HIV/AIDS'.

### SHARe II Vision

The SHARe II Vision is an enabling environment that supports an equitable and sustainable HIV/AIDS multi-sectoral response at all levels.

### SHARe II Mission

The SHARe II Mission is to serve as a catalyst in the development of a sustainable HIV/AIDS multi-sectoral response at all levels, through innovative leadership involvement, an improved policy and regulatory environment, effective structures for coordination, collaboration and technical support, and enhanced workplace programs, to reduce the impact of HIV/AIDS in Zambia.

### SHARe II Project Goal

SHARe II's Goal is to support the GRZ's vision of "a nation free from the threat of HIV/AIDS," working in partnership with the NAC and other GRZ agencies and institutions, Cooperating Partners, and other stakeholders and partners, to contribute to efforts to reduce and mitigate the impact of HIV/AIDS in Zambia.

The SHARe II project addresses the following Intermediate Results (IRs) under USAID/Zambia's Country Development Cooperation Strategies (CDCS) 2011 -2015, specifically Development Objective 3 or DO 3 - *Human Capital Improved*:

**USAID DO3 Human Capital Improved:** Human capital is a multi-dimensional concept that merges the knowledge, skills, and capabilities that people need for life and work. It refers to education and health levels as they relate to economic productivity, and is a crosscutting constraint in Zambia, that must be addressed holistically rather than as discrete interventions. Human capital requires an educated populace that is able to make sound decisions that affect the health and welfare of families, and a healthy populace that is able to participate fully in education and economic opportunities.

**USAID IR 3.2 Health Status Improved:** Improved health status reduces household and government expenditures on health care, freeing resources for more productive investments thus contributing to human capital as well as rural poverty reduction;

**USAID Sub IR 3.2.2 Health Systems and Accountability Strengthened:** USAID/Zambia activities to improve health systems and accountability will include improving human resource capacity and management, drug logistics, monitoring systems, and capacity to conduct research and develop new interventions; and

**USAID Sub IR 3.2.3 Community Health Practices Improved:** USAID/Zambia assistance activities will work with community organizations to reach citizens and increase their knowledge of preventive behaviors and healthy practices.

## SHARe II Project Objectives

To achieve success toward realizing these IRs, SHARe II has the following four USAID-assigned project objectives or tasks:

- Objective 1: Strengthen and expand leadership involvement in HIV/AIDS and improve the policy and regulatory environment;
- Objective 2: Strengthen organizational and technical capacity of coordinating structures to sustain the HIV/AIDS response;
- Objective 3: Strengthen and expand HIV/AIDS workplace programs; and
- Objective 4: Strengthen collaboration and coordination of HIV/AIDS activities with the GRZ, USG funded partners, and other stakeholders.

## ACTIVITIES UNDERTAKEN, BY OBJECTIVE

### Objective 1: Strengthen and Expand Leadership Involvement in HIV/AIDS and Improve the Policy and Regulatory Environment

Through this objective, SHARE II strengthens and improves the overall HIV/AIDS response environment to enable and facilitate the scale-up of a sustained and appropriate, multi-sectoral HIV/AIDS response, through engagement, mobilization and equipping of leaders at all levels with the necessary skills to be effective change-agents, and through strengthening and supporting the enactment, formulation, and/or implementation of appropriate HIV/AIDS-related policies and laws.

#### 1.1 Strengthen and Expand Leadership Involvement in HIV/AIDS

SHARE II works with political, traditional, religious and other influential opinion-leaders (musicians, sportsmen, etc.) using tailored packages of interventions to increase their leadership and participation in HIV/AIDS on two main levels:

At the structural level, SHARE II provides technical support to leaders to enable them to deal with the structural factors that increase HIV vulnerability and hamper the HIV/AIDS response, including providing technical support to leaders to formulate and enact appropriate HIV/AIDS-related policies and laws; technical guidance for providing leadership to change harmful socio-cultural practices and norms; and advocacy support to increase local resource allocation for the national HIV/AIDS response.

SHARE II also works with leaders at the behavioral level to build skills and competencies to use their authority, influence, and reach to enhance the HIV/AIDS response by leading efforts to discourage harmful behaviors such as multiple concurrent partnerships (MCPs), gender-based violence (GBV), and property-grabbing from widows and orphans, early and forced marriages, sexual cleansing, and to promote helpful interventions such as condom use, voluntary medical male circumcision, couple HIV testing and counseling, prevention of mother to child transmission (PMTCT) and early entry into HIV care and treatment.

##### 1.1.1 HIV/AIDS Leadership Support to Traditional Leaders

SHARE II works with traditional leaders in Zambia to strengthen their leadership of chiefdom-level HIV/AIDS responses and to equip them to act at the national level as key advocates for the Zambian people on HIV/AIDS issues. SHARE II provides a package of HIV interventions tailored to meet the needs of each of SHARE II's 35 partner chiefdoms. SHARE II provides a package of HIV interventions tailored to meet the needs of each chiefdom. This may include the aspects highlighted in Table I below.

Through this package of support SHARE II assists local communities to integrate HIV/AIDS into their developmental plans, programs and activities, thus ensuring that current and future

local and external resources are used to address HIV/AIDS, where appropriate. A key aspect of the SHARE II support processes is assisting chiefdoms to map out their stakeholders and form strategic linkages to address HIV/AIDS and to foster development.

*Table 1: Package of SHARE II support to partner chiefdoms tailored to the needs of each chiefdom*

#	Category	Brief Description
1.	Planning for the Local HIV Response and for Poverty Alleviation	Identifying chiefdom priorities through a community capacity assessment process and a participatory strategic planning process for chiefdom development and poverty-alleviation that mainstreams HIV as a developmental issue
2.	Equipping Chiefdom Leaders to be Effective HIV/AIDS Change-agents	Enabling key chiefdom leaders (chief and his/her chiefdom council and political, religious and other influential opinion-leaders) and equipping them to provide leadership on HIV/AIDS issues including correct HIV messaging, leading advocacy, addressing issues of gender and HIV, establishing local HIV impact mitigation measures and leading efforts for community resource mobilization for HIV/AIDS
3.	Improving the Chiefdom HIV-related Policy and Legal Environment	Strengthening the chiefdom HIV-related policy legal environment through formulation of HIV-related customary laws or decrees and improving the legal protection of women and girls and other vulnerable groups by training customary law local court magistrates to appropriately handle and refer HIV-related cases and training chiefdom leaders in gender and HIV/AIDS issues
4.	Linkages to District HIV/AIDS Task Forces (DATFs)	Strengthening chiefdom HIV/AIDS coordination mechanisms by linking the chiefdom response to national HIV/AIDS response coordination efforts through district-level coordination structures, the DATFs.
5.	Economic HIV/AIDS Resilience Support	Increasing individual/household economic resilience to HIV through combined HIV and entrepreneurship trainings aimed to provide economic strengthening support to informal sector workers (most of the chiefdom residents are informal sector workers)

A more in depth discussion of SHARE II HIV/AIDS leadership support to traditional leaders during FY 2014 is provided below.

#### **1.1.1.1 Community Capacity Assessment and Community Development Action Planning**

In the period under review, SHARE II provided support to six chiefdoms in conducting community capacity assessments (CCA) and community development action planning (CoDAP) processes: Nyakulenga, Mumenta and Kapijimpanga in North Western Province, Kahare and Mutondo in Western Province and Sekute in Southern Province. Due to a change in the chieftaincy as a result of succession disputes in the Sekute royal family, many of the traditional leaders in the chiefdom were also changed; a second CoDAP with the new leadership was thus conducted in Sekute chiefdom. The traditional leaders in these chiefdoms have begun the process of modifying their governance structures to include technocrats resident in the chiefdom and tap into this rich resource, particularly under the chiefdom development trusts.

From project start-up to September 2014, SHARE II had finalized CCA/CoDAP processes in 29 of 35 partner chiefdoms. The remaining six are earmarked for support in FY 2015.

Chiefdoms that have undergone these two processes approach HIV/AIDS very differently than before—they understand what they have to do and why, in order to respond appropriately to HIV/AIDS in their chiefdoms, and with this understanding, are more committed to supporting HIV/AIDS interventions. Because the processes are participatory, the chiefdoms are guided to define their own problems and assisted to come up with their own locally relevant solutions, contributing to sustainability in both development and HIV/AIDS programming.

### **1.1.1.2 Building the Capacity of Traditional Leaders to Reach Out to their Communities with HIV/AIDS Messaging**

Many of the key drivers of HIV/AIDS in Zambia—including multiple concurrent partnerships, low and inconsistent condom use, low rates of male circumcision and vulnerability among certain marginalized groups—are based on deep-seated cultural factors. SHARE II recognizes that traditional leaders, as the cultural standard-bearers, are best positioned to influence their people to discard harmful practices or adopt beneficial practices.

In FY 2014, chiefs, senior village headpersons, village headpersons, traditional councilors, youth leaders, female leaders and other community leaders were trained in HIV/AIDS messaging by SHARE II in 12 chiefdoms: Bwile, Chisunka, Kambwali, Kanyembo, Kapijimpanga, Macha, Mwandi, Mwansakombe, Mwape, Shakumbila, Shimukunami and Singani. These leaders have used the skills learned in these trainings to reach out to their communities with HIV/AIDS messages that address the drivers of the HIV/AIDS epidemic. Some of the HIV/AIDS leadership and messaging activities undertaken by SHARE II partner chiefdom leaders in FY 2014 are highlighted below:

#### ***i. SHARE II Partner Chiefdom Leaders Provide Leadership for VMMC***

At the beginning of FY 2014, SHARE II chaired a series of meetings to improve collaboration between partners engaged in VMMC demand creation in the chiefdoms and those that provide VMMC services. These initial meetings identified 10 focus chiefdoms to work with in 2014 and 2015. Following these meetings, SHARE II trained traditional leaders in VMMC demand creation in three chiefdoms: Cooma chiefdom in Southern Province in March 2014, Bwile chiefdom in Luapula Province in July 2014, and Kapijimpanga chiefdom in North Western Province in May 2014. Each VMMC campaign included sensitizations by trained traditional leaders on the value of VMMC; these traditional leaders then registered community members for VMMC, which was carried out by Society for Family Health (SFH) and Zambia Prevention Care and Treatment Partnership II (ZPCT II). As a result of these ten-day interventions, over 560 traditional leaders were trained in VMMC demand creation, 1,439 men and boys were circumcised and an additional 2,741 were booked for VMMC procedures to be completed at a later date.

#### ***ii. Chikanta Chiefdom Hosts the Anti-GBV Campaign Launch***

Impressed by the idea of Chikanta chiefdom's strategic plan and the work the chiefdom was doing in HIV/AIDS, Zambia's First Lady Dr. Christine Kaseba visited the chiefdom and requested that the chiefdom host an anti-GBV campaign launch. Chikanta chiefdom had highlighted in its strategic plan that GBV and other gender power imbalances were prevalent in the chiefdom and had outlined the steps it would take to address this situation, in order to reduce the vulnerability of the chiefdom's females to HIV and promote respectful gender norms. As such, Chikanta chiefdom had a plan of action, developed with SHARE II technical assistance, which the First Lady felt was worth buying into and supporting. In preparation for

the launch, officers from the Ministry of Chiefs and Traditional Affairs; Ministry of Community Development, Mother and Child Health; Law Association of Zambia; and Zambia Police Service provided training to traditional and other leaders in the form of a three-day workshop on how to address GBV. The anti-GBV launch took place in March 2014. In a related activity, Chief Chikanta and his traditional leaders, working with Honorable Lucky Mwanavuna of the Chikanta Chieftom Local Court, withdrew six girls from early marriages in FY 2014; these girls are now back in school.

### *iii. Mukuni Chieftom Undertakes Cultural Remodeling for HIV Prevention and Strengthens the Chieftom PLHIV Support Group*

Chief Munokalya Mukuni and the other senior traditional leaders in Mukuni chieftom (Southern Province) identified the erosion of the culture and traditions of the Leya people of Mukuni, particularly the younger people, as a cause of many social ills in the chieftom, including being a driver of the HIV/AIDS epidemic in the chieftom. This realization is clearly documented in both the strategic plan and policy decrees of the chieftom. The HIV prevalence in Livingstone, around which most of Mukuni chieftom is located is 28% almost twice the national HIV prevalence of 14.3% - the impact of HIV/AIDS on the chieftom has been devastating with many lives lost over the past two decades. Chief Mukuni, the Bedyango (the chieftom's matriarch and female traditional leader) and Ina Nkwazi (the chief's wife) and the Mwendambeli (the chieftom Prime Minister) sought audience with SHARE II to request for technical assistance around cultural remodeling for HIV prevention. The chieftom and SHARE II agreed to implement a youth-focused program that examines the culture and traditions of the Leya people of Mukuni, related to the socialization processes for young males and females, focusing on HIV prevention, reproductive health and respectful gender norms and relations. The program is implemented through the cultural standard-bearers who are responsible socializing the young people in a three pronged process:

- a. **Reviewing Leya Culture and Traditions from a Youth Socialization Perspective:** Engaging the male and female cultural standard-bearers to: Review the Mukuni Leya culture and traditions; define the current youth socialization problem including what aspects of their culture require remodeling; define the solutions and draw up an action plan; and identify the persons responsible for ensuring successful program rollout and implementation and work out a plan for program sustainability;
- b. **Training Patriarchs and Matriarchs:** Training the cultural standard-bearers (matriarchs and patriarchs) in the chieftom, who in turn will train chieftom boys and girls and young men and young women 5-24 years in Leya culture and traditions, HIV prevention, reproductive health, and respectful gender norms and relationships. As of September 2014, two trainings for male and female the cultural standard-bearers have taken place, with approximately 120 women and men trained, representing 12 zones and 130 villages in Mukuni chieftom; and
- c. **Rolling out the Youth HIV/AIDS, Reproductive Health and Gender Norms Program:** The trained patriarch and matriarchs have since begun rolling out the program, providing training to groups of young Leya people. The program is designed to reach different age groups separately, so that the materials and training provided is age-appropriate. Some of the trainings for young people are also gender-disaggregated to encourage full and free participation.

The Mukuni youth HIV/AIDS, reproductive health and gender norms program, apart from building capacity in HIV/AIDS leadership for the matriarchs and patriarchs, will contribute to the general population HIV prevention and gender norms SHARe II MER indicators, and help build HIV resiliency among the youths of Mukuni chiefdom.

By building the capacity of traditional leaders to reach out to their communities with HIV/AIDS messaging, SHARe II is helping to build a stronger chiefdom health system. Through HIV/AIDS leadership and advocacy, chiefdoms have strengthened linkages between chiefdom and national health systems to ensure service availability, including ART, for residents living with HIV, to keep their people healthy and minimize their likelihood of transmitting HIV to others. Leaders use every available platform for HIV prevention leadership to reduce HIV infection risk for their people. Leaders are also helping to reduce HIV-related stigma and discrimination, establishing a supportive environment for greater HIV service utilization.

### Case Study: The Chiefdom – an Important Component in Zambia’s Health System

Zambia’s 288 chiefdoms operate in a parallel and loosely coordinated way with government structures. Chiefs—as custodians of culture and tradition—wield enormous influence, particularly in rural areas, where 61% of Zambians live and where health-related behaviors are largely culturally bound. SHARe II’s work with Zambian chiefdoms is rooted in the understanding that HIV is a development issue and that poverty, standing at 78% in rural areas, is a key driver of HIV in Zambia. SHARe II harnesses the power and influence of chiefs to change cultural norms and behaviors that facilitate HIV transmission or exacerbate AIDS, and to identify and prioritize poverty reduction and HIV response strategies.



Figure 2: A SHARe II-trained senior headman providing VMMC messaging and demand-creation in Cooma chiefdom

The SHARe II package of chiefdom interventions ensures a sustainable local HIV response, as the chiefs and traditional leaders are the engine that drives this work. SHARe II uses three key

approaches to assist chiefdoms in strengthening their local HIV/AIDS response: the creation of plans for development to alleviate poverty; strengthening the HIV-related policy and regulatory environment through customary law decrees, and training customary law magistrates to handle HIV-related cases; and increasing HIV leadership, including addressing harmful cultural and traditional practices that promote the spread of HIV.

To date, SHARE II has facilitated development strategic planning in 29 chiefdoms, guided 10 chiefdoms to formulate HIV-related customary law decrees, trained 316 of Zambia's 485 local court magistrates—who deal with customary law—to appropriately handle HIV-related cases, and trained 2,143 chiefs and traditional leaders to serve as health promotion champions and advocates for health system improvements.

Chiefdom development strategic plans contain collective strategies to foster chiefdom development and alleviate poverty, and deal with developmental challenges such as HIV and gender inequalities with emphasis on local solutions. Operationalizing chiefdom strategic plans, including infrastructure improvements, has brought HIV and health services closer to their people, and increased HIV service uptake.

Because HIV strategies are part of their development plans and strategies, traditional leaders now view HIV leadership as their responsibility and use chiefdom platforms such as traditional ceremonies and chiefdom meetings to provide HIV leadership and messaging. They understand and value partnerships in operationalizing HIV strategies, and proactively partner with health service providers to increase uptake.

HIV-related customary law development is participatory and consultative, involving all chiefdom leaders and hundreds of their people. During development and dissemination, people in the chiefdom become aware of the provisions of and protections provided by decrees, and often the effect of the decrees can be immediate. For example, because VMMC is now part of chiefdom development plans and customary law decrees, when leaders in traditionally non-circumcising chiefdoms lead by example, their people follow, resulting in increased demand for VMMC services.

*Table 2: An example of increased HIV service uptake at Muchabi RHC in Shakumbila Chiefdom following strategic planning and leadership training in 2012*

Year	VMMC	PMTCT	HTC
2011	0	70	27
2012	0	284	93
2013	122	379	134
2014 (as of Sept 2014)	106	392	188

SHARE II's chiefdom leaders actively provide behavior change to reduce HIV transmission and increase uptake of biomedical interventions that contribute to HIV prevention such as VMMC, ART, condoms, and PMTCT, through messaging and leading by example. For example, HIV-related service uptake at Muchabi Rural Health Center (RHC) in Shakumbila Chiefdom (Central Province) and Sikalongo RHC in Cooma Chiefdom (Southern Province) increased following strategic planning for poverty alleviation (Table 2), HIV/AIDS leadership training, and HIV decree formulation. Similar trends are seen in most partner chiefdoms.

Through leadership and advocacy, chiefdoms have strengthened linkages between chiefdom and national health systems to ensure service availability, including ART for residents living with HIV, to keep their people healthy and minimize their likelihood of transmitting HIV to others. To ensure no children are born with HIV, some chiefdoms have mandated antenatal care through HIV decrees, thereby encouraging greater PMTCT uptake.

Operationalizing strategies in non-health strategic areas in the chiefdom development strategic plans also contributes to improved health status. For example, Chikanta Chiefdom has made efforts to improve household food security through increased agricultural productivity, and Chieftainess Shimukanami has out-lawed early girl-child marriages and mandated that all school-age children, boys and girls, be in school.

### 1.1.1.3 Social Mobilization Activities during Traditional Ceremonies

SHARe II realizes the importance that traditional ceremonies play in the lives of Zambians, especially those living in chiefdoms. Traditional ceremonies are a time for reflection for the people in the chiefdoms and a time to showcase the tradition, customs and beliefs within the chiefdom: to themselves, to their children (the future leaders of the chiefdom), and to those coming from outside the chiefdom. Communities attach much importance to these ceremonies and have very deep-seated beliefs about and connections to them. As such, during FY 2014, SHARe II sought out opportunities to work with the chiefs and other chiefdom leaders to mainstream HIV/AIDS responses into traditional ceremonies.



*Figure 3: Mpande, a musician popular trained as HIV/AIDS champion and ambassador by SHARe II provides entertainment and HIV messaging at the Shakumbila Chiefdom Development Strategic Plan launch in July 2014*

Specifically, out of the four chiefdom development strategic plans launched during the reporting period, three were affiliated with traditional ceremonies. In October 2013, Cooma chiefdom launched its Cooma Chiefdom Development Strategic Plan 2013-2017 at the chiefdom's annual Lwiindi ceremony. Similarly, in Shakumbila chiefdom, the Ikubi Iya Longo traditional ceremony of the Sala people preceded the launch of the Shakumbila Chiefdom Development Strategic Plan 2014-2018 in July 2014. In June 2014, Shimukunami chiefdom hosted their Mutamfyansala Traditional Ceremony prior to the Shimukunami Chiefdom Development Strategic Plan 2014-2018 launch, an event where the people of the chiefdom celebrate their past and give thanks for their harvests during the year. For all four launches HIV/AIDS messaging by trained chiefdom leaders was a hallmark, both during the three traditional

ceremonies and during the launches.

Mpande, a well-known local musician trained by SHARe II as an HIV/AIDS champion and ambassador, entertained the crowds at the Cooma and Shakumbila plan launches, integrating

into his music stern warnings about GBV and early girl-child marriages, and offering other HIV/AIDS messages such as encouraging uptake of VMMC, ART, PMTCT, HTC and condoms. Finally, Bwile chiefdom, a partner SHARE II chiefdom held its Ubuilile traditional ceremony in August 2014 and requested for SHARE II messaging training. SHARE II trained Bwile's headmen and other traditional leaders to provide messaging on HIV/AIDS issues such as VMMC, PMTCT and condom use. HTC service providers provided HTC during all these ceremonies.

#### 1.1.1.4 Improving Chiefdoms' Ability to Effectively Utilize Current Chiefdom Resources and Increase Access to Additional Resources

Supportive supervision visits to partner chiefdoms has revealed that over the past year, chiefdoms have used the skills learned from SHARE II to engage stakeholders identified during development strategic planning to carry out development goals outlined in their strategic plans. Table 3 below provides a summary of some of the progress made during FY 2014:

Table 3: Summary of development progress made in select SHARE II partner chiefdoms

#	Chiefdom	Description
1.	Mwape	<p>The Mwape Chiefdom Development Trust (MCDT) has entered into a Public Private Partnership (PPP) agreement with two private game reserves operating in the chiefdom. The chiefdom shared their <i>Mwape Chiefdom Development Strategic Plan 2014 – 2018</i> with the Nyamvu and Nyakolwe game ranches, and the two companies bought into the strategic plan. They remit a percentage of their profits towards social and development projects to benefit the local community. So far, using these funds, they have:</p> <ul style="list-style-type: none"> <li>– Constructed two classroom blocks and two staff houses at and donated books and desks to Mwape Primary School;</li> <li>– Donated a large truck to the chiefdom to help the community with transport in this remote chiefdom;</li> <li>– Sunk five boreholes for the chiefdom to bridge the potable water deficit;</li> <li>– Subsidized school fees for orphans and vulnerable children; and</li> <li>– Supplied the health center with beds and other furniture for patients</li> </ul>
2.	Shakumbila	<p>Senior Chief Shakumbila and the people of Shakumbila chiefdom have looked internally for development resources to spearhead the construction of vital infrastructure to improve access to health services and education in the chiefdom. They have constructed:</p> <ul style="list-style-type: none"> <li>– Four rural health posts to increase access to health care,</li> <li>– A one-by-two classroom block to help reduce class sizes; and</li> <li>– Three teacher's houses to improve teacher retention and education quality.</li> </ul>
3.	Kanyembo	<p>Kanyembo chiefdom negotiated with the Zambia Electricity Corporation Limited (ZESCO) for the power line vegetation clearing contract for the part of the national grid passing through Kanyembo chiefdom to be awarded to the chiefdom, to help them mobilize resources to fund developmental projects. Using the funds generated the chiefdom has:</p> <ul style="list-style-type: none"> <li>– Built three houses for rent to chiefdom teachers for continuous income generation and to improve teacher retention and education quality.</li> </ul>

#	Chiefdom	Description
4.	Mwansakombe	<p>Mwansakombe chiefdom, like other chiefdoms in water-rich Luapula province is a traditionally fishing chiefdom with over 70% of the chiefdom depending on fishing for their livelihoods. However the fishing industry has all, but died in Mwansakombe chiefdom due to overfishing and use of unsustainable fishing methods. HRH Chief Mwansakombe and the chiefdom leaders in the midst of deepening poverty identified crop-based agriculture as the chiefdom's next best potential for income generation and poverty alleviation. In Partnership with the Ministry of Agriculture and Livestock, Mwansakombe chiefdom held its first ever agricultural show and field day in 2014:</p> <ul style="list-style-type: none"> <li>– For the local people to learn about farming and learn new skills, share experiences; and</li> <li>– To increase access to agricultural inputs and products in preparation for the 2015 planting season.</li> </ul>
5.	Chikanta	<p>In Chikanta chiefdom:</p> <ul style="list-style-type: none"> <li>– The chiefdom's Committee on Education successfully engaged the GRZ for additional female teachers, and the four have been posted to local secondary schools;</li> <li>– The Chikanta Development Trust (CDT) constructed blocks of buildings to be leased to the public for office and retail space; and</li> <li>– The CDT has built thirteen houses for headmen near the Chief's Palace to ensure decent accommodation for the headmen when they come to attend development and other meetings.</li> </ul>
6.	Shimukunami	<p>Chieftainess Shimukunami has used the strategies defined in the <i>Shimukunami Development Strategic Plan 2014 – 2018</i>, under the mining strategic area, to:</p> <ul style="list-style-type: none"> <li>– Successfully negotiate with new investors in the chiefdom's mining sector for a small proportion of profits to be reserved for social development programs to benefit her people.</li> </ul>

As chiefdoms operationalize strategies in non-health strategic areas in chiefdom development strategic plans, this also contributes to improved health status. For example, increasing agricultural productivity and household food security in the agriculture section, and increasing the number of chiefdom children who complete school, particularly girl-children, under the education section, both have incremental contributions to improving chiefdom health status.

### 1.1.2 HIV/AIDS Leadership Support for Influential Opinion-Leaders

SHARe II recognizes that HIV/AIDS leaders and champions come from different walks of life and can speak to different audiences. The magnitude of the HIV/AIDS epidemic requires that SHARe II engage leaders, role models and champions at every level (national and community) and provide them with appropriate messages backed by current science and evidence, in order to ensure correct and consistent messaging and effective leadership

#### 1.1.2.1 Integrating HIV/AIDS into Zambia's Music: Collaborating with Zambia Association of Musicians (ZAM)

SHARe II has built on work done by its predecessor project, SHARe, which worked successfully with influential young opinion leaders, particularly musicians, to improve

HIV/AIDS messaging with Zambia's youth. SHARe II has helped organize musicians from the Zambia Association of Musicians (ZAM) to take the initiative to mainstream HIV/AIDS into their music, and thus become an integral partner in the HIV/AIDS response in Zambia.

In FY 2014, ZAM launched its first-ever strategic plan, developed with SHARe II technical assistance with honored guests Hon. Wilbur Simusa, Minister of Foreign Affairs; Steven Mwansa, Permanent Secretary in the Ministry of Tourism and Arts; Dr. Charlotte Scott, wife to the Republican Vice President Dr. Guy Scott; and Ms. Ky Lam, HIV/AIDS Multi-sectoral Team Leader at USAID/Zambia. The plan covers the years 2014 to 2018 and includes key strategies in the areas of music marketing, promotion and protection; music business capacity-building and training; strategic partnerships and advocacy; coordination, management and administration; and awareness-raising and social commentary. Importantly, the plan also mainstreams HIV/AIDS, providing strategies on how ZAM and its musicians will contribute to Zambia's HIV/AIDS response.



Figure 4: Musicians present the Guests of Honor with ZAM strategic plans during the strategic plan launch, January 2014

SHARe II continues to support ZAM to strengthen its capacity to carry out its core mandates and to operationalize the newly-launched strategic plan. For example, during the period under review, SHARe II facilitated two meetings to provide organizational support to ZAM to coordinate implementation strategies outlined in the organization's strategic plan.

By assisting Zambian musicians to integrate HIV/AIDS and other social commentary into their music and by training Zambian musicians as HIV/AIDS ambassadors and champions, SHARe II is ensuring that

a generation of Zambians musicians will continue to serve as an important and effective partner in Zambia's HIV/AIDS response for the foreseeable future.

### 1.1.3 HIV/AIDS Leadership Support for Religious Leaders

SHARe II is working to build HIV/AIDS leadership capacities for religious leaders at two levels: 1) SHARe II works with theological colleges and Bible schools in Zambia to help them integrate HIV/AIDS into their existing curricula, an activity that addresses an identified major gap in Zambia's HIV/AIDS response: the poor HIV/AIDS competence of many in-service religious leaders, and 2) SHARe II also works with select groups of in-service religious leaders to build capacities in correct and appropriate HIV/AIDS messaging and in HIV/AIDS advocacy. This work enables these leaders to reach to their congregants with increased and appropriate HIV/AIDS messaging and leadership, and also enables religious leaders with national platforms to increasingly provide visible HIV/AIDS leadership at the national level.

The expected outcome of these two activities is that trained and knowledgeable religious leaders will increasingly provide HIV/AIDS leadership in their houses of worship and in the

national dialogue, and will take a stand to address the causes and effects of the HIV/AIDS epidemic, including gender inequality, power relations, denial, shame, guilt, stigma and the many forms of discrimination experienced by those living with and/or affected by HIV.

### **1.1.3.1 Sustainable HIV/AIDS Programming: Integrating HIV/AIDS into the Curricula of Theological Training Institutions**

In 2011 SHARe II took an assessment of current HIV/AIDS leadership capacities of key partners, including religious leaders. The assessment revealed inadequate capacities and competences among Zambia's church leaders to effectively address and manage HIV/AIDS and HIV-related issues. SHARe II has been working with representatives from 12 theological colleges and Bible schools throughout Zambia to develop a common curriculum that integrates HIV/AIDS, with the expectation that each college will later adapt this curriculum to suit specific doctrinal and other needs.

As of September 2013, five of the training institutions had started using this draft curriculum. By September 2014, seven additional institutions had integrated the HIV/AIDS curriculum into their programs of study: the Evangelical Bible College, United Church of Zambia University College, Mindolo Ecumenical Foundation, Trans-Africa Theological College, Kaniki Bible University College, Theological College of Central Africa and Living Waters Bible College. This brings the total number of theological training institutions with curricula that integrates HIV/AIDS to 12.

In FY 2014, over 1,000 church leaders graduated HIV-competent from the 12 theological schools. We expect at least 1,200 religious leaders per year to graduate HIV-competent from these institutions. As part of SHARe II technical support to the rollout of this program to train pre-service religious leaders, during FY 2014, SHARe II and 19 lecturers and heads of theological training schools worked together to develop and finalize the facilitator's manual for religious leaders. The manual will be officially launched in FY 2015.

By integrating HIV/AIDS into theological training curricula, SHARe II is helping to build a more HIV-competent and compassionate church in Zambia, to ensure PLHIV and those affected by HIV/AIDS are treated fairly and with dignity.

### **1.1.3.2 HIV Leadership Training for In-service Religious Leaders**

SHARe II sub-grantee Zambia Interfaith Networking Group on HIV/AIDS (ZINGO) is an umbrella organization that works with religious mother bodies to coordinate the faith-based HIV/AIDS response.

In early 2013, SHARe II trained a dedicated group of nine ZINGO members with medical and/or health backgrounds as trainer-of-trainers. The team of nine integrated the scientifically-grounded information they received from SHARe II with the scriptures of their respective faiths and, grounding their teachings in a SHARe II-developed leadership messaging toolkit, trained hundreds of religious leaders from diverse congregations in Kitwe and Ndola.

As of September 2014, the core group of 521 trained leaders had reached out to 24,573 congregants in their churches with appropriate and correct HIV/AIDS messages.

At the start of FY 2014, SHARe II and ZINGO undertook a field visit to some of the partner congregations and religious leaders in Kitwe and Ndola to evaluate the effectiveness of the program. From discussions with the four congregations visited, SHARe II was able to establish that the trained leaders were devoting significant time, importance and attention to messaging, that they were providing correct messaging and that the congregants were very accepting and appreciative of the program. As a result, ZINGO has expanded its reach to four other districts, training religious leaders in Kabwe, Lusaka, Kapiri Mposhi and Kalulushi with the same model piloted in Kitwe and Ndola.

Also during FY 2014, ZINGO trained 119 religious leaders in referral management in Kitwe and Ndola. The training was aimed at ensuring that leaders are able to effectively refer congregants and other community members in need of HIV/AIDS-related care. During the training, the religious leaders were provided with lessons in project implementation skills, such as documentation and record keeping.

In FY 2014 SHARe II provided a sub-grant to the Independent Churches of Zambia (ICOZ) to rollout a program similar to the ZINGO program in Lusaka churches. This support is intended to bridge the very significant HIV/AIDS leadership gaps found among ICOZ leaders at baseline. ICOZ is composed of different churches that follow different doctrines and as such each church leader defines what his church's stance on HIV/AIDS.

### 1.1.4 Major HIV Leadership Achievements during FY2014

Table 4 summarizes the major achievements under the HIV leadership sub-task in FY 2014.

Table 4: Major HIV leadership achievements in FY 2014

#	Major Achievement	Brief Description
1.	Increased HIV/AIDS Leadership by traditional leaders in partner chiefdoms creating demand for VMMC, HTC, ART, PMTCT, and condoms	<ul style="list-style-type: none"> <li>– Trained 1,674 traditional and other chiefdom leaders in 12 partner chiefdoms in HIV/AIDS leadership and correct HIV/AIDS messaging, including VMMC demand-creation;</li> <li>– Increase in HIV leadership by trained leaders using both local and national platforms (traditional ceremonies, radio, TV etc.) and both through messaging and leading by example;</li> <li>– Data from RHCs show corresponding increase in uptake of VMMC, HTC, PMTCT, condoms, and timely ART by subjects;</li> <li>– Chiefdom reports indicate reductions in behaviors that increase HIV vulnerability, including widows/widower sexual cleansing, early marriage of girls, GBV, widow inheritance, and MCPs.</li> </ul>
2.	Strengthened the chiefdom health system through formation of chiefdom HIV/AIDS mitigation teams (CHAMTs)	<ul style="list-style-type: none"> <li>– Strengthened chiefdom governance and management systems by supporting formation of development trusts and CHAMTs;</li> <li>– The CHAMT is the point of contact for all HIV-related activities in the chiefdom including organizing HIV/AIDS leadership and messaging platforms; conducting HIV/AIDS messaging and health promotion activities; and providing linkages to the mainstream health system to facilitate service uptake by subjects;</li> <li>– The CHAMT is linked to the GRZ health system in the chiefdom and to other health players.</li> </ul>

#	Major Achievement	Brief Description
3.	Contributed to building an HIV competent church through integration of HIV/AIDS into the curricula of theological schools and bible colleges	<ul style="list-style-type: none"> <li>– Addressed gap of poor HIV leadership by religious leaders;</li> <li>– Partnered with 12 theological schools to develop an HIV/AIDS curriculum and an instructors' manual that address all aspects of HIV leadership for Zambian church leaders;</li> <li>– Rolled out training program designed to be offered as a complete stand-alone HIV/AIDS course which will be part of the schools' required coursework in all 12 theological schools;</li> <li>– In 2014, over 1,000 church leaders graduated HIV-competent from the 12 theological schools; we expect at least 1,200 leaders per year to graduate HIV-competent</li> </ul>
4.	Harnessed popularity for the benefit of the national HIV/AIDS response by using social media as a tool for ZAM coordination and HIV/AIDS social commentary	<ul style="list-style-type: none"> <li>– Assisted ZAM to develop and launch a strategic plan that integrates HIV/AIDS and other social issues;</li> <li>– In collaboration with ZAM, established the 'WhatsApp' social media platform for general ZAM coordination and HIV/AIDS response coordination;</li> <li>– Through the use of social media the HIV/AIDS and social issues committee reaches a wider audience of fans and followers on multiple platforms, including online chats and performances;</li> <li>– ZAM member artists composed over 15 songs in FY 2014 on HIV/AIDS, VMMC, gender-based violence and early marriages – planned release is World AIDS Day (12/01/14) in FY 2015.</li> </ul>

### 1.1.5 SHARe II HIV Leadership Life of Project Indicator Tracking

Results from SHARe II's work to strengthen and expand leadership in the HIV/AIDS sector are shown below in Table 5. SHARe II is on track to meet its HIV/AIDS leadership LOP targets by November 2015.

Table 5: SHARe II HIV leadership life of project results

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
1.1: HIV Leadership Talking Points	Standardized leadership talking points developed, translated into five local languages	Trainings in talking points (English and local languages)	Talking points printed in English and currently being translated into local languages	
1.2_Inst: HIV Leadership Capacity Building of Institutions	Number of leadership institutions (chiefdoms, CAPAH and religious leaders, musicians) provided with TA for HIV-related institutional capacity building through SHARe II's core package, which can include Capacity Assessment, Strategic and Operational Planning, Training and Supportive Supervision	82	84	102%
1.2_Champions: HIV Leadership Capacity Building of Champions	Number of leadership champions drawn from the chiefdoms, CAPAH and religious leaders, and musicians provided with TA for high-level HIV/AIDS leadership capacity building.	25	27	108%

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
1.2_CD: HIV Leadership Capacity Development	Number of leaders that participate in Capacity Development through Capacity Assessment, Strategic Planning and Operational Planning, disaggregated by: Traditional leaders, political leaders (CAPAH), FBOs (mother bodies or individual church organizations), ZAM, and ZFE	2495	3644	146%
1.2_Train: HIV Leadership Training Capacity Development	Number of leaders (disaggregated by type and gender) trained in any of the following aspects of HIV including: HIV/AIDS messaging; advocacy; PLHIV issues; gender issues; HIV leadership competency	2450	2730	111%
1.2_PerfInst HIV Leadership Institutional Performance	HIV/AIDS Leadership institutions meeting defined benchmarks based on set criteria using checklist(s) and/or supportive supervision tools. If an institution meets 3 of the 5 criteria where 1 of the 3 is leadership messaging (#5 below), it is defined as "engaged." The criteria for an institution to be defined as "engaged" are: The institution has effected a governance structure; meetings held amongst the leadership with regard to the strategic plan; the institution has met with key stakeholders; there is evidence of the institution having started or already implemented at least one strategy in the strategic plan; and leadership have shared HIV messages at least one public forum	29	17	59%
1.2_PerfInd HIV Leadership Champion Performance	A proportion of trained HIV/AIDS leadership champions that meet the following performance benchmarks: Evidence of public HIV/AIDS messaging; endorsing at least one advocacy issue in their area of work; reporting of activities undertaken. This will be monitored using checklist(s) and/or supportive supervision tools and disaggregated by gender.	27	21	78%
1.3 HIV-related curriculum integration into Theological Schools	Number of theological schools or Bible colleges that have implemented the HIV-integrated curriculum.	12	12	100%
1.4 HIV/AIDS Leadership Platforms	Number of HIV/AIDS Leadership radio, performance, electronic and print media platforms using messaging provided by the SHARE II project	23	13	57%
1.5 Gender based violence sensitization amongst target populations	Number of people reached through individual, small group, or community-level interventions or services (in targeted chiefdoms, religious groups, DATFs and line ministries) that explicitly addresses gender-based violence and coercion related to HIV/AIDS	500	3910	782%

## 1.2 Improve the Policy and Regulatory Environment

The goal of achieving universal access to HIV prevention, treatment, care and support in Zambia cannot be attained in a sub-optimal HIV-related policy and regulatory environment. In an enabling policy and regulatory environment, there is minimal stigma towards and discrimination against PLHIV and those affected by HIV/AIDS; leaders speak openly about HIV/AIDS and support HIV programming; and the laws and policies make it easier for implementers of HIV-related services to offer their services freely and objectively, and for PLHIV and others to access these services freely. While some ground has been towards a policy and regulatory environment that is favorable and conducive for a well-coordinated national HIV/AIDS response, much more needs to be done in Zambia because the absence and/or presence of certain national laws and policies has the potential to decelerate the nation's response to HIV/AIDS.

Critical areas that work against the national HIV/AIDS response include the non-existence of specific laws regarding HIV/AIDS to provide clear and specific guidance for the national HIV/AIDS response; the existence of certain laws that increase the vulnerability of segments of Zambian society to HIV; and the lack of commitment by the state to a predictable funding allocation in the national budget for HIV/AIDS programs and services.

Lack of HIV/AIDS, gender and human rights training legal and law enforcement officers has hindered progress towards achieving an enabling HIV-related policy and regulatory environment in Zambia. Law enforcement officers, particularly the police, are pivotal in the fight against vices such as defilement, rape and other gender-based violence. Unfortunately, the standard curriculum of the police, who are the first point of contact for victims who wish to seek justice in such cases, has not sufficiently prepared officers to effectively handle the task at hand. Local court magistrates, likewise, deal with the bulk of HIV/AIDS-related cases; historically, however, they have had insufficient training and knowledge about HIV/AIDS, gender and human rights and how to handle HIV-related cases, leading to lack of standardization in case management and sometimes, to miscarriage of justice.

### 1.2.1 Improving the HIV-related Legal Environment: Movement in SHARe II-supported HIV/AIDS-related Legislation

In 2010, shortly after project start-up, the SHARe II Legal and Policy team embarked on an intensive environmental scan of all 26 volumes of Zambian law to identify those laws and policies that had a bearing on the national HIV/AIDS response. Of the 32 pieces of legislation identified, six were selected for having the greatest impact on HIV/AIDS in Zambia and were prioritized for specific intervention by the SHARe II team: 1) Anti-Gender Based Violence Act, 2) Prisons Act, 3) Deceased Brother's Widow's Marriage Act, 4) NAC Act, 5) Employment Act and 6) Industrial and Labor Relations Act.

#### 1.2.1.1 The Anti-Gender Based Violence Act (AGBVA)

The Anti-Gender Based Violence Act (AGBVA) was passed in April 2011. However, the Act was passed without an accompanying AGBV policy and without subsidiary legislation to provide procedural guidelines for implementation. As such, the operationalization of the Act has proved to be challenging.

In the absence of the AGBV policy, the gender Policy, in which GBV is an important component, becomes very important. However the gender policy needed strengthening to ensure it adequately addresses the requirements of the AGBVA. In FY 2014 SHARe II provided technical support to the Ministry of Gender revise the gender policy, so that it addresses all issues pertinent and incidental to the AGBVA including defilements, rape, early and forced child marriages especially for the girl children, property grabbing, and land ownership. SHARe II, through legal analysis of the AGBVA, which formed the basis of the policy review process, ensured that although the nation does not have a standalone AGBVA policy, all the policy issues pertinent to AGBVA are well covered in the gender policy.

With regard to subsidiary legislation to provide procedural guidelines for the implementation of the AGBVA (the Act is less effective without these guidelines), in FY 2014, the Ministry of Gender continued coordinating key stakeholders around the activity of developing guidelines for the AGBVA through the development of statutory instruments. SHARe II's major role in this aspect was to provide technical support in the development of a Statutory Instrument (SI) to ensure that HIV/AIDS issues were fully addressed. SHARe II submissions included the proposal that each and every child defiler, male or female, must be tested for HIV because of the very prevalent myth that having sex with a child cures HIV. The draft guidelines are now with the Ministry of Gender for their further action.

Also in FY 2014, THE Ministry of Gender undertook an exercise to simplify the AGBVA so that it is easier for Zambians to understand its provisions and protections. SHARe II was one of the stakeholders that participated in this process. With regard to the issue of dissemination of the Act and training, the AGBVA is a major component of the SHARe II training package for the Judiciary and law enforcement. Additionally, SHARe II staff ensures that the Act is disseminated to traditional leaders in all its partner chiefdoms.

USAID support through SHARe II in this area has helped to create a stronger AGBVA legal framework, and has led to wide dissemination and interpretation of the Act to rural communities in partner chiefdoms.

### **1.2.1.2 The Prisons Act, Cap 97**

The Prisons Act, Cap 97 of the Laws of Zambia prescribes the establishment and functions of the Zambia Prisons Service (ZPS), including the conditions under which prisoners are kept – such as nutritional requirements. The Prisons Act was enacted long before HIV/AIDS became an issue in Zambia, and therefore does not address the nutritional needs for special populations of prisoners, such as those living with HIV/AIDS, where nutrition plays an essential role in maintaining health and antiretroviral treatment compliance.

Previously, the ZPS made a formal request to the Zambia Law Development Commission (ZLDC) to consider amending some aspects of the Prisons Act that negate the effective implementation of HIV/AIDS services. SHARe II as a ZPS and ZLDC partner is one of the stakeholders who provided guidance and input in this process. In FY 2014, ZLDC presented this Act to the Ministry of Justice as one that should be amended. In the meantime, SHARe II and other key stakeholders have been gathering critical information pertinent to the Act to inform the Ministry of Justice's decision-making processes and to keep stakeholders updated on developments.

During FY 2014, the Prison AIDS Advisory Committee (PAAC) convened a meeting where SHARe II was requested to present and interpret the Prisons Act in open discussion with PAAC members. Included in the analysis was the SADC minimum standards of HIV care and treatment for prisoners, and SHARe II proposed three key changes: PLHIV be granted positive discrimination in terms of diet; the Parole Board should consider PLHIV with advanced cases of AIDS as priority for parole discharge; and ZPS should consider community service sentencing for PLHIV who have committed petty offences. The ZPS authority through the PAAC has accepted these recommendations as did the Ministry of Justice. The Parole Board has since adopted advanced AIDS as a key recommendation for possible discharge. These results will also be used to build the case for broader reform to the Prisons Act.

SHARe II support in this area is expected to result in better nutritional and living conditions for prison inmates in Zambia, and better management of inmates living with HIV.

### 1.2.1.3 The Deceased Brother’s Widow’s Marriage Act (DBWMA), Cap 57

The Deceased Brother’s Widow’s Marriage Act of 1929 states that “*No marriage heretofore or hereafter contracted between a man and his deceased brother's widow within Zambia or without, shall be deemed to have been or shall be void or voidable, as a civil contract, by reason only of such affinity.*” This law therefore provides an exception to the laws against bigamy and incest for a surviving brother who wishes to contract a marriage with his deceased brother’s widow, even if the surviving brother is already married—legalizing widow inheritance. The law opens the door for coercing widows into marriage at a time when they might be most vulnerable to such coercion, having just lost their spouse.

#### **From a Public Health Perspective, Widow Inheritance:**

- Increases HIV risk and vulnerability for the widow, the surviving brother (the inheritor) and the inheritor’s wife
- Can impoverish the widow and her children and—in the long term—increase HIV vulnerability for the children
- Causes emotional and psychological trauma for the widow when marriage is coerced
- By treating widows as ‘inheritable,’ compounds gender inequity and inequality and does not accord Zambian women due respect and dignity
- Hinders efforts by traditional leaders to outlaw widow inheritance through customary law, since statutory law trumps customary law in Zambia

The work being done by SHARe II and ZLDC under the DBWMA can be divided into seven clear segments: Conceptualization; feasibility study; comprehensive study; data analysis; report writing and presentation of report and recommendations to Ministry of Justice (MOJ); Parliamentary repeal processes; and presidential assent of the proposed repeal.

In FY 2014, SHARe II and the ZLDC moved several steps in the repeal process including completing the conceptualization phase and conducting a feasibility study in four provinces to determine the level of popular support for repealing the DBWMA. The results from the feasibility study show that there is broad consensus towards repealing the DBWMA, and demonstrated the extent of support from different sectors of society, including traditional leaders. The results also led to a decision to roll out a more comprehensive study, and SHARe II and the ZLDC signed an MOU to begin data collection in the remaining provinces. The data collection exercise began in FY 2014 and will be concluded in early FY 2015. The

expectation is that by mid-2015 the data analysis will have been completed and the report and recommendations submitted to MOJ. It is worth mentioning that MOJ has already received information about the overwhelming demand for repeal based on the feasibility study and stands ready to move the agenda of repeal expeditiously, once the remaining processes are complete. SHARe II is treating this process with utmost priority.



*Figure 5: Community members in Mwape Chiefdom discussing the DBWMA*

Zambia follows a dual legal system consisting of Statute Law inherited from the English common Law. It is codified or written through the legislature or parliament. The other type of law is Customary Law which is not written but is passed on orally from generation to generation; and is different from tribe to tribe. Traditional leaders are the main custodians of customary

law. Some SHARe II supported chiefdoms have been developing decrees or policy and leadership commitment declarations in their chiefdoms. The process involves a democratic process of identifying cultural practices and traditional beliefs which can promote HIV/AIDS and discarding them through decrees. At the same time it involves identifying good cultural practices which can prevent further HIV infection. Unfortunately, because customary law is subordinate to statute law the presence of DBWMA on statute books impedes the positive desire of most SHARe II supported traditional leaders to outlaw wife inheritance.

Note: Data collected toward the repeal of the DBWMA in the feasibility study was presented in an abstract at the 20<sup>th</sup> International AIDS Conference in Melbourne, Australia in July 2014, through an oral presentation.

USAID support through SHARe II leading to repeal of this law would facilitate a supportive legal environment for HIV prevention, gender equity and equality, and respectful gender norms in the country.

#### **1.2.1.4 The NAC Act**

In FY 2014, SHARe II conducted a comprehensive analysis of the National HIV/AIDS/STI/TB Act No. 10 of 2002 (NAC Act) which found that in its current form, the structure created by the Act would be a coordinating body without regulatory authority and could not compel stakeholders to comply with its directives. SHARe II suggested to NAC that the Act be amended so that the structure created would be both a coordinating and a regulatory body with the power to levy sanctions. In FY 2014, SHARe II worked with other stakeholders to propose rules and procedures to operationalize the Act. The Ministry of Justice is using these recommendations to draft legislative procedural rules to the NAC Act (an informal statutory

instrument), for consideration by the Office of the Minister of Justice. Movement on the Act has been impeded by recent changes in NAC leadership. In August 2014, SHARe II engaged the new NAC Director General (DG) to provide him with information about the amendment of the Act, which has since been noted as a top priority by the DG. Once the Act is amended, SHARe II will assist NAC in developing operational guidelines to the Act.

SHARe II support in this area is expected to result in more effective NAC Act and improved coordination of the national HIV/AIDS response by NAC.

### **1.2.1.5 The Employment Act and the Industrial and Labor Relations Act**

The Employment Act Cap 268 of the Laws of Zambia provides for the engagement of persons on contracts of service and to provide for the form of and enforcement of contracts of service; to make provision for the appointment of officers of the Labour Department and for the conferring of powers on such officers and upon medical officers; to make provision for the protection of wages of employees; to provide for the control of employment agencies; and to provide for matters incidental to and consequential upon the foregoing.

The Industrial and Labor Relations Act Cap 269 of the Laws of Zambia provides for the formation of trade unions and employers' representative organizations, including the formation of federations of trade unions and federations of employers organizations, recognition and collective agreements, settlement of disputes, strikes, lockouts, essential services and the Tripartite Labour Consultative Council; the Industrial Relations Court; to repeal and replace the Industrial Relations Act, 1990; and to provide for matters connected with or incidental to the foregoing.

At the time of original enactment of these laws there was no HIV/AIDS and thus, no conceptualization of the devastating impact of HIV/AIDS on PLHIV workers and workplaces. Between 2011 and 2013 the Employment Act underwent considerable reform towards amendment to the extent that it reached Presidential assent stage. The role of SHARe II in this process was to ensure that aspects of HIV/AIDS in the world of work including stigma and discrimination in all its forms are addressed. SHARe II also made submissions through the Ministry of Labour and Social Security aimed at ensuring that the operationalization of the Industrial and Labour Relations Act mainstreams HIV/AIDS

In FY 2014, under the instructions of the then president Mr. Michael Chilufya Sata, the Ministry of Labour and Social Security was requested to harmonize all labour related laws. The two laws were affected and Professor Prof. Evance Kalula was engaged to lead a technical team to receive submissions from key stakeholders and to make recommendations on the form that the proposed new law or laws would take. Again, SHARe II was allowed to make a presentation by way of submission to the technical team. Our preliminary submissions to the MLSS, as it then was, on the possible incorporation of HIV/AIDS in section 108 (3) i.e. the anti-discrimination clause in the workplaces was overwhelmingly well received with advice that the same would be included in the situational analysis report which will form the basis for new amalgamated law to guide employment and industrial and labour relations. Including HIV/AIDS issues at the level of antidiscrimination clauses in the law is vital because it is going to institutionalise the protection of rights and freedoms of PLHIV workers.

## 1.2.2 Improving the HIV-related Policy Environment: Movement in SHARe II-supported HIV/AIDS-related National Policies

SHARe II works on a number of policies which affect the HIV/AIDS response, including the National Alcohol Policy, the National HIV/AIDS Policy, the Overarching Workplace HIV/AIDS Policy and sectoral workplace HIV/AIDS and wellness policies. SHARe II has also undertaken HIV/AIDS analysis of the Education Policy and the Gender Policy, to inform HIV/AIDS mainstreaming efforts.

### 1.2.2.1 The National Alcohol Policy (NAP)

Zambia has identified the drivers of the HIV/AIDS epidemic in the country; among the cross-cutting drivers is alcohol misuse. There is a strong association between alcohol misuse and both HIV incidence and a worsened course of HIV disease in PLHIV; and thus from an HIV prevention perspective it is important to put in place structural interventions (policies and laws) and behavioral interventions to prevent the HIV-related harm caused by alcohol.

SHARe II provided both technical and financial support to the Ministry of Health to develop the National Alcohol Policy (NAP) and the NAP Implementation Plan. The NAP aligns to the WHO Principles on Effective Alcohol Policies. Both the NAP and its Implementation Plan have now been finalized and have been submitted to the Minister of Health. Both documents are awaiting final approval from the Cabinet.

The National Alcohol Policy defines the guidelines for the production, distribution and consumption of alcohol in Zambia, and further defines multifaceted sector-based responsibilities for preventing and/or reducing alcohol related harm to society as well as to the individual. Currently due to the weak alcohol-related policy environment, implementers of interventions to reduce the harmful use of alcohol have faced challenges in achieving traction across the whole value chain from alcohol production to consumption. The policy comprehensively addresses the gaps in the regulatory environment, provides for a more supportive environment for supporting those with alcohol abuse issues to change, and protects the rights of the substantial segment of the population which either do not drink or has a moderate consumption of alcohol which does not cause harm; the policy does this by addressing all aspects of the alcohol value-chain.

### 1.2.2.2 The National HIV/AIDS Policy

The scope of the Zambia National HIV/AIDS multisectoral response is guided by the national HIV/AIDS/STI/TB/STI policy of 2005. All other guiding documents including the NASFs, annual work plans, communication strategies, and prevention strategies are based on the policy pronouncements enshrined in the policy. Between 2005, when it was developed and now, so many things in the HIV/AIDS context have changed necessitating policy review.

In 2011, SHARe II developed a concept note on the National HIV/AIDS Policy and based on this, NAC embarked on the process of policy review by initially hiring a consultant to collect and analyze data and write a policy evaluation report. The evaluation report is available, but is yet to be disseminated to a wider group of stakeholders. The policy review process has been slow due to frequent changes at the level of NAC Director General and key staff, at times leading to loss of institutional memory. SHARe II is currently providing technical support to NAC through the office of the DG to bring back on track this important process. Having an

up to date policy is necessary because it will place into the right context the framework of our HIV/AIDS response and it will provide long term direction and response tone.

### **1.2.2.3 The Overarching National Workplace HIV/AIDS Policy**

The National Policy on HIV/AIDS and the World of Work provides the principles and a framework for mounting an optimum response to HIV/AIDS in the entire Zambian world of work. It forms the basis for the development of workplace policy guidelines, which address the more specific issues related to the workplace HIV/AIDS response. The policy applies to all employers and workers, including applicants for work, within the public and private sectors. It also applies to all aspects of work, both formal and informal.

At the time of SHARE II start-up the Ministry of Labor and Social Security (MLSS) had already begun the formulation process for this policy. SHARE II's role was to provide technical advising to a process that was already very advanced. In FY 2014, SHARE II provided technical assistance to the MLSS to develop a Policy Implementation Plan. Also in FY 2014 MLSS received feedback from Cabinet to include wellness aspects in the policy. SHARE II is providing technical support to MLSS to redraft the policy. This policy, once approved, will form the scope of HIV/AIDS and wellness practices in the world of work to reverse some of the negative practices thereby contributing to improved productivity.

### **1.2.2.4 The National Gender Policy**

In FY 2014, SHARE II served on a technical committee to review the final draft of the revised National Gender Policy. SHARE II reviewed the policy for integration and mainstreaming of HIV/AIDS into gender issues, and SHARE II recommendations were included in the final policy document. Cabinet approval of the National Gender Policy is also still pending.

The approval of this policy will result in both quantitative and qualitative gender parity whose outcome results will be the inclusion of both men and women; women and boys; and young and old people in the development agenda of Zambia and better protections against GBV and other gender-related ills.

### **1.2.2.5 The National Education Policy**

HIV and AIDS are threats to the education sector and thus potentially to human resource-based development. HIV and AIDS have a multiple and negative impact on education. They affect three key areas at the local, district, provincial and national levels: The demand for education; the supply of education; and the quality and management of education. When the Ministry of Education, Science, Vocational Training and Early Education embarked on the revision of the Educational Policy of 1996 whose vision was "Educating Our Future", SHARE II participated in the process, and its main role was to ensure the mainstreaming HIV/AIDS in the identification of policy issues, development of objectives and measures and as a cross cutting issue under institutional arrangements. Since the value chain of education has been targeted, both the supply, demand and the product are expected to be HIV/AIDS competent contributing to the overall HIV/AIDS response agenda.

### **1.2.2.6 Other Policy Analysis Undertaken by SHARE II**

In FY 2014 SHARE II undertook a specific assignment at the request of the Ministry of Transport, Works, and Supply, SHARE II analyzed the 10% social responsibility clause in standard government contracts. SHARE II recommended that HIV/AIDS be included in this

social fund – recommending that 10% of every contract must go towards supporting health activities including HIV/AIDS activities, in the local communities. The Ministry has since accepted the recommendation; all standard contracts after June 2014 must earmark a portion of their 10% social responsibility funds to health and HIV/AIDS activities.

### 1.2.3 Workplace HIV/AIDS and Wellness Policies for Zambian Line Ministries

SHARe II has initiated an innovative way of integrating workplace wellness activities into the HIV/AIDS programming of the public sector by evolving from developing stand-alone HIV/AIDS to holistic workplace wellness activities. This has been attained by training key HIV/AIDS activities implementers from line Ministries in a step-by-step workplace wellness policy development process. Selected participants (mostly from HR and planning departments) undergo a week-long training which introduces them to the fundamental principles of developing HIV/AIDS and wellness policies; SHARe II then supports each invited Ministry to develop a draft HIV and wellness workplace policy and supports them to develop a roadmap towards completion of their HIV/AIDS and wellness workplace policies.

As of September 2014, the Ministry of Finance and the Ministry of Agriculture and Livestock wellness and HIV/AIDS workplace policies were launched, and a final draft policy has been developed for the Ministry of Mines, Energy and Water Development. Additionally, SHARe II provided support to the Public Service Management Division (PMSD), the administrator for all 21 line ministries in Zambia, to hold quarterly Inter-Ministerial AIDS Stakeholder Forums (IMASF). In the most recent quarterly IMASF, line ministries decided to house the interim Public Sector HIV/AIDS Workplace Secretariat at the PMSD. Table 6 below highlights the status of each Ministry policy as of the end of FY 2014.

*Table 6: Status of HIV/AIDS Workplace Policy Development in the Public Sector as of September 2014*

Stage of Policy Development/ Line Ministry		Nothing Done	Situation Analysis	Draft Zero	Final Draft	Launched
1.	Ministry of Agriculture and Livestock					x
2.	Ministry of Commerce, Trade and Industry				x	
3.	Ministry of Communications, Transport and Works and Supply			x		
4.	Ministry of Community Development, Mother and Child Health			x		
5.	Ministry of Defense	x				
6.	Ministry of Education, Science, Vocation and Early Child Education				x	x
7.	Ministry of Finance and National Planning					x
8.	Ministry of Foreign Affairs		x			
9.	Ministry of Gender and Child Welfare	x				
10.	Ministry of Health		x			
11.	Ministry of Home Affairs			x		

	Stage of Policy Development/ Line Ministry	Nothing Done	Situation Analysis	Draft Zero	Final Draft	Launched
12.	Ministry of Information and Broadcasting Services			x		
13.	Ministry of Justice			x		
14.	Ministry of Labor and Social Security				x	
15.	Ministry of Lands		x			
16.	Ministry of Local Government and Housing		x			
17.	Ministry of Mines, Energy and Water Development				x	
18.	Ministry of Tourism and Arts	x				
19.	Ministry of Youth and Sports		x			

SHARe II's expectation is that each of the partner Ministries will develop and write their own policy, and SHARe II will only provide technical assistance to guide the process. The pace progress is thus defined largely by the level of commitment of each Ministry.

### 1.2.4 Support the Judiciary and Law Enforcement Agencies to Improve Management of HIV/AIDS-related Cases

SHARe II works with the Ministry of Justice and with law enforcement agencies to improve management of HIV/AIDS related cases. In order to maximize gains, SHARe II has employed a multipronged approach in this area, for both the law enforcement and the judiciary. SHARe II is targeting in-service workers/institutions (the police service and courts) as well as pre-service trainees/institutions (the police academy and institutions of higher legal learning) as part of its technical and training support. Integrating HIV/ AIDS in the curricula of legal institutions of higher learning and law enforcement training academies is intended as a more sustainable solution to the current challenges that law enforcement and legal systems are facing in their handling of HIV-related cases, with the expectation that law enforcement officers, lawyers, and legal officers will enter service already HIV/AIDS competent.

#### 1.2.4.1 Sustainable HIV/AIDS Programming: Mainstreaming HIV/AIDS into Pre-Service Training for Law Enforcement Officers



During FY 2014, SHARe II took advantage of a recess in police training schools and initiated discussions with the ZP Directorate of Training and instructors to review the pre-service police training curriculum. After several planning meetings, a standard police training curriculum with mainstreamed topics in HIV/AIDS, gender and human rights was agreed on for use in the three ZP training schools: Lilayi, Kamfinsa and Sondela. As of September 2014, a

Figure 6: SHARe II staff facilitating a session on gender, human rights, and HIV/AIDS with ZP recruits at Kamfinsa Police College

total of 1,456 police recruits have been trained in HIV/AIDS, gender and human rights, and will join service already HIV competent to manage the HIV-related cases that will present before them during the course of their duties.

#### 1.2.4.2 Sustainable HIV/AIDS Programming: Developing a Standardized HIV/AIDS Curriculum for the Zambia Prison Service (ZPS)

The Zambia Prisons Service is a unique public institution serving a group of people—prison inmates—whose HIV prevalence is estimated to be twice the national average. SHARe II provides HIV-related technical assistance to the ZPS in a number of areas, including implementing workplace-based wellness and HIV/AIDS programs for staff, supporting HIV/AIDS programs for prison inmates and serving as a member of the Prison HIV/AIDS Advisory Committee (PAAC) as the lead technical adviser on HIV/AIDS legal and policy issues. In FY 2014, SHARe II, the Prison Service and the Police Service agreed to adapt the forthcoming Police Service curriculum for the Prisons Service. Prison Command accepted proposed curricula outlines for in-service and pre-service training of prison officers in HIV/AIDS. Plans to pilot new curricula with prison officers and recruits have been hindered by a public service employment freeze during this reporting period.

#### 1.2.4.3 In-service Training: Law Enforcement Training in HIV-related Case Management for the Zambia Police Service

During FY 2014, SHARe II continued training police officers using a standard police training curriculum. SHARe II also conducted supportive supervision visits in Lusaka, Copperbelt and Central Provinces. Police officers who participated in SHARe II trainings, particularly those dealing with counterfeit and intellectual property crimes, have established regional offices and are integrating HIV/AIDS into their duties. In FY 2014, SHARe II trained 647 (4%) of the police officers currently in service using the standard curriculum.

#### 1.2.4.4 In-service Training: Building the Capacity of the Zambian Judiciary to Manage HIV/AIDS Cases

SHARe II, in collaboration with the Ministry of Justice, has been training court magistrates in HIV-related case management, including gender-based violence, underage marriages, labor laws and the rights of people living with HIV. In the absence of specific HIV/AIDS laws in Zambia, these trainings aim to standardize and improve the handling and adjudication of HIV-related cases brought before the Zambian courts by including information on relevant cases in Zambia as well as comparative case analyses from other countries in the region.

Between May 2012 and September 2014, 554 of Zambia’s Subordinate Court Magistrates and Local Court Magistrates participated in a SHARe II HIV/AIDS in-service training. 119 out of the total 554 magistrates were trained in FY 2014. Thus, as of September 2014, SHARe II had trained 86% of Zambia’s Local Court Magistrates and 78% of Subordinate Court Magistrates.



Figure 7: A local court magistrates in Livingstone reports back during HIV/AIDS in-service training

The key result has been a more HIV-competent justice system. SHARe II conducts supportive supervision of trained magistrates. Five examples of HIV-related case management by the Zambian Judiciary are provided in Table 7 below:

*Table 7: HIV-related Case Management by the SHARe II-trained Zambian Judiciary: Cases from the Field*

#	Case Description
1.	<b>Hon. Chipex Zimba of Chikwa Local Court</b> used to advise girls' parents to negotiate with rapists in cases of defilement and settle out of court. Since attending the SHARe II training, Hon. Zimba has referred three defilement cases to the Subordinate Court, which has legal jurisdiction. The three men are all undergoing trial.
2.	<b>Hon. Justice Lameck Ng'ambi of Lusaka Subordinate Court</b> used his training to grant bail based on the HIV-positive status of an individual, on third line ART, who appeared before him.
3.	<b>Hon. Eliza Zimba of Chipata Boma Local Court</b> knew from the SHARe II training that the burden of proof required to use a defendant's positive HIV status as grounds for divorce is very difficult to meet. She also knew from the training that HIV-infected couples can often benefit from HIV and marital counseling. She used her knowledge to refer a couple about to divorce for couple HTC and later supported them to access HIV-related care. The couple has reconciled and they are still together today.
4.	<b>Hon. Boniface Mwala of Mazabuka Subordinate Court</b> knew that the court would normally issue a minimum sentence of 1 year 6 months for theft, but when he was faced with a case concerning a PLHIV defendant with an HIV positive wife and child, he advocated for leniency. As a result, the court sentenced the accused to 3 months incarceration.
5.	<b>Hon. Lucky Mwanavuna of Chikanta Chieftom Local Court</b> has worked with Chief Chikanta to withdraw six (6) girls so far in 2014 from underage marriages; the girls are now back in school.

With newly-acquired knowledge and expertise, magistrates are now confident in managing HIV-related cases, leading to improved justice outcomes. An unintended, but positive result has been the cascading of the training; some magistrates are using SHARe II materials to train their subordinate staff in appropriate HIV case management, further expanding technical capacities within the legal system. Because it is not only the Judiciary that handles HIV-related cases in the Zambian court system, SHARe II has trained investigators and prosecutors (law enforcement), hand-in-hand with the Judiciary, to ensure an HIV-competent legal system.

USAID support through SHARe II is transforming the judicial landscape in Zambia making it a more supportive and relevant partner in the national HIV/AIDS response, one case at a time.

#### **1.2.4.5 Sustainable HIV/AIDS Programming: Integrating HIV/AIDS into Curriculum of Pre-Service Legal Institutions**

Previously, SHARe II worked with the National Institute for Public Administration (NIPA), which offers full legal training to pre-service magistrates, to integrate HIV/AIDS, gender and human rights into legal studies. During FY 2014, NIPA enrolled students in the course on a pilot basis before going to scale. From the lessons learned NIPA phased out the Diploma course and introduced and launched a new four year law degree program, which includes integrated HIV/AIDS modules adapted from modules piloted in the diploma program. Other institutions of higher learning that have participated in curriculum development and validation have also started integrating HIV/AIDS curricula into their legal degree and diploma programs,

these include: the University of Zambia, Zambia Open University, Mulungushi University and Livingstone International University of Tourism Excellence and Business Management. The modules in these courses include HIV/AIDS and Human Rights Law; HIV/AIDS and Gender Law; and HIV/AIDS and Labor Law, all aimed at improving the handling and adjudication of HIV-related cases. From this integration of HIV/AIDS into training curricula, we expect at least **500** law students to graduate already HIV-competent in 2015 and every year thereafter.

### 1.2.5 Strengthen Capacity of Key Leadership to Advocate for Improved HIV/AIDS Policies and Laws

Chiefs and other traditional leaders have the authority to amend customary laws and to provide traditional guidance and leadership to influence behavior and social norms that affect the response to the HIV/AIDS epidemic. They are powerful allies in the HIV response because of their ability to discourage behaviors such as early marriage, gender-based violence, property-grabbing from widows and orphans, sexual cleansing after the death of a spouse and the practice of multiple concurrent partnerships, and to promote helpful interventions such as condom use, male circumcision, couple HIV testing and counseling, PMTCT and early entry into HIV care and treatment.

#### 1.2.5.1 Strengthening the Chieftdom HIV-related Policy and Legal Environment: Formulation of HIV Customary Laws or Decrees

FY 2014, SHARe II worked with seven chieftdoms (Chikanta, Chooma, Kanyembo, Mbeza, Mukuni, Nzamane, Shimukunami) to help traditional leaders and their communities identify cultural practices that increase vulnerability of women and girls to HIV/AIDS and then develop decrees to outlaw these practices.



*Figure 8: Female traditional leaders hold copies of the Mbeza chieftdom customary law decrees*

Five decrees were finalized and signed during the period under review; two are awaiting formal signatures from chiefs. Between September 2012 and September 2014, SHARe II had strengthened the HIV-related legal environment through formulation of HIV-related customary law decrees in **10 partner** chieftdoms: **All** outlawed sexual cleansing of

widows/widowers, made VMMC a cultural norm for HIV prevention, and banned early marriages for girls; **eight** made antenatal care compulsory to increase PMTCT uptake; and **seven** increased punishment for GBV. A major lesson learned by SHARe II in this area is just



*Figure 9: A woman in Mwansakombe chiefdom makes her point during a public debate about traditional practices that increase vulnerability to HIV during the chiefdom's HIV/AIDS decree process*

how impactful these decrees have been on local HIV responses. The impact of these decrees is immediate; subjects change behavior to conform. SHARe II's support to improve the HIV-related policy and regulatory environment in chiefdoms has the

potential to make a big impact on the course of Zambia's HIV epidemic.

### 1.2.5.2 Implementation of Gender Score Card in Partner Chiefdoms

In March 2011 the Ministry of Gender and Child Development partnered with the United Nations Joint Team to launch the Women, Girls, Gender and Equality Score Card. The Gender Score Card (GSC) functions as a tool to measure progress made towards addressing challenges in women's empowerment and gender equality as a result of the HIV/AIDS epidemic. As a stakeholder working in the area of HIV/AIDS, SHARe II is required to report on the GSC. SHARe II has targeted 30 chiefdoms where the GSC is to be administered. In FY 2014, SHARe II administered the GSC to ten chiefdoms.

The GSC establishes an accountability framework for assessing the effectiveness gender mainstreaming in selected areas of societal functions including leadership in development, education, livelihood, access to health services etc. Because the GSC will be done serially, it is expected that the chiefdom will know whether it is making progress or not towards gender parity which is a prerequisite of gender equity and equality, which will, in turn, work positively towards HIV infection prevention, treatment, care and support. Implementation of the GSC in the chiefdom stimulates a constructive dialogue about critical areas needing attention and it is hoped to be a source of good practice sharing. SHARe II intends to analyze the already collected data and provide feedback to the chiefdoms, the Ministry of Chiefs and Traditional Affairs, and the Ministry of Gender to inform decision-making, not just in HIV/AIDS, but also from a developmental point of view.

## Case Study: “We the People”- A Community-driven Process Changes Long-standing Cultural Norms

Zambia has a dual legal system of statutory (written) and customary (traditional) law. Customary law is more flexible and adaptable than statutory law, and can rapidly evolve to reflect changing societal norms. In contrast, statutory laws must pass through a highly involved—and often prohibitively lengthy—process. In Zambia’s rural chiefdoms, health-related behaviors and practices are largely culturally-bound; the key drivers of the HIV/AIDS epidemic in Zambia are all influenced by cultural norms and practices. Customary law, housed in the nation’s chiefdoms, can positively influence these.

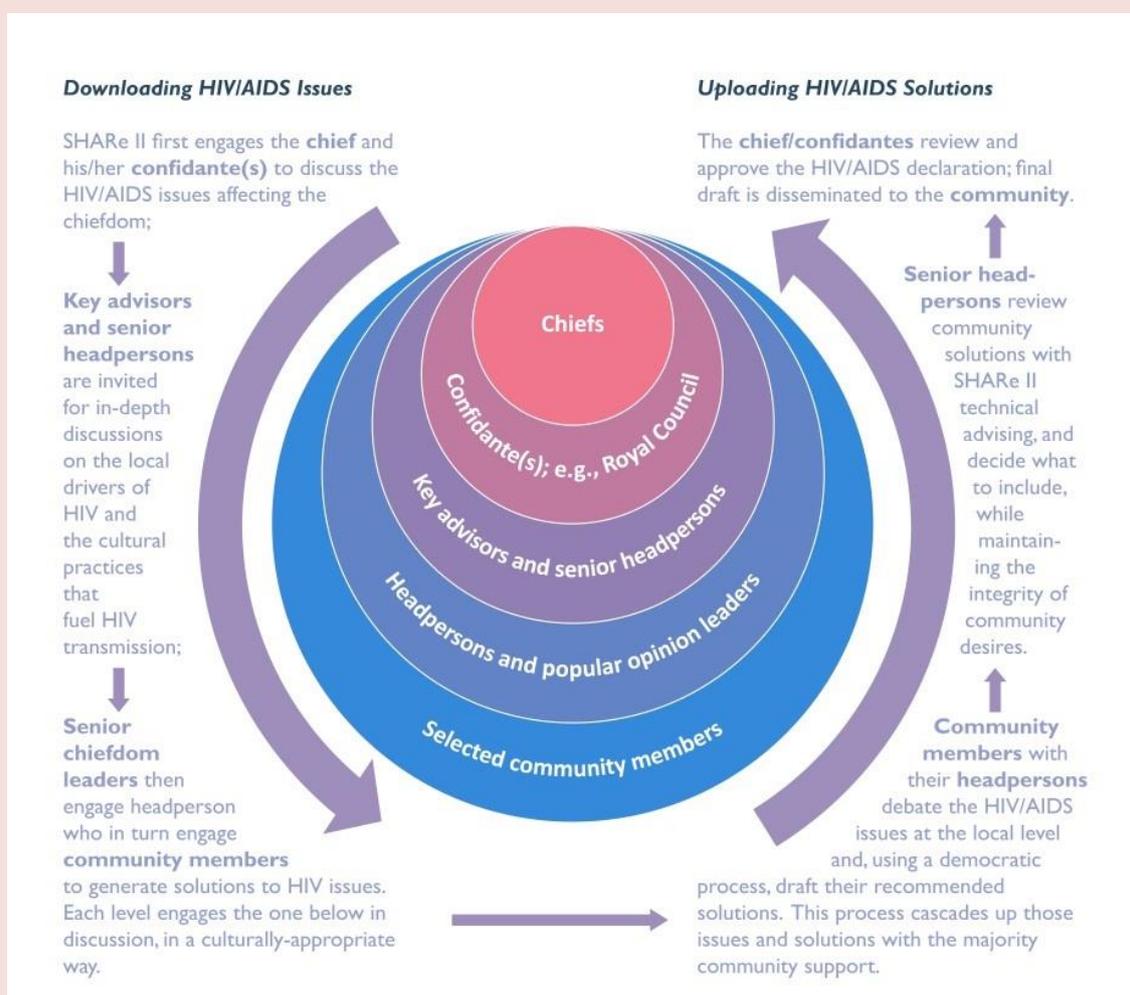


Figure 10: SHARe II’s HIV policy declaration development process

In both Chikanta and Nalubamba chiefdoms, the SHARe II project had already built HIV competencies in chiefdom leaders by facilitating the development of strategic plans that integrate HIV/AIDS and gender, and by training the leaders in HIV/AIDS leadership. When SHARe II engaged the chiefs to think critically about what beliefs, values, customs and practices they thought were the local drivers of HIV, why harmful practices persisted and what practices should be preserved, they were already primed and on board. The chiefs then directed SHARe II to engage their senior headpersons, who continued discussions at the

community level, in a similar brainstorming process. SHARe II re-trained the leaders in basic HIV/AIDS facts, incorporating GBV and human rights issues, and provided orientation for leading discussions on the HIV drivers in their communities. Back in their communities, the trained leaders brought people together, including village headpersons, marriage initiators, women's and youth's leaders, teachers and others, to 2-3-day meetings. In Nalubamba chiefdom, 1,087 people participated in these conversations; in Chikanta, 1,745 participated.

Through this participatory process, community members identified and prioritized the cultural practices that could prevent HIV transmission and those that increase HIV risk and vulnerability. Because each senior headperson had been trained and was HIV-competent, they were able to focus the conversation around identifying practices that facilitated or reduced the risk of HIV, rather than passing value judgments on “good” or “bad” practices. After considerable debate and consensus-building, each group drew up a list of practices that should be promoted and enshrined in the culture, and a list of practices that should be discouraged or banned. With the submissions from their regions, the senior headpersons and the chief debated about which recommendations to include in their HIV/AIDS declaration. Throughout the process, SHARe II provided TA to ensure that the customary law being enacted did not contravene statutory law. After two days of debate, the leaders decided on a final set of provisions to include, signed declarations and disseminated them widely to leaders and community members.

The newly-formalized customary law in Chikanta and Nalubamba chiefdoms gives certain populations protections that had not previously existed under statutory law, demonstrating how chiefdom declarations can provide a more egalitarian alternative to codified law. For example, the Intestate Succession Act of 1989 specifies that widows must be allocated a proportion of land and property left after the death of a spouse. However, the law does not apply to land held under customary law or chiefdom land, which are estimated to comprise 81-93% of the total land in Zambia. Under the new customary law in Chikanta and Nalubamba chiefdoms, women in both chiefdoms will be permitted to stay on their land after the husband's death.

Although the legal age of marriage in Zambia is 21, early traditional marriages are common. The customary laws of both chiefdoms now ensure that girls are not married off early, even in traditional marriages. Other provisions ban sexual cleansing of widows; regulate the hours when bars are allowed to operate; promote voluntary medical male circumcision (VMMC) as a cultural practice; specify punishment for perpetrators of gender-based violence; and promote increased access to health services. Addressing HIV/AIDS drivers in chiefdoms requires a re-examination of practices that have taken place for centuries, and asks people to change attitudes they have held their whole lives. This process cannot be driven by external actors; the impetus must come from the people themselves.

Additionally, in many areas where SHARe II works, community members cannot openly question traditional practices without risking cultural sanctions; hence, leaders must buy into the process and be trained to facilitate the process, to ensure that participants feel comfortable expressing their views. Finally, because the recommendations are formulated through consensus-building, they are truly created by the communities and therefore much more likely to be sustained and obeyed.

As Chief Nalubamba put it, “*This declaration is valuable... [it] will assist in [the] future to make village headpersons more responsible, more action-oriented in terms of what they can do for their*

*people and what they can do for themselves, and I'm sure that you will hear about a change indeed in the fight against HIV/AIDS."*



*Figure 11: Community-generated HIV/AIDS solutions: A community in Chikanta chiefdom discusses the local HIV drivers and possible local solutions to HIV/AIDS during the chiefdom's HIV/AIDS decree process*

### 1.2.6 Major Achievements in HIV-related Policy and Regulatory Work during FY2014

Table 8 below summarizes the major achievements under SHARe II's HIV-related policy and regulatory environment work in FY 2014.

*Table 8: SHARe II HIV-related policy and regulatory environment major achievements in FY 2014*

#	Major Achievement	Brief Description
I.	Strengthened the chiefdom HIV-related policy and regulatory environment through formulation of HIV/AIDS decrees	<ul style="list-style-type: none"> <li>– Supported partner chiefdoms to undertake a democratic, participatory and consultative process to review the local drivers of HIV/AIDS ;</li> <li>– Through a bottom-up process that allowed input from a representative proportion of each chiefdom's community members assisted chiefdom to, for the first time ever, to formulate HIV decrees which form part of customary law ;</li> <li>– 10 partner chiefdoms now have HIV-related decrees in place; the impact on the local HIV/AIDS responses has been immediate as subjects change behavior to conform to the new chiefdom norms.</li> </ul>

#	Major Achievement	Brief Description
2.	Built an HIV competent Judiciary in Zambia	<ul style="list-style-type: none"> <li>– Trained 83% of Zambia magistrates in managing HIV-related cases;</li> <li>– Case law reviews indicate better standardization in the adjudication of HIV-related cases and better justice outcomes for PLHIV and those affected by HIV/AIDS</li> </ul>
3.	Made significant progress towards strengthening the legal environment through the repeal of the Deceased Brothers Widows Marriage Act (DBWMA)	<ul style="list-style-type: none"> <li>– Conducted and completed a feasibility study on the DBWMA; study revealed significant support for repeal;</li> <li>– Undertook a more comprehensive study that will fully inform the repeal process;</li> <li>– Data collection ongoing – will be completed in early FY 2015 for the remaining four localities: Mansa, Chinsali, Lusaka and Mongu;</li> <li>– Expect reporting to be finalized and submission of report to MOJ to be accomplished by the second quarter of FY 2015</li> <li>– Anticipating possible repeal by the last quarter of FY 2015</li> </ul>
4.	Integrated HIV/AIDS into the pre-service training curriculum of the police training colleges and the curricula of partner legal institutions of higher learning	<ul style="list-style-type: none"> <li>– Integrated HIV/AIDS into pre-service curricula for police training colleges - three modules: HIV/AIDS and Human Rights Law, HIV/AIDS and Gender Law, HIV/AIDS and Criminal Law;</li> <li>– Curriculum being implemented in all three ZP police training colleges, with 1,456 law enforcement officers trained to date and 1,500 expected graduate HIV competent every year;</li> <li>– Supported legal institutions of higher learning to develop HIV/AIDS curricula - three modules for law programs developed: Gender and HIV/AIDS, Human Rights and HIV/AIDS, Labor Law and HIV/AIDS;</li> <li>– Five legal schools now integrating HIV/AIDS into degree and diploma programs, with the expectation that 500 legal practitioners will graduate HIV competent every year.</li> </ul>

### 1.2.7 HIV-related Policy and Regulatory Environment Life of Project Indicator Tracking

Life of project results from SHARe II's HIV-related policy and regulatory work are shown below in Table 9. SHARe II is on track to meet its HIV/AIDS leadership LOP targets by November 2015.

Table 9: SHARe II HIV-related policy and regulatory environment LOP results

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
1.11: HIV-related Curriculum Integration into Pre-Service Schools	Number and percent of schools offering law training which have integrated HIV-related case management into pre-service training curriculum	10	8	80%
1.12a: Bills and Legislation Advancing through Legislative Process	Number of the identified HIV-related pieces of legislation advanced at least two levels from baseline in the legislation process. Target currently includes: AGBVA; Prisons Act; Employment Act; Industrial and Labor Relations Act; Deceased Brother's Widow's Marriage Act; and NAC Act	6	5	83%

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
1.12b: Policies Advancing through Development Process	Number of the identified HIV-related policies having advanced at least two levels from baseline. The policies are: National HIV/AIDS Policy; National Workplace HIV Policy; and National Alcohol Policy	3	2	67%
1.13a: HIV Law and Policy-related Pre-service Trainings	Number of individuals, judiciary, law enforcement officers, and students, disaggregated by gender, trained in HIV-related case management curriculum, including: GBV; reduction of stigma and discrimination, including PLHIV specific issues; and other HIV-related trainings	4350	1456	33%
1.13b: HIV Law and Policy-related In-service Trainings	Number of individuals, judiciary, law enforcement officers, and MPs, disaggregated by gender, trained in HIV-related case management curriculum, including: : GBV; reduction of stigma and discrimination, including PLHIV specific issues; and other HIV-related trainings	1850	1504	81%
1.14: By-laws and Decrees on Gender Inequities and Cultural Practices	Number of targeted organizations (local authorities and chiefdoms) which have developed by-laws and/or policies and decrees that seek to address gender inequities and other cultural practices that increase vulnerability of women and girls to HIV/AIDS supported and reviewed	15	10	67%
1.15: Policy and Legal Analysis for Improving the Regulatory Environment around HIV/AIDS	Selected pieces of legislation and policies (target is 5 out of 10) which could include national policies on development, education, gender, investment and health, and laws which will be identified in conjunction with NAC, analyzed and reviewed to identify bottlenecks in HIV management and service delivery	5	4	80%
1.16: Sectoral Policies Developed and Operationalized	Number of public sector ministries and departments (target 15) and CSOs (target 5) that SHARe II is engaged with that have workplace HIV/AIDS policies that mainstream gender	20	3	15%
1.17: Chiefdom Gender Score Card (GSC) Performance	Number and percent of selected chiefdoms where GSC has been administered.	30	10	33%

## **Objective 2: Strengthen the Organizational and Technical Capacity of Coordinating Structures to Sustain the HIV/AIDS Response**

Under this objective, SHARe II strengthens the capacities of HIV/AIDS coordinating structures in the public and private sectors, in selected umbrella civil society organizations and in selected chiefdoms to coordinate, manage and implement the national and community-level HIV/AIDS responses. This is done through provision of technical assistance, including supporting expansion of successful evidence-based interventions and use of best practices across sectors, as well as advising on resource mobilization.

### **2.1 Strengthen the Capacity of NAC to Coordinate the National HIV/AIDS Response**

The mandate of the National AIDS Council (NAC) is to coordinate the multi-sectoral HIV/AIDS response in Zambia. SHARe II's support to NAC is provided through a package of technical assistance, including provision of technical support and advising on specific issues, coordination between SHARe II and NAC staff in program implementation, and participation in NAC management meetings, directorate-specific program planning, evaluations, and relevant theme groups and technical working groups.

NAC works with a number of technical support partners, including USG agencies and projects, UN agencies, public sector institutions, and others in its efforts to coordinate the national HIV/AIDS response. At the start of FY 2014, SHARe II met with the NAC Director General and staff to facilitate the identification of technical competencies required by NAC to help foster greater coordination and collaboration of national the HIV/AIDS response among all stakeholders, through harmonization of their 2014 technical support to NAC. The various technical support partners outlined their technical support plans and NAC integrated these plans into its 2014 work plan.

During FY 2014, NAC experienced very heavy staff turnover, including the departure of the DG, which left a significant leadership gap for most of the year. In order to bridge the staffing gap, SHARe II worked closely with NAC counterparts in staff recruitment processes. SHARe II supported NAC to develop interview questions and conduct interviews for five vacant positions: Policy and Planning, Monitoring and Evaluation, Luapula Provincial AIDS Coordination Advisor and two Public and Private Coordinators.

Also in FY 2014, SHARe II provided technical assistance to NAC to align proposed Memoranda of Understanding (MoUs) and financing agreements between NAC and the District Councils to the country legal framework (as advised by the Office of Attorney General). As of September 2014, NAC was using these MoUs and financing agreements in the disbursement of funds to community-driven HIV/AIDS initiatives through District Councils. Thus far, 26 community-based organizations have been awarded a cumulative total of K1,880,350 (approximately \$300,000) to conduct HIV/AIDS activities in their respective districts through linkages with DATFs and District Councils.

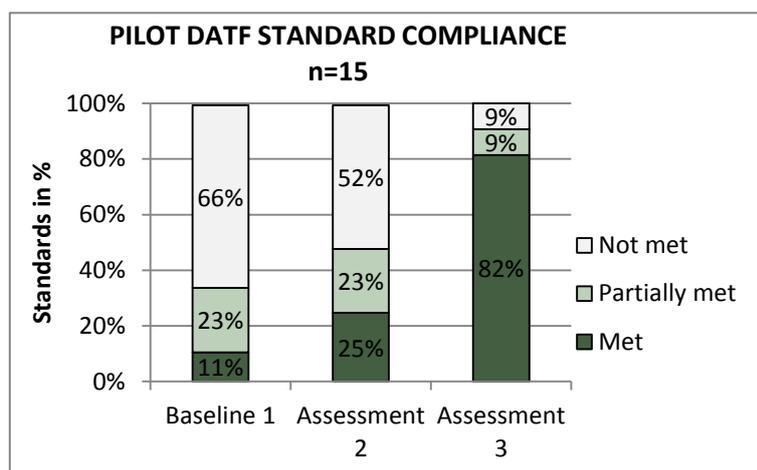
SHARe II support in this area in FY 2014 has resulted in a stronger financing mechanism for NAC funds disbursements to DATFs and better coordination and collaboration across NAC technical support partners.

## 2.2 Strengthen Capacities of PATFs & DATFs to Coordinate the Provincial and District HIV/AIDS Responses

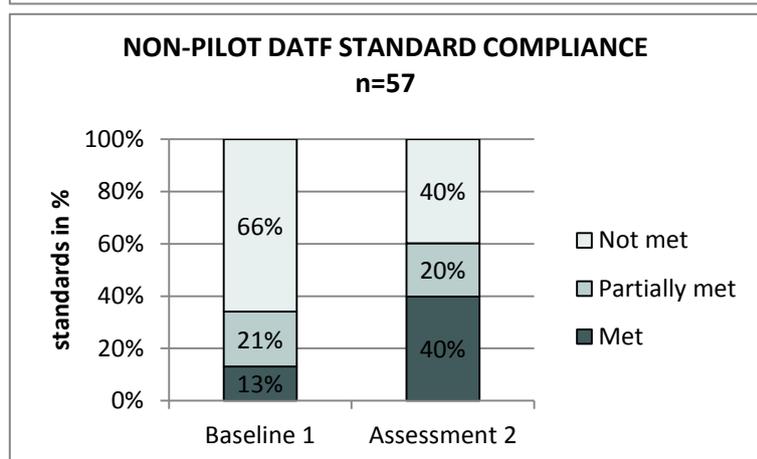
SHARe II provides technical support to strengthen the capacity of District AIDS Task Forces (DATFs) and Provincial AIDS Task Forces (PATFs) to coordinate decentralized responses, recognizing that coordinated activities at the provincial and district level are crucial for a successful response to the epidemic.

### 2.2.1 Support to DATF Organizational Capacity Certification (OCC) Process

The SHARe II-developed DATF Organizational Capacity Certification (OCC) process promotes and supports DATF management performance improvement through an external and independent accreditation process that includes 28 performance standards in eight



categories. In October 2011 (baseline), trained independent assessors objectively evaluated all 72 DATFs to determine baseline capacities.



In FY 2014, SHARe II conducted supportive supervision visits with all 72 DATFs to determine progress made in DATF performance. Of the 72 DATFs visited, 15 pilot DATFs were assessed to determine whether continuous performance improvement was being sustained beyond external assessments conducted in February 2013, while the remaining 57 were measured against the 2011 baseline. The data show significant improvements in DATF performance among all DATFs, but particularly among the 15 pilot DATFs (see Figure 12).

Figure 12: Performance improvement standards met in pilot and non-pilot SHARe II-supported DATFs

Through this SHARe II technical support, DATFs are now able to convene regular stakeholder meetings, leverage resources,

review and prepare annual workplans with stakeholders, conduct annual HIV/AIDS events jointly, use HIV/AIDS data for decision making which has seen more DATFs improving their

mandate of HIV/AIDS coordination. There is also improved local leadership involvement in district HIV/AIDS responses.

### 2.2.2 Support to DATFs in Orientation of Key District Stakeholders

SHARE II provides technical assistance to DATFs to coordinate, monitor and advocate for an improved HIV/AIDS response at the district level. The *District Coordination Toolkit*, developed in 2012 through a partnership of SHARE II, NAC and other stakeholders, contains comprehensive guidance on DATF mandates and provides various tools needed by DATFs to effectively coordinate the district-level HIV/AIDS response, including step-by-step management guidelines and training resources.

Regular stakeholder meetings are an effective mechanism for DATFs to define and promote their evolving role. SHARE II supports partner DATFs to hold stakeholder meetings; in turn, these meetings provide an avenue for policy and strategic guidance, regular communication between DATFs and NAC and the Department of Health, and learning and information sharing among and updates from implementing partners. Stakeholder meetings also assist in the formation of beneficial linkages and partnerships.

During FY 2014, 39 DATFs were able to convene and conduct regular quarterly stakeholder meetings with SHARE II guidance and technical support. Through regular stakeholder coordination meetings DATFs have held presentations for continual learning to improve ongoing programming by partners; have fostered participatory district annual work planning and decision-making including local resource leveraging, improving service distribution and uptake; have increased collaboration among stakeholders and reduced service duplication. With SHARE II support, DATFs have improved their coordination with better matching of stakeholder programs to service needs.

SHARE II also provided technical assistance in the development and formalizing of MoUs between 36 DATFs and district stakeholders. These MoUs clearly define the roles and responsibilities of each stakeholder, and help stakeholders to understand and develop expectations regarding how they will support the district HIV/AIDS response. Through this SHARE II technical support DATFs have streamlined and improved stakeholder commitment and support to district multisectoral HIV/AIDS responses e.g. hosting of stakeholder meetings, timely submission of stakeholder reports to DATF and better coordination around district HIV/AIDS events such VCT day and World AIDS Day.

### 2.2.3 Support to DATFs to Build HIV/AIDS Technical Competencies

A key aspect and expectation in the coordination of the HIV/AIDS response is that the DATF members will have some basic understanding of HIV/AIDS, to assist in their coordination of the district response. However, many DACAs and indeed even more DATF members are not HIV/AIDS competent; this creates a challenge in their efforts to coordinate the HIV response. To address this, in FY 2014, SHARE II finalized an HIV/AIDS 101 training package for DATFs, and during the same period, 290 DATF members from 12 DATFs were trained in HIV/AIDS technical information to enable them to understand HIV/AIDS better and provide better

coordination of the HIV/AIDS responses in their districts, including articulating HIV/AIDS issues better during DATF coordination meetings.

#### 2.2.4 Provide Support to DATFs and PATFs to Mobilize and Manage Resources

SHARE II technical support assists coordinating structures to mobilize, administer and manage resources, and use them effectively to address and coordinate the HIV/AIDS response. In 2011, during engagement visits to the 72 DATFs, SHARE II found faltering and ineffective HIV/AIDS response coordination in most districts due to lack of financial and other resources. The main reason for this was the increasingly erratic central National AIDS Council (NAC) funding disbursements to District AIDS Task Forces (DATFs) for HIV/AIDS response coordination due to funding constraints at NAC. It was also clear that there was lack of awareness by local district authority leaders of their role in district HIV/AIDS response coordination and lack of support to the DATFs.

SHARE II undertook the following technical assistance: Oriented local authority leaders—councilors, mayors and municipal heads—from 72 districts, regarding their roles and responsibilities in supporting local HIV/AIDS responses, including financially, in 2012; assisted DATFs to identify institutional and technical capacity gaps and provided TA to address areas of weakness in their coordination of district HIV responses; and assisted DATFs to undertake resource-base mapping and provided technical support to strengthen capacities to mobilize resources. A major result of this technical assistance was increased awareness among District leaders about their HIV/AIDS responsibilities which culminated into the Nakonde Declaration by Zambian Local Authorities to commit 5% of Constituency Development Fund (CDF) for HIV/AIDS Response (19th July 2013).

In FY 2014, SHARE II and NAC supported collaboration meetings in five provinces: North Western, Copperbelt, Lusaka, Central and Western. These meetings aimed to address the gaps identified during the districts' orientations in the performance management standards and the District Coordination Toolkit in previous reporting periods, and also discussed funding for HIV response coordination. In addition to the Nakonde Declaration, other potential sources for local funding identified were through the Zambia Environmental Management Agency (ZEMA), Roads Development Agency (RDA) and Rural Electrification Authority (REA), which fund or carrying out capital projects, and have social impact mitigation funds built into contracts. Another potential source of funding identified is corporate social responsibility (CSR) funding from local companies.

Table 10: DATF Resource mobilization through CDF funding mechanisms

Year	DATFs Receiving CDF Funds	Amount CDF Allocated
2011	0	0
2012	4	K125,000
2013	20	K481,000
2014 (As of 09.30.14)	25	K253,000

Provincial AIDS Coordination Advisors (PACAs) report that 56 out of 72 DATFs have engaged District Councils on leveraging resources from the Constituency Development Funds in FY 2014, an increase from 28

in 2013. SHARE II continues to track the number of District Councils committing to the Nakonde Declaration who disburse funds to DATFs and district stakeholders supporting HIV/AIDS activities (see Table 10).

Also during FY 2014, SHARE II provided technical assistance to DATFs in project proposal writing and the identification of grant opportunities within Zambia. Thereafter, DATFs provided similar technical support to stakeholders and partners seeking funding for HIV/AIDS activities. The Chinsali DATF was one of the DATFs that used resource mobilization skills learned from SHARE II to transfer skills to other district stakeholders. Knowing that one of the criteria for accessing funding from PEPFAR was an organizational strategic plan, the DATF used SHARE II guidelines to orient Maluba Home Based Care (HBC) on creating a strategic plan aligned with the District HIV/AIDS Strategic Plan. As a result, Maluba HBC received K103,040 (\$17,000) from PEPFAR to support 71 households caring for orphans and vulnerable children in Chinsali. Another K65,840 (\$11,000) was granted to Maluba HBC from the Southern African AIDS Trust (SAT Zambia) to subsidize school fees for 273 vulnerable children. SHARE II support in this area has led to improvements in the ability of DATFs to coordinate the local response to HIV/AIDS and to support various HIV/AIDS activities.

### Case Study: DATF Resource Mobilization through Local Entities

In Isoka District (Muchinga Province), nine graduates from a two-week training in machine knitting proudly displayed their certificates of completion outside St. Martine De Porres Home-based Care (HBC), an organization tasked with providing lay home-care for the chronically ill, including those living with HIV. At the June 2013 graduation ceremony, the Acting Isoka District Commissioner, Mr. Alex Sinkala, encouraged the caregivers to use their new talents in innovative and enterprising ways to improve their livelihoods and those of their families: “Acquired knowledge and skill is never stolen,” he said, “but something that you have [for life].” Just as these graduates would now have a long-term source of income that would put them on a financially-secure path, so did the organization that assisted in accessing the resources for the project in the first place: the Isoka District AIDS Task Force (DATF).

SHARE II has been working with 72 DATFs across Zambia to improve their capacity to mobilize resources in support of HIV/AIDS activities in their respective districts. These actions have resulted in an increase in resources for DATFs to fulfil their mandates and for DATF stakeholders—like St. Martine De Porres HBC—to carry out activities that engender a more sustainable response to HIV/AIDS.

DATF mandates note that they should mobilize resources to cover costs of coordination activities, such as holding quarterly stakeholder meetings, tracking and monitoring district-level work and assisting stakeholders to leverage funds for implementation activities. However, a 2012 SHARE II assessment of DATF resource mobilization capabilities showed that among the 72 DATFs supported by the project, only four (6%) were actively seeking funds, developing proposals or providing technical assistance to other stakeholders to do so. DATFs were struggling to hold meetings, to perform basic administrative tasks and to follow up with stakeholders because of inadequate funding for meeting expenses, transportation and stationary. SHARE II identified this gap as a major threat to DATF sustainability and to the effective expansion of HIV/AIDS services at the local level.

Following these findings, SHARE II conducted resource mobilization trainings for DATFs and used follow-up support visits to support DATFs in their processes to obtain funding. SHARE II also worked with Provincial AIDS Task Forces (PATFs) to orient DATF stakeholders and local authority leaders, including District Council members, on their roles in supporting DATFs and the HIV and AIDS response. In many districts, the local authorities had been unaware that DATFs had unmet funding needs or indeed that they had a duty and responsibility to support DATFs to function effectively. The local authorities therefore had not been supporting the DATFs through local mechanisms, such as Constituency Development Funds (CDF); the DATFs, on the other hand, were ignorant of the availability of CDFs as a potential funding source. SHARE II's dual orientations created—in many cases, for the first time—links between these two structures.

Follow-up assessments conducted in 2014 show a dramatic improvement in DATF resource mobilization capability following the SHARE II-facilitated meetings and trainings, with 62 DATFs (86%) demonstrating clear efforts to mobilize resources or assist their stakeholders to do so. Apart from CDF funds, 26 DATFs report obtaining funds from road construction companies, local businesses and national and international partners in the last six months. The following stories illustrate some of these successes.

In 2013, the Isoka DATF obtained K59,000 (approximately \$8,500) in funding—17,000 from the CDF and 42,000 from the Churches Health Association of Zambia (CHAZ)—for three organizations in the district to conduct HIV/AIDS-related activities. Using skills learned from SHARE II, the DATF sought out calls for proposals from grantors and engaged the local authorities in dialogue to discuss accessing locally-available funding. As a result, it was also able to obtain CDF funds to assist the St. Martine De Porres HBC organization to purchase knitting machines and pay for a training to promote knitting as an income-generating activity; the funding also paid school fees for 19 orphans and other vulnerable children (OVC) through the Society for Women and AIDS in Zambia. Additionally, when the Isoka DATF received a call for proposals from CHAZ, it circulated the proposal to interested organizations and provided technical support to its stakeholders during the application process; as a result, the Single Parents Association successfully applied for a K42,000 (\$6,700) grant from CHAZ to supply 134 OVC with school supplies and provide nutritional support to 20 children and 50 adults living with HIV in the district.

Other activities undertaken in the past year with assistance from CDF resources have improved the ability of DATFs to coordinate the local HIV/AIDS response and to support partners' activities. For example, the Chibombo DATF in Central Province is using funds received in 2014 to review its strategic plan and to distribute and collect stakeholder activity reporting forms to better manage HIV/AIDS work being carried out in the district. Two Southern Province DATFs, Monze and Kazungula, are allocating 2014 CDF funds for implementing partners in each district to support HIV/AIDS sensitization activities. Kalabo DATF in Western Province is using funds received in 2014 to provide support to PLHIV groups, and in Luapula Province, the Kawambwa DATF is overseeing the distribution of condoms to organizations within the district. Most importantly, because the CDFs are distributed by local authorities, they represent a sustainable funding source and are a milestone in SHARE II's work to increase district ownership of local HIV/AIDS responses.

By guiding DATFs through self-assessments to identify gaps, training DATFs in resource mobilization, setting up meetings with local authorities and training both groups in their roles and responsibilities, the SHARE II intervention has placed DATFs nationwide in a better

position to sponsor and manage annual activities and to reach communities and key stakeholders, leading to overall improved coordination of the HIV/AIDS response in Zambia.

## 2.3 Strengthen the Capacity of Civil Society Organizations to Coordinate HIV/AIDS Response

Some of the most significant achievements in the response to the HIV/AIDS epidemic in Zambia have been made through civil society implementers. Building on work begun under SHARe, SHARe II has continued to work with civil society organizations to improve their institutional capacity to coordinate, manage and implement the national HIV response.

### 2.3.1 SHARe II Support to the Network of Zambian People Living with HIV/AIDS

In FY 2014, SHARe II focused most of its technical support towards building technical and institutional capacities for the Network of Zambian People Living with HIV/AIDS (NZP+). NZP+, established in 1996, aims to improve the lives of Zambians living with HIV/AIDS by pursuing support for, communication with and representation of PLHIV. The NZP+ network consists of almost 100,000 people nationwide in over 4,500 local support groups, coordinated by district-level chapters.

During the period under review, SHARe II supported NZP+ to hold a retreat at which newly-elected NZP+ Board members were oriented on their roles and responsibilities. The Board also created Board Committees for effective governance and oversight, planned the recruitment of essential staff in response to resolutions made during the September 2013 NZP+ General Assembly and developed its 2014 Board Action Plan.

Subsequently, SHARe II trained NZP+ Board members and Secretariat staff in resource mobilization. SHARe II oriented NZP+ on diverse methods for mobilizing resources locally and externally, preparation of budgets, establishing an accountable and transparent financial system, reviewing and assessing progress towards objectives, identifying problems and strategies and making adjustments to plans, writing a project proposal and tips for maintaining and strengthening NZP+ relationships with funders following a grant award.

SHARe II also conducted an assessment to strengthen financial planning, management and reporting systems and ascertain the current institutional financial capacity of NZP+, particularly the organization's readiness to absorb financial support from potential funding sources. The financial assessment showed that NZP+ had inadequate finance and administration internal controls and systems in place. In particular, NZP+ lacked finance personnel to look after financial issues and had no long-term sustainability plan.

NZP+ subsequently worked on some of the identified weaknesses, including through the recruitment of key staff such as an accountant and an M&E officer; additionally, in collaboration with NAC and the NZP+ Human Resources Committee, SHARe II assisted with the recruitment process for a new NZP+ Executive Director. As a result, the NZP+ Human Resources Committee was able to approve job advertisements, run them in the media, and

vet candidates. Four candidates for the position of Executive Director have been shortlisted and interviews will be held in October 2014.

Following these assessments and NZP+ systems strengthening, SHARe II provided technical assistance to NZP+ in the development of a proposal for possible funding. USAID approved a one-year NZP+ grant and the grand award document was signed on 30 June 2014 by the NZP+ Board Chair and the SHARe II Chief of Party. The grant will enable NZP+ to contribute to increasing access to and uptake of prevention, treatment, care and support services among PLHIV.

SHARe II also conducted baseline performance assessments using the NZP+ district certification handbook with four NZP+ district chapters: Mongu, Choma, Kasama and Chinsali. Following the assessments, district chapters developed action plans and areas of weakness identified for each chapter to address. SHARe II also trained one NZP+ member from each of 12 district chapters, alongside DATF members from those same districts, in an HIV/AIDS technical training package for non-health workers.



*Figure 13: PLHIV from an NZP+ support group in Cooma discuss HIV-related stigma and discrimination*

Additionally, SHARe II conducted a training-of-trainers (ToT) on stigma and discrimination for 33 NZP+ District Coordinators and provided technical assistance to trained NZP+ members while they conducted sessions on stigma and discrimination in four districts.

USAID support to NZP+ through SHARe II is strengthening NZP+'s capacity to implement programs to reach PLHIV with HIV-related services and strengthening NZP+'s management

and institutional capacity to coordinate the PLHIV response to HIV/AIDS in Zambia. A strong NZP+ would effectively coordinate the PLHIV response; advocate for and mobilize resources for programs; and support and build the capacity of its district chapters to manage evidence-based and sustainable local HIV/AIDS responses. With a nationwide presence, a strong NZP+ can be an effective voice of the voiceless at community level and is uniquely placed not only to represent the PLHIV voice, but also to provide guidance and information to PLHIV to enable them to contribute fully to Zambia's HIV prevention efforts. A major goal of the SHARe II sub-grant to NZP+ is to build NZP+'s institutional and technical capacity to manage HIV/AIDS funds and programs, hopefully positioning it to receive additional funding support from other donors to support the PLHIV response.

## 2.4 Major Achievements in SHARe II Coordinating Structures Work during FY2014

Table II below summarizes the Coordinating Structures major achievements in FY 2014.

*Table II: major achievements in SHARe II coordinating structures work in FY 2014*

#	Major Achievement	Brief Description
1.	Improved district HIV response coordination by providing technical assistance to DATFs in local resource mobilization	<ul style="list-style-type: none"> <li>– Engaged district local leadership and provided orientation on their responsibility to district HIV/AIDS responses;</li> <li>– Helped secure district leadership support to allocate at least 5% of constituency development funds (CDF) to HIV/AIDS;</li> <li>– Assisted DATFs to map other potential local resources;</li> <li>– DATFs now accessing CDF and other funds for HIV/AIDS activities resulting in improved district HIV response coordination.</li> </ul>
2.	Strengthened DATF HIV/AIDS technical capacities through HIV/AIDS training for non-health DATF members	<ul style="list-style-type: none"> <li>– Most DATF members do not have health backgrounds and had very low HIV/AIDS technical capacities seriously hampering effectiveness in local HIV/AIDS response coordination;</li> <li>– Provided HIV/AIDS 101 training to 290 DATF members from 12 DATFs, leading to strengthened HIV response coordination.</li> </ul>
3.	Strengthened NZP+ institutional and management capacities to manage the PLHIV response	<ul style="list-style-type: none"> <li>– Provided technical and funding support to NZP+ to improve financial, HR, and M&amp;E systems, and governance;</li> <li>– Assisted NZP+ to develop a proposal for a USAID/SHARe II grant to increase uptake and utilization of HIV prevention, care, treatment and support services for PLHIV;</li> <li>– Provided supportive supervision in program implementation and management of USG funds.</li> </ul>

## 2.5 Coordinating Structures Life of Project Indicator Tracking

Life of project results from SHARe II's HIV-related policy and regulatory work are shown below in Table 12. SHARe II is on track to achieve most of its LOP targets under its Coordinating Structures task.

Table 12: Task 2. Strengthen organizational and technical capacity of coordinating structures LOP results

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
2.1_Inst: Coordinating Structures Capacity Building of Institutions	Number of organizations (including DATFs, NZP+ chapters, civil society organizations, etc.) provided with TA in SHARE II's core package of HIV-related institutional capacity building (which can include Capacity Assessment, Strategic and Operational Planning, Training, TA and Supportive Supervision)	110	88	80%
2.1_CD: Coordinating Structures Capacity Development	Number of individuals that participate in capacity development through Capacity Assessment, Strategic Planning and Operational Planning	1300	3802	292%
2.1_Train: Individuals Trained in HIV/AIDS- related Institutional Capacity Development	Number of individuals trained in HIV-related institutional capacity building areas. Type of trainings include: - HIV Technical Information training - Resource mobilization - Financial and asset management - District Certification Orientation	1270	1044	82%
2.1a_ InstCert: Coordinating Structures Meeting Performance Benchmarks	Number of DATF and CSOs undergoing capacity assessments on an annual basis that meet performance benchmarks as established in the Certification process	119	15	13%
2.1_PerfInst: Coordinating Structures Performance	Institutions not participating in the certification process that are meeting defined level of acceptable coordination of the HIV/AIDS response through quarterly supportive supervision checklist.	35	0	0%
2.1_NACSus: NAC Staff Mentoring to Build Institutional Sustainability of NAC	NAC staff (out of 10 PACAs and 10 NAC Secretariat staff) mentored in coordination to provide: - Technical support to DATFs on performance improvement - HIV/AIDS technical information - Training in resource mobilization	20	16	80%

## **Objective 3: Strengthen and Expand Workplace HIV/AIDS Programs**

SHARE II works with both the public and private sectors to expand access to workplace HIV/AIDS programs and strengthen linkages and referral systems with community-level partners and implementers. Additionally, SHARE II works with selected partners in the informal sector to reach workers running small scale businesses through workplace-based HIV/AIDS programs. Through this work, SHARE II and its partners can expand access to HIV prevention, care, support and treatment services—for employees, dependents, and defined outreach communities—to reduce HIV-related employee absenteeism and ultimately contribute to increased productivity.

Workplace HIV/AIDS programs that include appropriate linkages to care and treatment services have resulted in significant improvements in general employee health and reductions in absenteeism in many workplaces. This has led to a switch in priorities by many workplaces to have more integrated health programs that address HIV and other related issues, and to also have workplace HIV/AIDS extended employees' families and defined outreach communities (where most of the workers live).

The core programs that SHARE II implements in its partner sites include the basic peer education and outreach program, the Gender and Sexuality in HIV/AIDS (GESHA) program, and the Positive Action by Workers (PAW) program; all provide/support information and skills training for HIV prevention; increase access to and uptake of HIV/AIDS services; and provide linkages to HIV care, treatment and support. SHARE II also provides technical and funding support towards the development of wellness and HIV/AIDS workplace policies.

SHARE II works with sub-partner ZHECT in implementing HIV/AIDS programs for some private sector partner sites, and with sub-partner LEAD Zambia Ltd to implement HIV/AIDS programs with some informal businesses in selected chiefdoms and communities.

### **3.1 SHARE II Workplace HIV/AIDS Program Approaches and Components**

SHARE II workplace HIV/AIDS programs are built around proven best practices and approaches and are guided by the needs of each individual partner workplace. However, each program meets the minimum requirements in terms of core program components. Some of the SHARE II program approaches are described below:

#### **3.1.1 Peer Education**

Carefully selected and trained volunteer peer educators and other lay providers are the implementation backbone of SHARE-supported workplace HIV/AIDS programs. Peer educators are the key to successful workplace HIV/AIDS programs, and through peer-to-peer interactions, they implement HIV prevention education, promote condom use, refer for STI management, create awareness on sexual and gender-based violence, promote partner reduction, and create effective referral links to HTC, VMMC, PMTCT, and ART.

In defined outreach communities, trained community mobilizers and program facilitators provide HIV services through individual, couple and family-centered counseling; refer/link

clients to additional services and monitor and track clients to ensure that they act on referrals and receive services; and provide follow-up and adherence support. Selecting peer educators and community mobilizers who are willing to take on this additional work is critical, as is providing support and incentives for their retention in the program.

### 3.1.2 Gender and Sexuality in HIV/AIDS (GESHA) Program

In traditional workplace HIV/AIDS programs, access to HIV prevention information and services is often limited to the workplace staff. If a worker wants his/her spouse, partner, or even family members to hear what has been learned, they must pass on the information themselves. For many Zambians, there are social and cultural barriers that make it difficult to discuss issues of sexuality even with a spouse or sexual partner, let alone family members. There are power inequalities between women and men, related to cultural norms and practices, that constitute significant barriers to effective communication between the genders about sexuality and sexual relations, and that ultimately make effective HIV programming challenging and information-sharing difficult.

The SHARe II GESHA program provides a ‘safe haven’ or neutral ground where discussions on gender, culture, and sexuality can openly take place between workmates, between couples and between community members, without fear of sanctions from cultural standard-bearers. The GESHA program strongly promotes mixed gender discussions and also promotes couple-centered discussions. The program involves defined outreach communities members, including spouses and partners, thus circumventing the cultural barriers in HIV/AIDS information sharing. Further the GESHA program refocuses the discussion on the drivers of the HIV/AIDS epidemic in Zambia, including multiple concurrent partnerships, alcohol abuse, and sexual violence against women and girls, in the context of the gender, sexuality and the cultural environment. The program assists communities to come up with HIV interventions that are relevant to their local situations to address the drivers of the HIV/AIDS epidemic. The GESHA approach challenges communities, couples and individuals to re-examine own behavior and come up with collective and individual actions to reduce vulnerability to HIV, and begin to slow down local HIV/AIDS epidemics.

### 3.1.3 Positive Action by Workers (PAW) Program

HIV-related stigma and discrimination are pervasive in Zambia’ workplaces and although workers with HIV often need flexible hours, special equipment, opportunities for breaks, and time off for medical appointments, they often fail to open up about their HIV status for fear that disclosure would expose them to stigma and discrimination from their colleagues and from supervisors.

The SHARe II PAW, established under the predecessor SHARe project, was the first-ever support group for Zambian public sector workers who are living openly with HIV. As its membership grows from strength to strength, PAW is breaking the thick wall of silence surrounding HIV infection in Zambia, among workers. It challenges the status quo of low disclosure of positive HIV status by openly showing the face of HIV in the workplace. The face of PAW shows that workers living with HIV are our friends, colleagues, neighbors, brothers and sisters. The face of PAW shows that workers living with HIV are as productive as other workers.

PAW ensures that workplace HIV interventions are responsive to the needs of workers living with HIV, and are in line with and supportive of broader national HIV prevention, care, treatment, and support goals. PAW members recognize that HIV prevention is part of their responsibility, and further, that successful HIV prevention will help to ensure that resources remain available for quality HIV care, treatment, and support. PAW provides support for positive HIV prevention and also provides support for adherence to HIV care and treatment.

### 3.1.4 Linkage to HIV/AIDS Services

Linkage to services is integral to SHARe II workplace HIV/AIDS programs. Individuals who access HTC and test positive are linked to HIV care/treatment services such as ART and PMTCT, to condom supplies, and to PLHIV support groups. Those who test negative are linked to HIV prevention services including condoms, as appropriate, while men who test negative are additionally linked to VMMC services.

### 3.1.5 SHARe II Workplace HIV/AIDS Program Components

SHARe II workplace HIV/AIDS programs are designed and tailored to the requirements of specific workplaces. As a minimum requirement, all programs have at three of the four essential components of workplace HIV/AIDS programs: A peer education program; HTC services onsite or through referral; and formal HIV prevention activities. Some formal sector partner workplaces also have workplace HIV/AIDS policies.

All SHARe II workplace programs offer comprehensive HIV/AIDS services through direct provision and through referral. The SHARe II HIV/AIDS core package of services is a minimum package that defines and qualifies a workplace HIV/AIDS program and comprises:

**Structural interventions:** Formulation of workplace HIV/AIDS policies, where appropriate, and increasing leadership/senior management support for programs;

**Behavioral interventions:** Information and skills training aimed at increasing access to and uptake of HIV testing and counseling (HTC), VMMC, PMTCT, ART, and condoms; decreasing the number of sexual partners, particularly multiple and concurrent partners; supporting HIV disclosure and positive living with dignity; and reducing alcohol and substance abuse, GBV and HIV-related stigma and discrimination.

**Biomedical interventions:** Provision of or referral to HIV care and treatment and other services including ART, PMTCT, condoms and VMMC services.

A key aspect of SHARe II workplace HIV programs is social mobilization for HIV prevention and HIV-related service uptake, and extending services to defined workplace communities.

## 3.2 Expand and Replicate Efforts in the Private Sector (Small, Medium and Large-scale Businesses) and the Informal Sector

SHARe II supports selected private sector partners to implement quality workplace HIV programs with a focus on HIV prevention. Integral to these efforts is support for sustainability and hand-over, encouraging supported partner workplaces to increase their investment over the life of SHARe II.

Workplace HIV/AIDS programs need to be dynamic and responsive to the current needs of workplaces and workers, as well as to current advances in the field of HIV/AIDS. SHARe II workplace HIV interventions are scientifically grounded in order to be relevant and effective. Program activities, particularly trainings and sensitization meetings, are informed by training manuals and guides. In addition, a mentorship program has been developed to help build the capacity of service providers in SHARe II partner organizations to ensure program continuity.

### 3.2.1 Support to the Zambia Federation of Employers (ZFE) and the Zambia Congress of Trade Unions (ZCTU)

An effective coordination strategy is very important in ensuring workplace HIV/AIDS programs success. SHARe II has taken on a number of medium and large ZFE (employer representative organization) member enterprises to implement workplace HIV/AIDS



Figure 14: A peer educator facilitates a session among peers with SHARe II staff observing during supportive supervision in Chipata

programs as part of a larger effort to build ZFE’s capacity to coordinate HIV/AIDS programs. SHARe II has also engaged the ZCTU (workers’ representative organization) to reach unionized employees in selected workplaces.

In FY 2014, SHARe II provided technical support to five ZFE member companies workplace HIV/AIDS programs: Zambian Breweries, National Breweries, Heinrich Beverages, NWK Agri-Services (formerly Dunavant Cotton) and the

National Union of Plantations, Agriculture and Allied Workers (NUPAAW), in peer education training, community HIV/AIDS mobilization for the defined outreach communities, and GESHA trainings. Table 13 below highlights the specific support provided by SHARe II:

Table 13: SHARe II technical support to ZFE partner companies in FY 2014

#	Partner Company	Technical Support Provided
I.	NWK Agri-Services	<ul style="list-style-type: none"> <li>– Peer educator training for the designated sites of Chipata, Katete and Lundazi in Eastern Province; Mumbwa and Kabwe in Central Province; and the NWK Agri-Services headquarters in Lusaka.</li> <li>– Supportive supervision visits to peer educators to observe and assess the performance, to ensure program quality</li> <li>– Onsite data quality support to peer educators ensure correct reporting</li> </ul>

#	Partner Company	Technical Support Provided
2.	SABMiller (Zambian Breweries, National Breweries and Heinrich Beverages)	<ul style="list-style-type: none"> <li>– Conducted a baseline Knowledge, Attitudes and Practices (KAP) survey for SABMiller and its subsidiaries (Zambian Breweries, National Breweries and Heinrich Beverages) to establish workplace HIV/AIDS and wellness program needs.</li> <li>– Submitted results and report to SABMiller and</li> <li>– Undertook program implementation with Heinrich Beverages, which needed immediate HIV/AIDS prevention interventions</li> <li>– Trained—at the company’s cost—peer educators in all the subsidiary companies based in Lusaka and Copperbelt provinces and provided supportive supervision</li> </ul>
3.	NUPAAW	<ul style="list-style-type: none"> <li>– Trained 17 peer educators in the Mkushi block of farmers and scaled up the program to other farmers in the Mkushi block and the Chisamba farming block in Chibombo in order to bring HIV prevention services to the migrant workers in the farming block, who are at very high risk of HIV.</li> <li>– Provided GESHA training in Mkushi to address issues of gender and HIV/AIDS - 15 shop stewards were trained as GESHA facilitators; they have since begun holding GESHA sensitization sessions.</li> </ul>

SHARe II also worked directly with the ZFE to improve the coordination of their private sector workplace programs; ZFE has put in place a committee to oversee coordination.

### 3.2.2 Support to the Tourism HIV/AIDS Public-Private Partnership

The Tourism HIV/AIDS PPP seeks to establish, enhance and expand HIV/AIDS workplace programs within private sector tourism businesses. In addition, it seeks to increase social mobilization for HIV/AIDS in Livingstone, Mfuwe and Lower Zambezi National Park, in collaboration with the GRZ and other partners.

The Tourism HIV/AIDS PPP programs take comprehensive HIV/AIDS workplace programs to over 3,000 workers and HIV/AIDS social mobilization to 150,000 residents through its partners in Livingstone: Kubu Crafts, Tongabezi, Tujatane Community School, the River Club, Bush Tracks Africa, Wasawange Lodge and Tours, Sun Hotels, David Livingstone Hotel, Protea Hotel, Rainbow Tours and Safaris, Wonder Bake, Susie and Chuma and Wilderness Safaris.

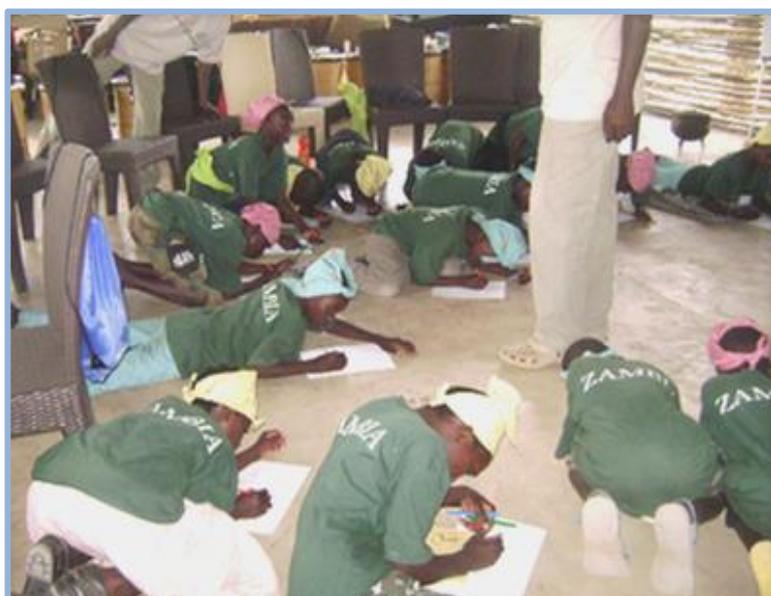


Figure 15: A Stitch in Time Saves Nine – “Children in the Wilderness” doing an HIV/AIDS exercise during a combined one-week training on wildlife conservation and HIV provided by Wilderness Safaris and SHARe II

In FY 2014, USAID through SHARe II, successfully leveraged and pooled public sector and private resources to support enhanced HIV/AIDS programs in Livingstone, Mfuwe, and the Lower Zambezi through the Tourism HIV/AIDS PPP, USAID. SHARe II provided technical assistance and supportive supervision to PPP partners to implement and manage workplace HIV/AIDS programs. The SHARe II-trained peer educators have actively engaged staff in HIV prevention discussions and activities. The peer educators have also been trained to address broader health needs, such as reproductive health, malaria, and nutrition, stress management and the importance of physical fitness and exercise. By broadening the scope to include general wellness, the programs are now attracting higher staff participation.



*Figure 16: Chiawa camp staff listen attentively to SHARe II's Simon Mutonyi talk about HIV prevention during a supportive supervision visit*

Partner companies have been implementing various programs during the year. For example Kubu Crafts has been holding monthly scheduled wellness and HIV/AIDS activities, and during the year, management supported the formation of a special fund to support medical fees of ailing staff, to which the company makes a significant contribution. At Wilderness Safaris in the Kafue North National Park, 48 of 49 staff requested for and underwent HTC and received their results; nearly all the employees at this lodge now know their HIV status. The



*Figure 17: A SHARe II-trained peer educators at Shenton Safaris engages his peers in HIV prevention education during working hours*

Susie and Chuma Lodge has been holding wellness days and providing services such as blood pressure, malaria, STI and HIV tests. However, some of the tourism businesses had to lay off some of their workers due to business challenges in FY 2014, and some of the people laid off were peer educators. This has necessitated re-investments in peer educator training – which took a significant proportion of SHARe II support.

SHARe II has also been providing technical support to thirteen tourism businesses in Mfuwe, as well as the Kakumbi Community Resource Board and the local office of the Zambian Wildlife Authority (ZAWA) in South Luangwa to implement workplace HIV/AIDS programs. In the Lower Zambezi National Park SHARe II directly provided technical support, sensitization and health education

talks and HIV screening to staff at Chiawa, Old Mondolo and Sausage Tree lodges. In the Lower Zambezi the prevalence of HIV among staff is very low (SHARE II provides HTC services), and those with HIV have been managing their condition very well with support from their management. Other lodges in the area have expressed interest in being part of the SHARE II program.

Tables 14 and 15 below show the FY 2014 and cumulative contributions of the Tourism HIV/AIDS PPP to their HIV/AIDS programs, and USAID contributions through SHARE II.

*Table 14: Tourism HIV/AIDS PPP Private Sector and USAID Contributions for FY 2014*

Location	PPP Partner Contributions (USD)	USAID/SHARE II Contributions (USD)	Year Total (USD)
Livingstone	47,512	25,647	73,159
Mfuwe	19,790	21,759	41,549
Lusaka	30,897	6,473	37,371
Lower Zambezi	34,706	660	35,366
<b>Total</b>	<b>\$132,905</b>	<b>\$54,539</b>	<b>\$187,444</b>

*Table 15: Tourism HIV/AIDS PPP Private Sector and USAID Contributions for the period FY 2011 to FY 2014*

Location	PPP Partner Contributions (USD)	USAID/SHARE II Contributions (USD)	Cumulative Total (USD)
Livingstone	115,241	46,571	161,812
Mfuwe	56,803	47,763	104,567
Lusaka	32,500	6,473	38,974
Lower Zambezi	34,706	3,799	38,505
<b>Total</b>	<b>\$239,251</b>	<b>\$104,607</b>	<b>\$343,857</b>

### 3.2.3 Collaboration with the Livingstone Tourism Association

The LTA implements workplace-based HIV/AIDS programs in small and informal tourism businesses in Livingstone through peer education and community social mobilization activities. In FY 2014 SHARE provided technical assistance to strengthen the LTA's ability to coordinate HIV/AIDS programs among its member businesses, and link them to other stakeholders, such as the DATF and district health office, for additional HIV-related services.

The LTA finalized its draft workplace wellness and HIV/AIDS policy, developed with SHARE II technical support, in FY 2014 and held several HIV/AIDS and policy sensitization meetings with marketeers and customers in all major markets in Livingstone. LTA activities are linked to and fully supported by the Livingstone District Medical Office which provides medical staff for technical advising and program implementation, counsellors for HTC, and condoms. LTA programs also have strong linkages around condom promotion, education, demonstrations and distribution with UNFPA through the Livingstone DATF.

### 3.2.4 HIV/AIDS Interventions in PPP-Defined Outreach Communities

Successful workplace HIV/AIDS programs have led to improvements in general employee health and reductions in worker absenteeism in many Tourism HIV/AIDS PPP workplaces supported by SHARe II. This success has led to an expansion of priorities and a desire by many workplaces to have more integrated health programs that address HIV and other related health issues. Additionally, many workplaces recognize the benefit of workplace HIV/AIDS programs for their workers and would prefer that these programs also reach workers' families and, where possible, defined communities where they draw their workers from, with the rationale being that community health affects worker health and impacts business. SHARe II, working with the Tourism HIV/AIDS PPP partners, has extended workplace HIV/AIDS programs to the three defined outreach communities of Simoonga and Mukuni in Livingstone, and Kakumbi in Mfuwe.

#### 3.2.4.1 Addressing the HIV/AIDS and Reproductive Health Needs of Adolescents in Simoonga and Mukuni

Gundu village in Mukuni chiefdom and Simoonga village in Sekute chiefdom are Tourism HIV/AIDS PPP defined outreach communities for SHARe II tourism sector workplace



Figure 18: Simoonga and Mukuni community mobilisers talk with schoolchildren and parents about teen pregnancy and HIV prevention

HIV/AIDS programs. In FY2014, SHARe II worked with 66 community mobilizers and PLHIV peer supporters in Simoonga village and Gundu village to address a common problem. These two communities lie just on the outskirts of Livingstone city, home to the mighty Victoria Falls, is Zambia's tourism capital, a busy border town and a stopping point on a major trucking route. The HIV prevalence in Livingstone is 28%, almost twice the national HIV prevalence of 14.3% and the communities of Simoonga and Gundu have felt the impact of this high HIV prevalence through high levels of HIV-related deaths and illnesses. Another major problem that these two communities have in common is a high female pupil dropout rate due to: A high rate of teenage pregnancies among school-going pupils, which signified a high rate of unprotected sex, and thus a high HIV risk; and a high rate of teenage marriages.

SHARe II conducted a situation analysis involving traditional leaders and community members, school pupils and teachers and PPP partner company representatives to try to define the problem and the root cause. The key finding was that culture and tradition are at the heart of the teen pregnancy problem. The community largely attributed the high teen pregnancy rates to the traditional teachings provided to girls during rites of passage initiation at puberty. In both Simoonga and Gundu, like many other communities in Zambia, at the onset of menarche (9-14 years), girls undergo a socialization process or initiation, to prepare them for their roles as wives and mothers. The initiation training is bound by culture and tradition and has not changed much over the past century to adapt to changing times.

The situation analysis revealed that: Traditional initiation teaches young girls to value their role in reproduction and prioritize their role in the home above all else; these traditional teachings are passed on by female cultural standard-bearers (mothers, grandmothers, aunts), and are thus are very powerful in molding young girls' thinking and behavior; many girls are afraid of traditional sanctions if they breach these expected norms and are more likely to conform than not; and the training teaches young girls about sex and their role in pleasing men sexually – some girls, naturally curious at this age, practice what they are taught, get pregnant and drop out of school. Another important finding was the low status of women and the higher value on boy-child education. When resources are limited, families will often prioritize boys' education at the expense of girls'. Many girls in this situation end up in early marriages and/or pregnant.

SHARe II, worked with and through the communities, schools, parents and PPP partners to design a locally-owned multi-level intervention, led and implemented by SHARe II-trained community mobilizers and community leaders who understand the local culture. The intervention consists of: Obtaining community buy-in for change, through engaging the traditional leaders – chiefs and headpersons – and other opinion leaders; respectfully engaging traditional rite of passage counselors and supporting them to include scientifically-grounded discussions on sexuality, HIV/AIDS, STIs, and gender norms in their training - with the community solidly behind them, the traditional counsellors were empowered to discard some age-old teachings and traditions that put young girls at risk of HIV/AIDS, early pregnancy, and early marriage, and adopt more inclusive instruction that also addresses health risks and empowers girls to make positive assertive decisions; and implementation of school-based programs to support girls to stop engaging in sexual activities, and instead remain in school and focus on education, and to promote respectful gender relations between boys and girls.

Also in FY 2014 over 90% of the teachers at Mukuni Comprehensive School and Simoonga Basic Schools were trained in HIV/AIDS, reproductive health, and youth sexuality so that they can provide informed and better support to their pupils.

In Simoonga, PPP partners Tongabezi Lodge and Tujatane Trust School are supporting an Anti-AIDS Club to promote HIV prevention behaviors among schoolchildren and address sexual risk behaviors to help stop teenage pregnancy and marriages.

In Mukuni a broader cultural remodeling effort initiated in FY 2014 is underway to train the cultural standard-bearers in HIV/AIDS, reproductive health and gender so that the children receive the same supportive and correct messaging both at school and at home.

### **3.2.4.2 Facilitating Greater Involvement of PLHIV in Community HIV/AIDS Programs**

SHARE II has been providing technical support to strengthen HIV/AIDS skills and improve information-sharing for the members of the Mukuni chiefdom PLHIV support group, based in Gundu. His Royal Highness (HRH) Chief Mukuni, who is the leader of Mukuni chiefdom and also the patron of the support group, is actively involved in this program. With training and supportive supervision from SHARE II, and with support from chief Mukuni and other traditional leaders, members of the support group in FY 2014 were given space at the health center to work with health center staff to strengthen adherence to ART among PLHIVs accessing care and were given the go-ahead to lead and provide HIV/AIDS education during community health education activities. SHARE II has linked the support group to the Kazungula DATF so that they could benefit from DATF funding to expand their activities.

### **3.2.4.3 HIV/AIDS Programming in Mfuwe – South Luangwa Defined Outreach Communities**

In Mfuwe (South Luangwa), communities have very limited access to HIV/AIDS services. In collaboration with tourism partners, SHARE II has trained community mobilizers to implement HIV prevention programs in the area. In FY 2014, in order to increase the reach of the program and meet the demand, trained 29 village headpersons and civic leaders as VMMC mobilisers, making them focal point persons for HIV prevention programs in the community. An additional 30 community mobilizers were trained to help with a community-wide HIV/AIDS education program. During a three-day period, the trainees—with support from the SHARE II—were able to reach out to 5,636 community members with HIV/AIDS, VMMC and HTC messages. Service uptake was so high that the providers struggled to meet the demand. A full 492 community members were tested and received their HIV test results, and 131 men were circumcised through SHARE II's partnership with the Society for Family Health. Because SHARE II is present only during periodic supportive supervision visits, this program is linked to the local government health facility and the Mambwe District Health Office, who now provide day to day support.

### **3.2.5 HIV/AIDS Workplace Programs in the Informal Sector**

SHARE II has developed a successful partnership with the Lusaka City Council to engage five Lusaka-based markets in workplace HIV/AIDS prevention programs: Chaisa, Chachacha (City Centre), New Soweto, Lilanda, and Chelston. The city council is actively participating in the program through the market in-charges or managers.

In FY 2014, SHARE-II trained peer educators, with technical support from the SHARE II team, worked with marketeers and customers in the five partner markets to share HIV/AIDS prevention, care, treatment and support information. In strengthening technical skills of the peer educators, SHARE II also brought them together for peer support learning and networking so that they could share best practices and lessons learned. The market managers and the peer educators are working together very well and the lessons being learned are being used to scale up the program to three other markets within Lusaka (City, Luburma/Kamwala and Chipata markets).

### 3.2.6 SHARe II Programs through Local Sub-partner ZHECT

In FY 2104, ZHECT implemented workplace HIV/AIDS programs at Kateshi Coffee, Pamodzi Hotel, York Farms, Ndola Lime, Kasama Sugar, TAZAMA (Ndola, Chinsali and Mpika), Isanya, Chibuluma Mines, NAPSA (Lusaka offices), Kafue Sugar, Kafubu Water and Sewerage Company, North Western Water Sewerage Company Limited and the Superannuation Fund. At these organizations, ZHECT provided technical support to peer educators to review skills and performance standards and provided information dissemination in the form of IEC, role-plays and group discussions on HIV/AIDS. Migrant workers are the main priority populations reached by ZHECT programs



Figure 19: Migrant workers receiving information on male circumcision, correct and consistence use of condoms, at Lamba plantation in Kalulushi

### 3.3 Expand and Replicate Efforts in the Public Sector

While the public sector response to HIV/AIDS in Zambia has for most part been slow, in FY 2014 there was a considerable increase in activities and resource allocation to the program in the Ministries of Finance and National Development; Transport, Works, Supply and Communications (MTWSC); Agriculture and Livestock and Home Affairs. The Public Service Management Division (PSMD) has also began to take action and has allocated some resources to visit the provincial centers to share the public sector HIV prevention strategy, with technical support from SHARe II.

#### 3.3.1 HIV/AIDS Programming in Line Ministries

Currently, these public sector partners have an estimated worker population of approximately 50,000 who are reached by SHARe II programs, excluding defined outreach community populations. SHARe II is providing support to eight of 22 line Ministries to implement workplace HIV/AIDS programs.



Figure 20: A PAW group member facilitating a session with the MTWSC Government Printing Department

All the eight public sector Ministries supported by SHARe II have introduced the PAW program at the workplace to attract workers living with HIV/AIDS to openly join the fight against HIV/AIDS and stigma in the workplace. PAW programs in the Ministries provide skills training and support for engaging other staff in HIV/AIDS prevention, care and treatment. For example, in the

MTWSC and its Government Printing Department, PAW members meet twice a month, and most of the peer educators who lead HIV/AIDS discussions are PAW members.

All eight SHARE II partner Ministries are implementing the GESHA program. In FY 2014 SHARE II trained over 100 GESHA facilitators across its partner ministries to implement the program, including 28 male staff from the Zambia Bureau of Standards whose training focused on addressing negative masculinities and incorporating gender and human rights approaches to programming to help create an environment of equity and balance.

### 3.3.2 Ministry of Home Affairs HIV/AIDS Programs

The Ministry of Home Affairs (MHA) is comprised of several departments: the National Registration and Passports, Drug Enforcement Commission, Immigration Department, Prison Service, Police Service, Police Complaints Authority, Commission for Refugees and Headquarters. The Ministry has 20,248 staff and ~16,000 inmates in the prison system. SHARE II in FY 2014 activities focused mostly on the Police and Prisons Services.

#### 3.3.2.1 Zambia Police Service Workplace HIV/AIDS Program

The Zambia Police Service (ZP) is the biggest department in the Ministry of Home Affairs and has the most active HIV/AIDS workplace program. In response to the Inspector General of Police's request for SHARE II to extend its technical support to the police training institutions and camps, SHARE II's work reaches out to an additional 11,500 ZP employees in selected divisions. To make the program more effective and responsive to the needs of the participating institutions, the in-service program is being conducted both in the workplace and the camps, and involves uniformed officers, their spouses, and other family members.

In FY 2014, the GESHA and PAW programs were scaled up to include Chipata, Lilayi Police and Paramilitary training colleges. At the start of the reporting period, SHARE II supported a planning workshop for 23 ZP division and district HIV/AIDS coordinators to develop action plans for 2014, provide technical updates on program implementation and supervision, and provide support in documentation and reporting. SHARE II also engaged the ZP Victim Support Unit and the Gender Desk to review GBV reports in the Lusaka-based camps and to form teams in each camp that will help with providing education on GBV. SHARE II worked with the police in Lusaka, Kalulushi, Chililabombwe and Chipata-based camps to address GBV-related problems by mobilizing and sensitizing the camps using the GESHA approach.

In August 2013, SHARE II learned through a visit to ZP camps on the Copperbelt that many women in the camps were grinding tobacco (*nsunko*) and mixing it with Efavirenz (an ARV), sodium bicarbonate or urine and other ingredients, and were either sniffing, ingesting or applying the mixture vaginally. ZP and SHARE II staff immediately realized that use of this *nsunko-plus* mixture, particularly the misuse of Efavirenz, was harmful to the HIV response, and took a systematic approach in its effort to reduce the use of *nsunko-plus*. First, SHARE II staff trained 20 influential female leaders from 10 camps to conduct sensitization sessions and identify women at risk. Partnering with these trained leaders, SHARE II targeted a larger group of 54 women who had influence in halting the use of *nsunko-plus*, including manufacturers, sellers, women in positions of authority and traditional counselors. Finally, SHARE II expanded its messaging to men through a GESHA training with couples to address the pressures women felt to continue using *nsunko-plus*.



*Figure 21: A group of SHARE II-trained traditional counselors off to a session to address use of nsunko-plus at a ZP camp*

Following the success of this program at reducing nsunko-plus use in the Copperbelt, SHARE II and the ZP scaled up the program to Lusaka. SHARE II worked with the ZP Victim Support Unit, the Gender Desk and the HIV/AIDS unit to mobilize the police and their spouses in the six camps (Paramilitary, Lilayi Training College, Sikanze, Matero, Chelstone and State lodge camps) to address gender-related problems. SHARE II oriented selected officers in the GESHA strategies, followed by a mobilization meeting in all the participating camps. Similar social mobilization meetings have so far taken place in other Copperbelt towns of Chililimbwe, Chingola, Kalulushi, Luanshya and Mufurila, to reduce the use of nsunko-plus and address the gender dimension that impact effective HIV prevention.

Also in FY 2014, SHARE II conducted a capacity-strengthening workshop for 30 ZP PAW members drawn from Luanshya and Ndola, emphasizing ART adherence as part of HIV prevention and also discussing harmful effects of alcohol on ART adherence, and also emphasizing the need for consistent and correct condom to prevent HIV transmission.

### **3.3.2.2 Zambia Prison Service HIV/AIDS Programs**

The Zambia Prison Service established the Prison HIV/AIDS Advisory Committee (PAAC) to help coordinate the HIV/AIDS activities in its prisons with various stakeholders, and to use the forum for advice and resource mobilization in carrying out HIV/AIDS prevention activities. SHARE II has been a key partner of the committee since inception and has provided leadership and guidance that led to the development of the first strategic and operational plans for HIV/AIDS. Starting in January 2014, SHARE II took over the role of the secretariat for the PAAC and worked with the other PAAC members to discuss PAAC strategic direction, draft terms of reference, review documentation strategies and make recommendations on the Prison's health strategic plan, among other activities. SHARE II has been working collaboratively with the Zambia Prison Service, providing technical assistance at two levels:

1. **Behavioral HIV Interventions for Staff, Outreach Communities and Inmates:** SHARe II provides technical assistance to 32 prisons to implement workplace-based HIV/AIDS programs for staff and defined outreach communities, and to implement HIV/AIDS programs for inmates. Staff and defined outreach community programs address the drivers of the HIV epidemic in Zambia and equip peer educators and other providers to implement programs in the workplace and in the community, aimed at reducing HIV risk and vulnerability; increasing uptake of HIV services such as ART and PMTCT; and encouraging adherence to ART and care. The programs also equip senior Prison Service management to manage and coordinate HIV/AIDS programs. The HIV/AIDS programs for inmates address HIV risk through unprotected anal sex and other behaviors such as sharing razors and tattooing. The programs train inmate peer educators and provide HIV prevention information targeting HIV drivers in the prison setting; provide mobile HTC services and linkages to services, including ART; address adherence to HIV care and treatment; and provide support through inmate support groups.
  
2. **Zambia Prison Service Structural Interventions:** Structural intervention are undertaken in collaboration with other stakeholders and aim to assist the Zambia Prisons Service to implement policy changes to improve its effectiveness in providing custodial and correctional services to the prisoners. Specifically SHARe II has provided technical assistance to the Zambia Prison Service to develop and review its strategic plan and has worked the ZPS and other stakeholders around advocacy and other efforts to improve living conditions for prison inmates, including reducing HIV vulnerability and improving access to HIV treatment and care services for inmates living with HIV.

SHARe II is also providing support to the ZPS Parole Board to implement parole hearings; for most of these hearings, HIV/AIDS and TB are the primary reasons for requesting parole and SHARe II support benefits HIV outcomes, as outlined in the text box below:

#### Expected Outcomes of SHARe II Support to the ZPS Parole Board

Parole advances HIV/AIDS and public health goals. The expected outcomes of SHARe II support include the following:

- **HIV Prevention:** Averted HIV infections by removing qualifying inmates from a high HIV-risk prison environment to a lower HIV-risk community environment;
  
- **Improved Access and Adherence to ART and Treatment:** Paroled inmates living with HIV will be provided an opportunity for accessing consistent ART and care in an environment which supports good health improving not only health outcomes for the individual, but also HIV prevention benefits;
  
- **Improved Nutrition:** A domestic environment will very likely improve nutritional support for paroled inmates living with HIV through a balanced diet in comparison to restrictions in food that the prison environment necessarily imposes; and
  
- **Improved Living Conditions for Inmates who Remain Behind Bars:** Not only does parole benefit those who are released but also those who remain incarcerated as prison populations will reduce thereby decongesting the limited prison space to create more room – creating a more conducive environment for prevention of HIV, TB and other diseases.

Through SHARe II support to the Parole Board it is expected that 2,000 eligible prisoners' applications being processed, of whom at least 700 would serve the remainder of their sentences in the community. In FY 2014, 75 inmates were released on parole from the different regions. All the parolees so far are doing well and some are participating in community HIV/AIDS activities in their local areas.

Other SHARe II activities with the Zambia Prison Service (ZPS) during FY 2014 included supporting staff and prison inmates with HIV sensitizations; providing support to implement the PAW and GESHA programs; peer education training; policy advocacy through the PAAC; and as well as a training for program coordinators to review the ZPS HIV/AIDS programs and reporting systems. Specifically, SHARe II conducted a peer education training workshop for 25 inmates (20 male and 5 female) and two female prison officers. The inmates are now sensitizing their peers during the lock-up time in their cells and are assigned an hour every Thursday evening to talk to peers on HIV-related issues. The inmates coordinate the HIV/AIDS activities through the cell captains who have been mandated to support the peer educators with time and space for discussions during lock up time.

### **Case Study: Breaking the Cycle of Malnutrition and HIV at Mpika State Prison**

The current inmate population in the Zambian prisons is 16,000 to 17,000. Inmates are housed in 88 prisons with a holding capacity of 6,100 prisoners. The exponential growth of Zambia's prison population has overstretched the human resource, infrastructural, transport and nutritional support available to manage the population, compromising delivery of quality correctional and other services.

A 2010 study showed the HIV prevalence among prisoners to be 27.4%, almost twice the national prevalence of 14.3% among those aged 15-49. The risk factors for HIV transmission in Zambia's prisons include unprotected anal sex between men (either consensual or coerced), and sharing of needles, blades and other sharp instruments for hygiene and for tattooing.

The SHARe II project is among the partners supporting the ZPS to mitigate the impact of HIV and AIDS among inmates and prison officers. SHARe II provides technical assistance to 29 partner prisons, including Mpika State Prison in Muchinga Province, to implement workplace-based HIV/AIDS programs for staff and defined outreach communities and to implement HIV/AIDS programs for inmates.

SHARe II programs at Mpika State Prison support the prison to address living conditions and factors that put inmates at a high risk of contracting HIV. Programs also provide technical support around ensuring that prisoners living with HIV who are on ART adhere to treatment and access other services and support to enable them to maintain good health.

A major problem for many PLHIV prisoners on ART is the issue of poor nutrition. Most of the prisons in Zambia do not offer a balanced diet, and many offer only one meal per day. For sick prisoners, such as those with HIV/AIDS and/or TB, this situation is very detrimental to health outcomes. SHARe II has assisted Mpika State Prison to establish and manage an inmate PLHIV support group, which currently consists of 37 inmates who are living openly with HIV.

In 2010, through SHARe II technical assistance, inmates and officers at Mpika State Prison learned about the importance of good nutrition for PLHIV and acknowledged that the institution did not provide an adequate diet for HIV-positive prisoners.

Concerned, Mpika State Prison management invited SHARe II to a brainstorming session to identify the possible ways they could address the issue of PLHIV nutrition. In a pioneering move, Mpika State Prison management, in coordination with the inmate HIV support group, and with encouragement from SHARe II, decided to establish a prison-supported nutrition program. Working closely with the ZPS for activity and budget approval, Mpika State Prison management began to mobilize resources from within the prison and the local community to start a poultry project to provide eggs to inmates living with HIV.

By 2012, with materials provided by prison management, inmates had constructed a poultry house. Shortly thereafter, a local community member donated 50 chicken layers to kick-start the poultry project. Each day, eggs are retrieved from the coop and two fresh eggs are given to every PLHIV inmate, significantly increasing their daily protein intake. The project has since expanded to include broilers, which are sold for meat along with the surplus eggs, at community markets. The proceeds from these sales are used to purchase chicken feed as well as items such as soap for PLHIV prisoners, due to the greater need for hygiene among PLHIV as a result of their compromised immune systems. This benefit has been extended to non-PLHIV prisoners who have other illnesses and/or health conditions apart from HIV, who are deemed to be medically eligible for food supplementation and other support.

After witnessing the success of the poultry project, Mpika State Prison management decided to start a vegetable garden to further supplement the diet of prisoners with HIV and those with other serious health conditions. In 2014, they set aside a half-acre on the prison grounds for this purpose. As with the poultry project, the prisoners maintain the garden and harvest the vegetables. Produce that is not consumed is sold. All money earned from the sale of excess vegetables goes towards transporting sick prisoners to the hospital, as health facilities at the prison have limited functionality, offering only minor first aid care.

Maureen Silwamba, an HIV/AIDS Coordinator and counselor who serves as assistant clerical officer for Mpika State Prison, expressed gratitude for SHARe II's support. As a beneficiary of SHARe II trainings and supportive supervision programs, Ms. Silwamba indicated that SHARe II had been a great source of encouragement to her and the PLHIV support group at Mpika State Prison, noting that SHARe II has helped her and the prison to devise beneficial projects that are improving the health of prisoners living with HIV.

Driven by the achievements of the nutrition program, Mpika State Prison management has earmarked nearly five acres of prison farmland for maize production by inmates. The money raised from maize sales will be used to buy food to supplement all prisoners' diets. This means that not only will inmates with HIV and those with other serious health conditions have access to at least three meals a day, but all inmates will have improved nutrition, and thus improved resistance diseases such as tuberculosis and diarrhoea, which are endemic in prisons.

The Mpika State Prison inmate nutrition program is the first and only project of its kind in the ZPS. The measures that have been taken by Mpika Prison management to support the health and wellness of a stigmatized population of inmates have fostered a uniquely positive relationship between prisoners and prison officers.



Figure 22: Prison management, officers and SHARe II staff in the Mpika State Prison vegetable garden, a project to improve nutrition for prisoners living with HIV

### 3.4 Major Achievements in Workplace HIV/AIDS Programs during FY2014

Table 16 summarizes the major achievements under the SHARe II’s Workplace HIV/AIDS Programs in FY 2014.

Table 16: Workplace HIV/AIDS programs major achievements in FY 2014

#	Major Achievement	Brief Description
I.	Used the SHARe II-supported workplace HIV/AIDS program to stop misuse of Efavirenz (an ARV) in Zambia Police Service (ZP) camps	<ul style="list-style-type: none"> <li>– Engaged the ZP on the Copperbelt to address the reported misuse of Efavirenz mixed with other ingredients, and either ingested or applied vaginally by women who believed that the mixture (nsunko-plus) was as an aphrodisiac, a vaginal drying agent for dry sex, and an HIV preventive agent;</li> <li>– Used the SHARe II GESHA program effectively, to debunk the myths and misconceptions about the perceived benefits of nsunko-plus, by engaging both the users (women) and the men (the intended beneficiaries);</li> <li>– Nsunko-plus use significantly went down in ZP camps, significantly reducing the misuse of Efavirenz, a major component of Zambia’s ART regimen.</li> </ul>

#	Major Achievement	Brief Description
2.	Improved Zambia Prison Service (ZPS) management of prisoners living with HIV through funding and technical support to the Parole Board	<ul style="list-style-type: none"> <li>– Provided funding and technical support to the ZPS to resume Parole Board hearings (stopped in 2012 due to lack of funds);</li> <li>– Over 70% of parolees request for parole due to poor health, particularly advanced HIV/AIDS;</li> <li>– Prisoners living with HIV experiencing poor health outcomes in the prison environment now have a chance to serve out their sentences in a more supportive community environment.</li> </ul>
3.	Improved access to HIV and reproductive health information and services for young males and females 10-24 in Gundu and Simoonga, Livingstone	<ul style="list-style-type: none"> <li>– Provided technical and program support to the communities of Gundu village and Simoonga village located close to the HIV prevalence city Livingstone of Livingstone to address high levels of teenage pregnancy (unprotected sex) and early marriages;</li> <li>– Implemented a multilevel HIV/AIDS, reproductive health and gender norms program in the communities and in the schools for both males and females 10-24;</li> <li>– Achieved significant reductions (over 80%) in girls dropping out of school due to pregnancy and/or early marriage.</li> </ul>
4.	Workplace HIV/AIDS programs enabled SHARe II to meet FY 2014 MER targets	<ul style="list-style-type: none"> <li>– Workplace HIV/AIDS programs reach all five SHARe II priority populations (Adolescent Girls and Young Women 10-24; People Living with HIV (PLHIV); Male Prison Inmates; Uniformed Services (Prison Guards and Police Officers), and Migrant Workers) and account for over 90% of SHARe II MER contributions;</li> <li>– SHARe II met or exceeded its FY 2014 MER targets.</li> </ul>

### 3.5 Workplace HIV/AIDS Programs LOP Indicator Tracking

Life of project results from SHARe II’s HIV-related policy and regulatory work are shown below in Table 17. SHARe II is on track to achieve most LOP targets under the Workplace HIV/AIDS Programs task.

Table 17: Task 3. Strengthen and expand workplace HIV/AIDS programs

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
3.1_Inst: Availability of Workplace HIV/AIDS Policies and Programs	Number of enterprises implementing an HIV/AIDS workplace program, providing at least one of the 4 critical components including workplace HIV/AIDS policy, peer education, testing and counseling, and formal HIV prevention (P10.1.D)	65	142	218%
3.1_InstLarge: Availability of Workplace HIV/AIDS Policies and Programs in Large Enterprises	Percentage of large enterprises/companies (those with employees >100) that have HIV/AIDS workplace policies and programs (P10.3.N)	142	23	16%
3.1_Train: Trainings in HIV/AIDS Workplace Programs	Individuals trained in: - GESHA (Gender and Sexuality and HIV/AIDS) - Peer education - PAW (Positive Action by Workers)	730	2,499	342%

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
3.1_PerfInst: Workplace HIV/AIDS Program Performance	Percent of sampled service providers (new sample of 25 each year) meeting acceptable implementation standards in their HIV/AIDS workplace programs as monitored through a supportive supervision checklist	25	22	88%
3.2: Individuals Reached with HIV/AIDS Workplace Services	Number of individuals (disaggregated by gender) in project-supported workplaces reached with at least one of the 4 critical workplace HIV/AIDS components, disaggregated by component: workplace HIV/AIDS policy (public sector populations), peer education (private sector), testing and counseling (private sector, informal sector), and formal HIV prevention (informal sector) (P10.2.D)	400,000	271,610	68%
3.3: HIV/AIDS Individual and Small-group Prevention	Number of individuals reached through SHARe II-supported programs with individual and or small-group level preventive interventions that are based on evidence and/or meet the minimum standards (P8.1D)	290,000	305,943	105%
3.3AB: HIV/AIDS Individual and Small-group Prevention Interventions that focus on Abstinence and/or Being Faithful	Number of individuals reached through SHARe II-supported programs with individual and or small-group level preventative interventions that are primarily focused abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards (P8.2.D) *subset of above indicator	70,000	71,549	102%
3.4: Employee Sexual Risk Behaviors	Percent of employees exposed to workplace HIV prevention programs who demonstrate a reduction in sexual risk behaviors after 3 years, as demonstrated by reduction in MCPs and/or increased condom use	10% demonstrating a reduction in sexual risk behaviors after 3 year	Will be measured at endline	
3.5: Received HIV Test and Know Results	Number of individuals who received HIV testing and counseling (HTC) services and received their test results (P11.1.D)	102,500	99,967	98%
3.6: Prevention Efforts with HIV-positive Persons	Number of people living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with Positives (PwP) interventions, disaggregated by setting (P7.1.D)	5,000	8,883	178%

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
3.7: Prevention Interventions for MARPS	Number of members of most-at-risk populations (MARPs) reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards (P8.3.D)	57,030	60,725	106%
3.8: HIV/AIDS Stigma	Percent of employees in project-participating workplaces expressing accepting attitudes toward people living with HIV/AIDS as demonstrated by those who think HIV-positive individuals should be allowed to work	Change from 75% to 90% between Baseline and endline	Will be measured at endline (baseline 94%)	

## **Objective 4: Strengthen Collaboration and Coordination of HIV/AIDS Activities with the GRZ, USG-funded Partners, and other Stakeholders**

### **4.1 Support Joint Planning with and Buy-in of Programs of HIV Implementers and Stakeholders to GRZ Plans and Strategies**

Zambia has a mature HIV/AIDS epidemic that has stabilized at a very high HIV prevalence rate. With limited resources to manage the HIV/AIDS response, there is a high premium on efficient and effective response coordination and management, to ensure quality and equitable service provision to PLHIV and those affected by the epidemic, and to break the cycle of HIV transmission. To achieve this, there is need to have a clear and publicized HIV/AIDS response strategy, backed by an effective system of communication and information flow between the MOH and NAC and other key stakeholders in the response—including donors, NGO implementing partners, civil society, the private sector and the public sector.

SHARe II provides technical assistance to the GRZ through NAC to improve collaboration and coordination of the HIV/AIDS response across multiple partners and stakeholders. These efforts include providing support for joint planning; developing and maintaining a monitoring system that tracks the leadership, legal and policy environment; strengthening coordinating structures' activities; and improving monitoring and evaluation for national HIV/AIDS activities. SHARe II also provides support to United States Government (USG)-funded bilateral partners to implement workplace wellness programs.

#### **4.1.1 Supporting NAC to Establish and Coordinate Stakeholder Forums**

SHARe II is supporting NAC in optimizing its coordination and management mandates through the establishment of a stakeholders' forum. SHARe II is supporting NAC in optimizing its coordination and management mandates through the establishment of a stakeholders' forum. Previously, NAC and SHARe II drafted the terms of reference and established a steering committee for the stakeholders' forum. In FY 2014, the steering committee met several times to prepare for the stakeholder forum which was scheduled to be held on June 25, 2014. However this did not place due to a change in leadership at NAC DG level. SHARe II has engaged the new NAC DG who is fully supportive of stakeholder forums; two stakeholder forums are planned for FY 2015

#### **4.1.2 Support to NAC to Develop a Common National Monitoring and Evaluation Framework**

In FY 2014, SHARe II worked with the MIS developer at NAC to determine the scope of work and to develop the work plan for its proposed system of tracking national events (such as World AIDS Day, VCT Day, traditional ceremonies, and other HIV/AIDS social mobilization events). NAC and SHARe II drafted a data collection form, terms of reference and an MoU for a consultant to construct the database development. Once this MoU is approved, a consultant will be contracted to make the database changes. Work on this aspect of SHARe II support to NAC has stalled because of significant changes in staffing, including at

NAC DG level during FY 2014. Activities are expected to resume in FY 2015 when the new NAC M&E Director is expected to be on board.

### **4.1.3 Support to USG Bilateral Partner Workplace Programs**

The SHARe II-supported workplace wellness program for USG-funded partners comprises of ten USAID-funded partners (projects). The ten projects: Put in place a program charter; defined a mission statement and vision; agreed on a minimum wellness program package; and shared tools for establishing and implementing wellness programs.

In FY 2014, SHARe II assisted USAID bilateral partners to implement their workplace-based HIV/AIDS and wellness programs, modeled on the SHARe II workplace wellness and HIV/AIDS programs in the private and public sector partner workplaces. As of March 2014, the following USAID-funded partners had successfully been engaged and were implementing programs: JSI-DELIVER/SCMS, CSH, ZPI, ZISSP, Steps OVC, Profit Plus and COH III.

To ascertain what programs each organizations' staff were interested in, and also to help the partners design wellness programs that respond to staff interest, all the engaged partners were supported to conduct a staff interest survey, which SHARe II then helped analyze. The results of the survey indicated that most staff wanted to participate in workplace wellness programs, with particular interest in programs that take place during working hours and that focus on disease prevention.

SHARe II visited various service providers in Lusaka, including the Nutrition Commission, Planned Parenthood Association of Zambia, Marie Stopes, the Drug Enforcement Commission, CIDRZ and the Health Club at Taj Pamodzi Hotel, to form a directory of service providers that will help with the provision of services or technical support to the wellness programs, based on each partner's needs.

However, within FY 2014, all, but two of the partner projects had come to an end and closed. Only SHARe II, JSI-DELIVER/SCMS, and COH III are currently operating and implementing staff wellness and HIV/AIDS programs.

### **4.1.4 Establish and Maintain a Mechanism for Tracking Leadership, Legal and Policy Environment Strengthening and Coordinating Structures Coordinating Activities**

SHARe II provides technical assistance to improve NAC's reporting of structural HIV/AIDS interventions and has developed and is maintaining a monitoring system that will track leadership, legal and policy environment strengthening, coordinating structures strengthening activities. This activity includes developing a shared tracking and monitoring system to allow for cross-program reporting, sharing and learning.

Although the system has been developed and is operational, in FY 2014 SHARe II was unable to present this system to NAC due to the high levels of instability the institution was experiencing, particularly related to staff attrition, which left severe staffing gaps. The interim NAC management was not available to deal with this aspect of SHARe II program support. With a new NAC DG in place and several key positions that were vacant filled, SHARe II plans to provide orientation and training to NAC on this tracking system, with the

expectation that NAC will take over the management and maintenance of the tracking system after SHARE II closes out in November 2015.

## 4.2 Life of Project Collaboration and Coordination Indicator Tracking

Results from SHARE II's work to strengthen collaboration and coordination of HIV/AIDS activities with the GRZ, USG funded partners, and other stakeholders are shown below in Table 18.

*Table 18: Task 4. Strengthen and expand collaboration and coordination of HIV/AIDS activities*

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
4.1: Access to Comprehensive Health Services	Proportion of SHARE II-supported USG-funded projects which report access to comprehensive health services, including HIV/AIDS, family planning, alcohol and substance use and other health services, either through referral or direct service provision	65	142	218%
4.2: Common NAC M&E Framework for National HIV/AIDS Activities	Implement a common NAC M&E framework for tracking and reporting on national HIV activities, such as VCT Day, World AIDS Day and traditional ceremonies	Framework implemented	On hold while NAC reorganizing, data collection form developed	
4.3: HIV Activity Monitoring System	Development of a simple system (indicators, tools, reporting protocol) to be piloted by one of the relevant entities (e.g., ministries, Parliament, chiefdoms, CSOs) to track and report on HIV-related activities (e.g., leadership, legal and policy environment strengthening, coordinating structures strengthening)	System implemented	System implemented; waiting presentation to NAC senior management	
4.4: NAC State of the HIV/AIDS Response Meetings	Number of planned NAC State of the Response meetings held	3	1	33%

## 5. MONITORING AND EVALUATION

SHARe II M&E activities ensure the collection, analysis and storage of quality data, and support the timely reporting and adequate utilization of project information in order to improve SHARe II's ability to effectively implement activities. SHARe II also provides technical assistance on M&E to its sub-partners and to other project partners to strengthen their M&E activities and reporting.

SHARe II activities during FY 2014 included Data Quality Assessments (DQAs) with SHARe II partners, implementation of the workplace HIV/AIDS and wellness survey at SABMiller and supporting COP 2014 activities, including implementing the new PEPFAR MER indicators and targets.

### 5.1 SABMiller Survey

SABMiller is one of Africa's leading brewers and is the parent company of National Breweries, Zambian Breweries and Heinrich's Beverages in Zambia. In 2013, SABMiller engaged SHARe II to design a workplace wellness and HIV/AIDS program among its employees; to inform the design of this program, between February 17 and March 7, 2014, SHARe II conducted a survey of health knowledge, attitudes and practices among 1,029 employees from seven SABMiller workplaces in Kabwe, Kitwe, Lusaka and Ndola. Topics covered in the survey included general health, nutrition and physical activity, substance use, sexual history and behavior, contraceptives, male circumcision, STIs (including HIV) and perceptions of existing workplace programs. SHARe II and SABMiller used these survey results in developing the workplace wellness program for the company. A draft report on the study findings was written and is available.

### 5.2 SHARe II MER Results

The new PEPFAR MER indicators have been implemented and, currently, SHARe II achieved its FY 2014 targets (see Table 19).

*Table 19: Achievement and targets on PEPFAR MER indicators for FY2014*

Indicator	Current Fiscal Year (FY 2014)				
	Target	Actual			
		Male	Female	Total	%
GPY_PREV	19,336	15,670	3,629	19,299	<b>99.8</b>
HTC_TST	23,966	16,485	12,593	29,078	<b>121.3</b>
GEND_NORM	4,189	2,969	2,783	5,752	<b>137.3</b>

### 5.2.1 HIV Testing and Counselling

Under the HTC\_TST indicator (formerly NGI indicator P11.1.D)—number of individuals receiving testing and counselling services for HIV and received their test results—SHARe II performance was 121.3%, as of APR.

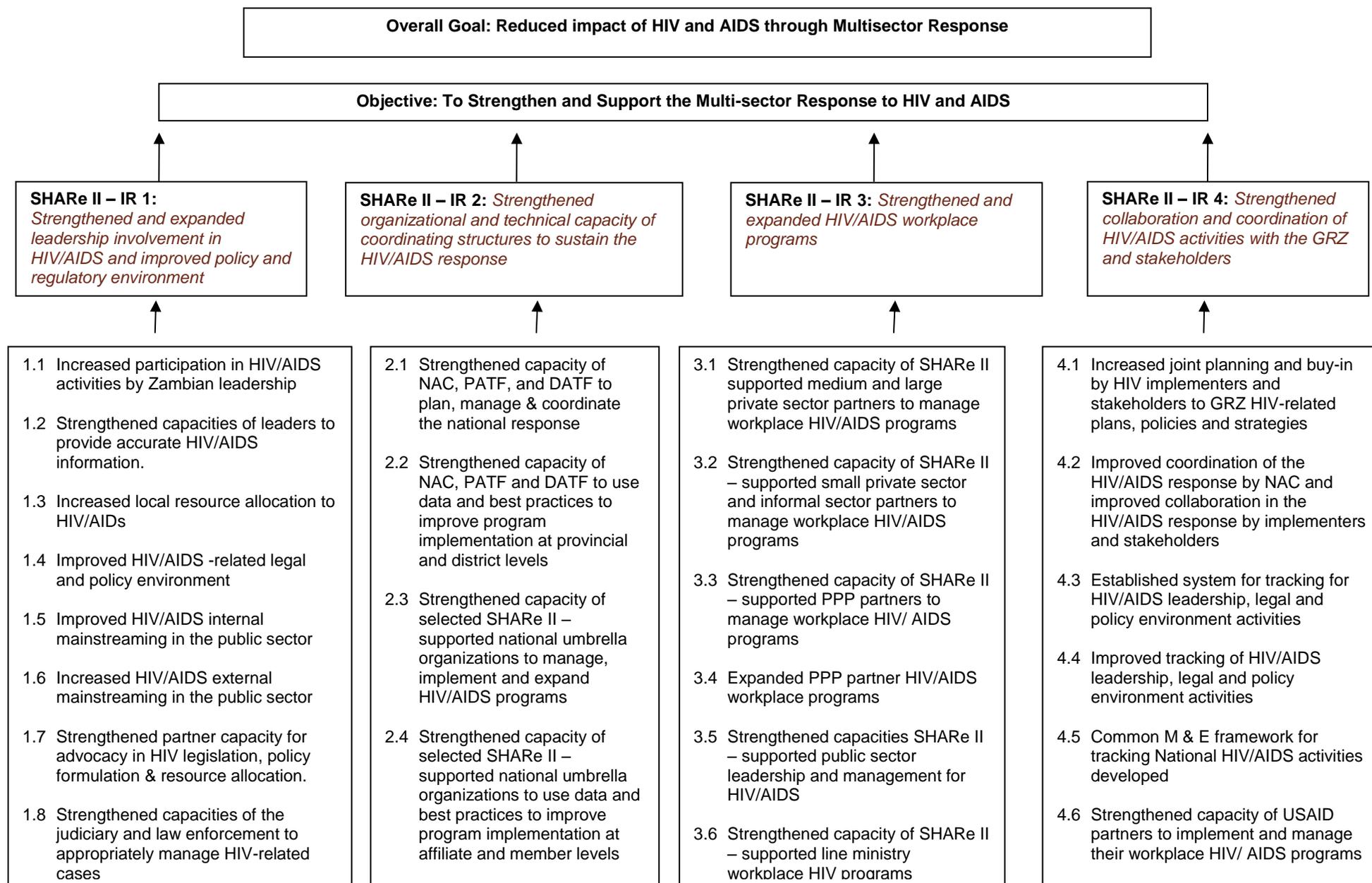
### 5.2.2 General HIV Prevention Targeting Priority Populations

Under the GPY\_PREV indicator—which focuses on delivering a core prevention intervention package to priority populations—SHARe II's performance at APR was 99.8%. SHARe II's priority populations are as follows: 1) Adolescent Girls and Young Women 10-24; 2) People Living with HIV (PLHIV); 3) Uniformed Services (Prison Guards and Police Officers), 4) Migrant Workers, and 5) Male Prison Inmates. The interventions that feed into the GPY\_PREV indicator are primarily behavioral interventions implemented nationally in partner formal workplaces and defined outreach communities, partner chiefdoms and partner churches, and also in partner prisons. The interventions are tailored to the target priority populations; all aim to create demand for services (VMMC, HTC, ART and PMTCT), promote condom use as appropriate and prevent HIV.

### 5.2.3 Gender Norms

Lastly, for the indicator GEND\_NORM—number of people completing an intervention pertaining to gender norms that meets minimum criteria—achievement was at 137.3% as of APR. The interventions that feed into the GEND\_NORM indicator are primarily behavioral interventions implemented nationally in partner formal workplaces and defined outreach communities, partner chiefdoms and partner churches. Interventions are tailored to specific implementing partners and their needs. For example, interventions implemented through partner churches are designed to be age-appropriate in line with the requirements of the church, and are therefore tailored to specific age groups.

## APPENDIX: SHARE II RESULTS FRAMEWORK





### Support to the HIV/AIDS Response in Zambia II

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