THE FIVE YEARS: 2010-2015

of the PEPFAR/USAID-funded SHARE II Project

USAID FROM THE AMERICAN PEOPLE

SHARe II

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Abbreviations

AB	Abstinence, Be Faithful
AGYW	Adolescent girls and young women
AGBVA	Anti-Gender Based Violence Act No.1 of 2011
AIDS	Acquired immunodeficiency syndrome
ART	Anti-retroviral therapy
ARVS	Anti-retrovirals
BCC	Behavior change communication
CAPAH	Coalition of African Parliamentarians against HIV & AIDS
CBA	Cost-benefit analysis
CBO	Community-based organization
CCZ	Council of Churches in Zambia
CDCS	Country development cooperation strategies
CDF	Constituency Development Funds
CHAZ	Churches Health Association of Zambia
CIDRZ	Centre for Infectious Disease Research in Zambia
COP	Country operating plan
COR	Contracting Officer's Representative
CSO	Civil society organizations
DACA	District AIDS Coordination Advisor
DATF	District AIDS Task Force
DBWMA	Deceased Brother's Widow's Marriage Act
DG	Director General
DO	Development objective
EFZ	Evangelical Fellowship of Zambia
FBO	Faith-based organization
GBV	Gender-based violence
GESHA	Gender, Sexuality and HIV/AIDS
GFATM	Global Fund to Fight Tuberculosis, AIDS and Malaria
GRSZ	Grassroots Soccer Zambia
GRZ	Government of the Republic of Zambia
GSC	Gender Score Card
HAMT	HIV/AIDS Management Team
HAZ	Hindu Association of Zambia
HIV	Human immunodeficiency virus
HTC	HIV testing and counseling
JAPR	Joint Annual Program Review
JSI	John Snow, Inc.
ICOZ	Independent Churches of Zambia
IMSF	Inter-Ministerial Stakeholders Forum
IEC	Information, education, and communication
IR	Intermediate result
ISCZ	Islamic Supreme Council of Zambia
KAP	Knowledge, Attitudes and Practices
LAZ	Law Association of Zambia
LEAD	LEAD Program-Zambia
LTA	Livingstone Tourism Authority
LOP	Life of project
MCPS	Multiple and concurrent partners
M&E	Monitoring and evaluation
MER	Monitoring evaluation and reporting
MHA	Ministry of Home Affairs
MOCTA	Ministry of Chiefs and Traditional Affairs

MOH	Ministry of Health
MP	Member of Parliament
MSM	Men who have sex with men
NAC	National HIV/AIDS/STI/TB Council
NARF	National HIV/AIDS Reporting Framework
NASF	National AIDS Strategic Framework
NCD	Non-communicable disease
NGI	New generation indicators
NGO	Nongovernmental Organization
NIPA	National Institute of Public Administration
NZP+	Network of Zambians Living with HIV and AIDS
NUPAAW	National Union of Plantations, Agriculture and Allied workers
OCA	Organizational capacity assessments
OD	Organizational development
OVC	Orphans and vulnerable children
PAAC	Prisons HIV/AIDS advisory committee
PACA	Provincial AIDS Coordination Advisor
PATF	Provincial AIDS Task Force
PAW	Positive Action by Workers
PEPFAR	President's Emergency Plan for AIDS Relief
PHDP	Positive health dignity and prevention
PLHIV	People living with HIV
PMP	Performance monitoring plan
PMTCT	Prevention of mother-to-child transmission
PPP	Public-private partnership
PSMD	Public Services Management Division
SHARE	Support to the HIV/AIDS Response in Zambia
SHARE II	Support to the HIV/AIDS Response in Zambia II
SHARPZ	Serenity Harm Reduction Programme Zambia
SWO	Stop work order
TA	Technical assistance
TALC	Treatment and AIDS Literacy Campaign
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly
UNJT	United Nations Joint Team
USAID	United States Agency for International Development
UNILUS	University of Lusaka
USG	United States Government
VCT	Voluntary counseling and testing
VMMC	Voluntary medical male circumcision
ZAM	Zambia Association of Musicians
ZAPHSS	Zambian Prisons Health System Strengthening
ZARAN	Zambia AIDSLaw Research and Advocacy Network
ZDHS	Zambia Demographic and Health Survey
ZCTU	Zambia Congress of Trade Unions
ZEC	Zambia Episcopal Conference
ZFE	Zambia federation of employers
ZHECT	Zambia Health and Education Communication Trust
ZINGO	Zambia Interfaith Networking Organization
ZLDC	Zambia Law Development Commission
ZP	Zambia Police Service
ZPS	Zambia Prisons Service
ZSBS	Zambia Sexual Behavior Survey
ZOU	Zambia Open University

Background and Context

The Five Years– 2010 to 2015 of the PEPFAR/ USAID-funded SHARe II Project: AN OVERVIEW

Zambia is facing a generalized severe HIV/AIDS epidemic. According to the 2013-14 Zambia Demographic Health Survey (2013/14 ZDHS), the adult HIV prevalence in Zambia is 13.3 percent. 15.1 percent of women aged 15–49 are HIV-positive, compared to 11.3 percent of men in the same age group. This highlights the disproportionate vulnerability of women in Zambia to HIV[1].

A range of individual and societal factors drive the HIV/AIDS epidemic in Zambia. These include multiple concurrent sexual partnerships (MCPs), low condom use, low rates of male circumcision, high poverty levels, high alcohol and drug abuse, gender-based violence (GBV), high population mobility, and harmful cultural beliefs/practices (such as age-disparate sexual relationships, dry sex, widow inheritance, and sexual cleansing[2]). Zambian women are generally less politically, economically, socially, and even legally empowered than Zambian men, and these inherent gender inequalities often increase women's HIV risk and vulnerability, both at the societal and individual levels.

Multiple concurrent sexual relationships and unprotected sex are key behavioral determinants of HIV risk and vulnerability: 15.7 percent of men aged 15-49 had sex with two or more partners in the last 12 months, and only 29 percent used a condom during the last sexual intercourse.[1] In comparison, while women have similar rates of protected sex (29.7 percent), 1.7 percent of women reported multiple concurrent partners. Early and underage marriages are fairly common—by age 20, 67 percent of Zambian adolescent girls and young women (AGYW) are married compared to 21 percent of men of the same age-group. AGYW are marrying older men, increasing their risk of HIV. GBV is very prevalent and accepted: 46.9 percent of women 15–49 (compared to 30.7 percent of men) believe that a man is justified in hitting his wife for specified reasons; and 46.9 percent of women have experienced physical or sexual violence from their male partners. Rates of male circumcision, including voluntary medical male circumcision (VMMC), for men 15– 49 are very low at 21.6 percent nationally.[1]

In spite of a very successful HIV treatment program and the achievements Zambia has made in reducing new HIV infections and averting preventable deaths, stigma and discrimination remain high in some segments of Zambian society, hindering HIV response efforts. Additionally, punitive laws continue to prevent or deter some of those most at risk from seeking essential HIV and health services.[3]

[1] Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International.

[2] Zambia National HIV/AIDS/STI/TB Council. 2009. "Zambia HIV Prevention Response and Modes of Transmission Analysis". Lusaka.

[3] Judicial Dialogue on HIV, Human Rights and the Law in Eastern and Southern Africa Nairobi, Kenya, 28–31 October 2013.

Princesses Nyanje and Mwenda at the launch of the SHARe II - supported Monukalya Mukuni Kingdom Development Strategic Plan.

Attention to key and priority population groups such as prisoners, sex workers, and men who have sex with men (MSM), in addition to meeting the needs of the general population, remain important for an effective HIV response.

Addressing these and other causes and effects of the HIV/AIDS epidemic requires committed Zambian leadership; a favorable legal and policy environment; strong HIV/AIDS coordination mechanisms and structures; effective collaboration among all key players; shared responsibilities including Zambian ownership through adequate resource allocation to the national HIV/AIDS response; and a robust HIV prevention, treatment, care, and support program that utilizes all entry points (community, workplaces, churches etc.) to take high-quality services to the people who need them and ensure uptake. The Support to the HIV/AIDS Response in Zambia II (SHARe II) project, funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID), was designed to play a key role in all these aspects, as discussed below.

About SHARe II

The five-year SHARe II project was signed on November 9, 2010 and ended on November 4, 2015. SHARe II was implemented by Johns Snow, Inc. (JSI), in collaboration with five consortium partners: Initiatives Inc.; LEAD Program-Zambia; Zambia Interfaith Networking Organization (ZINGO); Zambia Health Education and Communication Trust (ZHECT); and the former Zambia AIDSLaw Research and Advocacy Network (ZARAN).

In addition SHARe II provided sub-grants to four local non-governmental organization (NGO) partners: the Livingstone Tourism Authority (LTA); the Network of Zambians Living with HIV and AIDS (NZP+); the Independent Churches of Zambia (ICOZ); Grassroots Soccer Zambia (GRS); and Serenity Harm Reduction Programme Zambia (SHARPZ), to implement specific program activities, towards the attainment of SHARe II project goals and objectives.

SHARe II Purpose, Mission, and Vision

The purpose of SHARe II was 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 (DO 3): Human Capital Improved through IR 3.2 Health Status Improved. SHARe II built upon successes, innovations, and best practices, including those from the predecessor SHARe project (2004-2010), and through strategic coalitions and partnerships with stakeholders contributed to the attainment of Zambia's vision of a 'nation free from the threat of HIV/AIDS.'

SHARE II MISSION: The mission of SHARe II was 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 VISION: The SHARe II vision was: an enabling environment that supports an equitable and sustainable HIV/AIDS multi-sectoral response at all levels.

SHARE II GOAL: SHARe II's goal was to support the Government of the Republic of Zambia (GRZ)'s vision of "a nation free from the threat of HIV/AIDS," working in partnership with the National AIDS Council (NAC), Line Ministries and other GRZ agencies and institutions; and other stakeholders and partners, to contribute to Zambia's efforts to reduce and mitigate the impact of the HIV/AIDS epidemic in the country.

SHARe II Project Objectives

SHARe II was an HIV-prevention project. By design, 70 percent of SHARe II program activities contributed to the 'health systems strengthening' PEPFAR program area, while 30 percent contributed directly to the 'HIV prevention' PEPFAR program area. SHARe II interventions created an enabling HIV-response environment; promoted HIV care, treatment, and support; and prevented new HIV infections.

In its programs and activities, SHARe II created demand for high-impact HIV services such as prevention of mother-to-child transmission (PMTCT), antiretroviral therapy (ART), and VMMC, HIV testing and counseling (HTC), and condoms. The following are the four SHARe II objectives or tasks assigned by USAID:

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.

OBJECTIVE 4: Ensure the collaboration and coordination incorporation of HIV/AIDS activities with the GRZ, USG-funded partners, and other stakeholders.

SHARe II Interventions and PEPFAR Program Areas and Results

I. HEALTH SYSTEMS STRENGTHENING INTERVENTIONS

SHARe II health systems strengthening interventions addressed structural and institutional factors that influence HIV risk and vulnerability. Interventions also addressed factors that influence the effectiveness of the national HIV response, including inadequate HIV leadership to support the required scale-up of HIV prevention, treatment, and care services; weak HIV-related policies and laws that do not offer full protection to people living with HIV (PLHIV), key populations, and others affected by HIV; and weak coordination of the HIV response.

HIV/AIDS leadership activities trained, equipped, and mentored traditional, religious, and political leaders and influential opinion-leaders such as musicians, performance artists, TV personalities, and athletes, to lead and champion the local (community) and national HIV responses, including creating demand for HIV testing and counseling (HTC), VMMC, PMTCT, condoms, and ART, and advocating for increased country ownership of and local resource allocation to the national HIV/AIDS response.

Policy and legal activities provided technical leadership and support, under overall GRZ leadership, for formulating or revising three national policies (the National Alcohol Policy formulation; the National HIV/AIDS Policy review; and the National Workplace HIV/AIDS Policy review) and 20 sectoral HIV-related policies. Under overall GRZ leadership, activities also provided support (including nationwide research to build evidence for action and convening stakeholder forums) for legal reform focusing on the following five pieces of legislation: the Prisons Act (amendment); the Deceased Brother's Widow's Marriage Act (DBWMA) (repeal); the Employment Act (amendment); the Industrial Relations Act (amendment) and the Anti-Gender Based Violence Act (AGBVA) (enactment). Finally, activities provided capacity-building support to various levels of the Zambian Judiciary and law enforcement agencies to appropriately manage HIV-related cases, through direct in-service training and through the integration of HIV into the training curricula of partner legal institutions of higher learning and Zambia Police Service (ZP) training academies.

Other activities provided support to strengthen HIV/AIDS response coordination through capacity building, mentorship, and training for the National AIDS Council (NAC) and its provincial and district structures, and for selected civil society partners. These activities included sub-granting to NZP+ to implement positive health dignity and prevention (PHDP) interventions and to strengthen the PLHIV response, and to ZINGO and ICOZ to implement HIV/AIDS leadership and messaging training to in-service religious leaders.

II. HIV PREVENTION INTERVENTIONS

SHARe II HIV prevention programs combined primarily structural and behavioral interventions, to create an enabling HIV response environment, promote HIV care and treatment, and prevent new HIV infections, including creating demand for VMMC, HTC, PMTCT, ART, and condoms. Achievements were made through programs implemented nationally in partner workplaces and defined outreach communities, chiefdoms, and churches, and through programs implemented in one juvenile (7-16 years) and 28 adult (17 and older) partner prisons in all 10 provinces, with a combined target population of one million people. The priority populations reached and reported under SHARe II HIV-prevention programs were: 1) prison inmates; 2) PLHIV; 3) uniformed services (prison guards and police officers); 4) migrant workers; and 5) adolescent girls and young women (AGYW) 10-24.

SHARe II program activities targeted females and males 10 years and older, at risk of HIV due to MCPs, low condom use, low rates of VMMC, early sexual debut, cross-generational sex, and other drivers, and were tailored to target populations. Program activities prevented HIV by creating demand for HIV services including VMMC, ART, and HTC, PMTCT and condoms, and through provision of condoms where appropriate and required; provided HIV prevention information and services, including appropriate behavior change messaging and support; provided HTC services; and provided referral and linkages to HIV services, particularly biomedical interventions.

Where no other providers were available to provide service, SHARe II-supported mobile HTC services were provided, in combination with broader HIV prevention programs. HTC programs aimed at high HTC coverage for at risks, guiding linkage to services and guiding HIV prevention actions. Couple HTC was the focus of SHARe II HTC activities, with individual HTC provided when couple HTC was not applicable or feasible. Trained peer educators, leaders, and other lay providers —the backbone of SHARe II HIV prevention programs— reached individuals and small-groups with HIV/AIDS activities, while trained and certified HTC providers provided HTC services.

Linkage to services was integral to SHARe II HIV prevention and HTC programs. Clients who accessed HTC and tested positive were linked to early HIV care and treatment and PLHIV support groups (a required minimum standard); negative males were linked VMMC services (a required minimum standard); and all negatives were linked to other HIV prevention services including condoms where and as appropriate. Trained peer educators located in partner communities, prisons, and workplaces provided support and follow-up to ensure that referrals were acted on.

Quality measures included equipping peer educators with standardized manuals and other IEC materials to guide discussion; quarterly in-person supervision visits; real-time phone/email consultation; refresher training for peer educators as appropriate; and yearly refresher training for all HTC providers.

SHARe II activities in the HIV-prevention program area initially fed into PEPFAR new generation indicators (NGI) and later PEPFAR monitoring evaluation and reporting (MER) indicators. Most of the SHARe II activities in the health systems strengthening program area did not have PEPFAR indicators and were tracked using SHARe II custom indicators developed by SHARe II and approved by USAID.

The results under all 40 SHARe II indicators (9 PEPFAR and 31 custom) are presented and discussed in this report. Additionally, major programmatic achievements are highlighted. Below is a detailed discussion of SHARe II activities, results, and achievements under each project objective, based in part on the deliverables outlined in the project contract and the approved performance monitoring plan (PMP), and in part on the PEPFAR imperatives outlined in applicable country operating plans (COPs). The SHARe II life of project (LOP) PEPFAR NGI and MER indicator results are presented in *table 1* and *table 2* below. LOP custom indicator results will be presented under each specific objective.

TABLE 1: SHARE II MER INDICATOR RESULTS

INDICATOR	LOP				
	TARGET	ACTUAL			
		Male	Female	Total	%
PP_PREV	29,263	27,497	9,232	36,729	126
HTC_TST	102,500	62,504	38,661	101,165	99
GEND_NORM	6,189	6,110	7,133	13,343	212

SHARe II achieved or surpassed all MER PEPFAR targets. For indicator GEND_NORM (results: 214 percent), results far exceeded set targets. We underestimated the capacity of program activities to contribute to gains to this indicator, particularly a pilot program targeting AGYW 10-24 in a partner chiefdom (Munokalya Mukuni) where need for such programming was significant, and traditional and other leaders trained by SHARe II quickly scaled up the program to great effect and impact.

TABLE 1: SHARE II NGI INDICATOR RESULTS

INDICATOR	DEFINITION	LOP TARGETS AND RESULTS		
		TARGET	ACHIEVED	PERCENT
3.1_Inst: Availability of Workplace HIV/AIDS Policies and Programs	P10.1.D : Number of enterprises implementing an HIV/AIDS workplace program, providing at least one of the 4 critical components	65	142	218
3.1_InstLarge: Availability of Workplace HIV/AIDS Policies and Programs in Large Enterprises	P10.3.N: Percentage of large enterprises/companies (those with employees >100) that have HIV/AIDS workplace policies and programs	23	23	100
3.2: Individuals Reached with HIV/AIDS Workplace Services	P10.2.D: Number of individuals (disaggregated by gender) in project-supported workplaces reached with at least 1 of the 4 critical workplace HIV/AIDS components	400,000	365,782	91

INDICATOR	DEFINITION	LOP TARGETS AND RESULTS		
		TARGET	ACHIEVED	PERCENT
3.3: HIV/AIDS Individual and Small-group Prevention	P8.1D: 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	290,000	334,604	115
3.3AB: HIV/AIDS Individual and Small-group Prevention Interventions that focus on Abstinence and/or Being Faithful	P8.2.D: Number of individuals reached through SHARe II-supported programs with individual and or small-group level preventive interventions that are primarily focused abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards	70,000	89,154	127
3.5: Received HIV Test and Know Results	P11.1.D: Number of individuals who received HTC services and received their test results	102,500	101,165	99
3.6: Prevention Efforts with HIV-positive Persons	P7.1.D: Number of people living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with Positives (PwP) interventions	5,000	11,490	230
3.7: Prevention Interventions for MARPS	P8.3.D: Number of members of most-at-risk populations (MARP) reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	57,030	70,821	124

SHARe II achieved or surpassed all PEPFAR NGI LOP targets, with results in all indicators being 91 percent and above. For indicator *3.1_Inst: Availability of Workplace HIV/AIDS Policies and Programs (result: 218 percent*), results far exceeded the target. This is because SHARe II expanded workplace HIV/AIDS programs to more workplaces than had originally been anticipated. All SHARe II workplace HIV/AIDS programs had to have at least three of the four critical components (workplace HIV/AIDS policy, peer education, HTC, and formal HIV prevention). Any program with less than three was not counted as a SHARe II workplace HIV/AIDS program and did not contribute to results.

Similarly, for indicator *3.6: Prevention Efforts with HIV-positive Persons (result: 230 percent)*, results far exceeded target. SHARe II introduced a modified form of the highly effective SHARe II Positive Action by Workers (PAW) strategy (a workplace-based PLHIV support group) and provided defined PLHIV services to inmates living with HIV in partner prisons in 2012. The Zambia Prisons Service fully supported the program by employing an excellent coordinator to oversee this program. With this management support, the inmate PLHIV program's growth and success surpassed projections and expectations, and contributed significantly to over-achievement in this indicator.

A detailed discussion of SHARe II program activities, custom indicator results, and achievements by project objective, is provided below.

OBJECTIVE 1:
Activities, Results, and Achievements

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 and where HIV leadership is inadequate. Where HIV leadership is strong and in an enabling policy and regulatory environment, leaders speak openly about HIV and support HIV programming, and laws and policies make it easier for HIV-related service providers to do their job, and for PLHIV and others to use their services.

Through Objective 1, SHARe II strengthened and improved the overall HIV/AIDS response environment to enable and facilitate the scale-up of a sustained and appropriate multi-sectoral HIV/AIDS response. This was achieved through engagement, mobilization, and equipping of leaders at all levels with skills to be effective change-agents; through providing technical assistance toward the review, enactment, amendment, or repeal and implementation of HIV-related laws; and through providing technical assistance for the review, formulation, and implementation of appropriate HIV-related policies. Because Objective 1 activities/interventions, results, and achievements were very broad, they are divided into the two sub-tasks of "Strengthen and Expand Leadership Involvement in HIV/AIDS" and "Improve the Policy and Regulatory Environment," similar to the separation provided in the SHARe II task order, as discussed below.

Strengthen and expand leadership involvement in HIV/AIDS and improve the policy and regulatory environment

A. Strengthen and Expand Leadership Involvement in HIV/AIDS:

I. HIV/AIDS LEADERSHIP INTERVENTIONS AND ACTIVITIES

SHARe II provided political, traditional, PLHIV, private sector, and religious leaders and other influential opinion-leaders (musicians, performance artists, athletes, etc.) with tailored packages of interventions to increase their leadership and participation in HIV/AIDS on two main levels:

Structural level: SHARe II provided technical support to leaders at the structural level to enable them to deal with structural factors that increase HIV vulnerability and risk, and hamper the HIV/AIDS response, including providing technical assistance to leaders to formulate and enact appropriate HIV/AIDS-related policies and laws; guidance for changing harmful socio-cultural practices and norms; and support to advocate for increase in local resource allocation for the national HIV/AIDS response.

Behavioral level: SHARe II provided technical assistance to leaders at the behavioral level, to build skills and competencies, including HIV/AIDS messaging training and mentorship, to use their authority,

influence and reach, to discourage harmful behaviors such as MCPs, GBV, widow inheritance, early marriages, and property-grabbing from widows and orphans, and to promote helpful interventions such as condom use, VMMC, HTC (including couple HTC), PMTCT, and early entry into HIV care and treatment.

SHARe II HIV/AIDS leadership interventions and activities were implemented in partnership with 84 leadership institutions and organizations that were provided with HIV/AIDS leadership capacity building by SHARe II. These include chiefdoms, Christian and Islamic congregations, the Coalition of African Parliamentarians against HIV/AIDS - Zambian Chapter (CAPAH-Zambia), the Zambia Association of Musicians (ZAM), various music groups, and Christian theological schools and universities. Additionally, 27 individuals (musicians and other artists, traditional leaders, religious leaders, and government leaders) were trained and mentored to provide enhanced leadership and championship of HIV prevention, treatment, care, and support issues and programs at local and national level.

Overall, SHARe II trained 2,960 leaders in HIV/AIDS leadership and messaging, using the *"HIV/AIDS Leadership Talking Points for Zambian Leaders"* toolkit developed by SHARe II, which was later translated into seven local languages for ease of use in rural areas. These leaders utilized public forums/platforms and led by example, promoting behavior change to reduce HIV transmission and increase uptake of high-impact services such as condoms, VMMC, PMTCT, and ART. Table 3 summarizes SHARe II interventions and activities undertaken to increase HIV/AIDS leadership.

TABLE 3: SUMMARY OF SHARE II HIV/AIDS LEADERSHIP ACTIVITIES

MAJOR HIV/AIDS LEADERSHIP INTERVENTIONS AND ACTIVITIES
Chiefs and other Traditional Leaders
• Capacity-building for chiefs and other traditional leaders in HIV/AIDS leadership and messaging; • Technical support in rolling out HIV/AIDS messaging campaigns, including providing leadership platforms e.g. through SHARe II social mobilization events and traditional ceremonies; • Technical support in planning for development to alleviate poverty (a driver of the HIV/AIDS epidemic and at 78 percent in rural Zambia) and integrating HIV response strategies in development plans (**29 chiefdoms**); and • Technical support to partner chiefdoms in to develop (and implement) written HIV/AIDS policy decrees that ban/discourage harmful cultural practices and promote helpful cultural and others practices (**12 chiefdoms**)
Religious Leaders
• Technical assistance to integrate HIV/AIDS into Christian religious education provided at theological colleges and universities and supportive supervision to the rollout of the integrated Christian and HIV/AIDS curriculum in partner theological schools (**11 theological schools**); • Training in-service religious leaders in HIV leadership and messaging, and supportive supervision to the rollout of congregation HIV/AIDS programs (**in 60 Islamic and Christian congregations**). • Provided a grant to local NGO partner ZINGO and a sub-grant to local NGO partner ICOZ to implement religious leader in-service HIV/AIDS leadership training/programs.

MAJOR HIV/AIDS LEADERSHIP INTERVENTIONS AND ACTIVITIES
CAPAH-Zambia and other Members of Parliament (MPs)
• Orientation of all MPs in HIV/AIDS leadership roles and responsibilities and support of CAPAH-Zambia members' HIV/AIDS messaging activities; • Orientation and training of CAPAH-Zambia MPs to provide leadership and support HIV-related legal and policy activities e.g. support to the amendment process of the Prisons Act to improve living conditions and health/HIV services access for prisoners; • Orientation and training of CAPAH-Zambia MPs to provide leadership in pushing for increased local resource allocation to HIV/AIDS; and • Facilitating HIV/AIDS leadership interventions (including messaging) for chief and MP pairs/groups in the chiefdoms/constituencies to increase impact and HIV service uptake.
Influential Opinion-leaders e.g. Musicians and Athletes
• Capacity-building for musicians, artists, athletes and other influential opinion-leaders in HIV/AIDS leadership and messaging (**40 leaders trained**); • Technical support in rolling out HIV/AIDS messaging campaigns, including providing leadership platforms (e.g. outreach to high schools) and supportive supervision to ensure quality; and • Technical support to ZAM to develop a strategic plan that has integrated strategies for championing HIV/AIDS, health and gender issues through music and technical support in rolling out HIV-related strategies in the strategic plan.
PLHIV Leaders
• Technical support to the Network of Zambians Living with HIV/AIDS (NZP+) to increase its HIV/AIDS technical capacity to lead the PLHIV response; • Provided technical support to the workplace-based Positive Action by Workers (PAW) support, the first-ever support group for workers living openly with HIV to increase their involvement in and leadership of workplace-based HIV/AIDS programs (**13 workplaces**); and • Trained and mentored a youth leader openly living with HIV, including through a six-month internship at SHARe II, to provide HIV/AIDS leadership to fellow youths and provided supportive supervision and platforms for leadership.
All Leaders
• Provided capacity building and mentorship to 27 leaders from different categories to provide enhanced HIV/AIDS leadership as HIV/AIDS champions; and • Where feasible and appropriate, provided HIV/AIDS leadership platforms to trained HIV/AIDS Champions to implement highly visible HIV/AIDS leadership initiatives and activities, and provided supportive supervision to ensure quality.

SHARe II -trained HIV/AIDS champions (influential opinion-leaders): Miss Zambia, comedians, TV presenters, musicians, and a PLHIV.

SHARe II HIV/AIDS Leadership activities built the capacity of selected Zambian chiefs and other traditional leaders to lead local HIV responses; through both in-service and pre-service training built the capacity of religious leaders to provide correct and consistent HIV/AIDS messaging to congregants; built the capacity Members of Parliament and other political leaders to advocate for increased country ownership of and increased local resource allocation to the national HIV/AIDS response; and built HIV/AIDS leadership and messaging capacities among influential opinion-leaders such as musicians and other performance artists, TV personalities, PLHIV, and sports people. Twenty-seven of these leaders received enhanced training as HIV/AIDS champions and continue to provide HIV/AIDS

B-flow (black t-shirt), a very popular Zambian musician and SHARe II-trained HIV/AIDS champion, talks to youth in Gundu village about HIV/AIDS – using his SHARe II training and experience as Launchpad, B-flow was selected as a Mandela Washington Fellow in 2015!

leadership to specific audiences. Where feasible and appropriate, SHARe II provided HIV/AIDS leadership platforms for the trained leaders, including through highly visible local and national events that drew the participation of different trained leaders, such as musicians, traditional leaders and political leaders.

Through correct and consistent HIV/AIDS messages and leading by example, trained leaders created demand for HIV-prevention, treatment, care, and support services, including HTC, VMMC, PMTCT, condoms, and ART. Leaders addressed HIV-related stigma and discrimination and other drivers of the HIV/AIDS epidemic in Zambia, thus creating a more supportive HIV response environment that enabled people to access HIV services freely and to make informed decisions about HIV prevention.

Standardized messaging contributed greatly to the achievement of desired results. Regardless of the type of leader addressing a given audience, the messaging was correct and it was consistent. Feedback from partner communities indicated that this helped target populations make HIV-related decisions because they were hearing the same message from their traditional leader, their pastor, their MP, and favorite musician. The results and achievements of SHARe II HIV/AIDS leadership activities and interventions are discussed below.

II. HIV/AIDS LEADERSHIP CUSTOM INDICATOR LOP RESULTS

Table 4 shows SHARe II LOP results under the HIV/AIDS leadership component of Objective 1, tracked through the SHARe II monitoring and evaluation (M&E) system using custom indicators.

TABLE 4: SHARE II HIV/AIDS LEADERSHIP RESULTS

INDICATOR	DEFINITION	CUMULATIVE (LOP)		
		TARGET	ACHIEVED	PERCENT
1.1: HIV Leadership Talking Points	Standardized leadership talking points developed, translated into five local languages	Talking points developed, printed in English, translated into five local languages, and used for training leaders		
1.2_Inst: HIV Leadership Capacity Building of Institutions	Number of leadership institutions (chiefdoms, CAPAH and religious, musicians) provided with TA for HIV-related institutional capacity building	82	84	102
1.2_Champions: HIV Leadership Capacity Building of Champions	Number of leadership champions provided with TA for high-level HIV/AIDS leadership capacity building	25	27	108
2_CD: HIV Leadership Capacity Development	Number of leaders who participated in institutional HIV-related capacity-building	2,495	3,940	158
1.2_Train: HIV Leadership Training Capacity Development	Number of leaders trained in HIV/AIDS messaging	2,450	2,960	121
1.2._PerfInst HIV Leadership Institutional Performance	HIV/AIDS leadership institutions meeting defined HIV/AIDS leadership performance benchmarks based on set criteria	29	N/A*	N/A*

INDICATOR	DEFINITION	CUMULATIVE (LOP)		
		TARGET	ACHIEVED	PERCENT
1.2_PerfInd HIV Leadership Champion Performance	Proportion of trained HIV/AIDS leadership champions that meet defined HIV/AIDS leadership performance benchmarks based on set criteria	27	26	96
1.3_HIV-related curriculum integration into Theological Schools	Number of theological schools or bible colleges that have implemented the HIV-integrated curriculum	12	11	92
.4_HIV/AIDS Leadership Platforms	Number of HIV/AIDS Leadership radio, performance, electronic, and print media platforms provided by the SHARe II project	23	18	78
1.5_Gender-based violence sensitization amongst target populations	Number of people reached through individual, small group, or community-level interventions or services that explicitly address gender-based violence and coercion related to HIV/AIDS	500	3,910	782

**Funding cuts to SHARe II in FY 2015 led to sudden premature closeout of a significant proportion of SHARe II program activities and prevented the implementation of M&E activities to assess project achievements in these indicators*

The implementation of HIV/AIDS leadership activities and interventions was fairly smooth between FY 2011 and FY 2013. However, in FY 2014, funding delays, including a Stop Work Order (SWO), prevented the full implementation of the planned activities and stalled progress. In FY 2015, funding cuts to SHARe II led to sudden and premature closeout of a significant proportion of SHARe II project activities and of significance, prevented the implementation of M&E activities to assess project results and achievements in some indicators and areas. Nonetheless, SHARe II HIV/AIDS leadership achievements against targets are at 90 percent or greater for all but two indicators.

For indicator 1.2._*PerfInst HIV leadership institutional performance (result: N/A)*, premature closeout prevented implementation of M&E activities to fully assess the performance of partner leadership institutions in HIV/AIDS leadership using pre-set benchmarks. For indicator 1.4_*HIV/AIDS Leadership Platforms (result: 78 percent)*, funding delays and finding cuts (described above) prevented provision of and/or implementation of planned HIV/AIDS leadership platforms in FY 2014 and FY 2015.

For indicator 1.5_*Gender-based violence sensitization amongst target populations (result: 782 percent)*, results far exceeded set targets. We set conservative targets and exercised rigor to ensure that only those individuals who received the minimum package were counted. However, we underestimated the capacity of program activities to contribute to gains in this indicator, particularly an FY 2013 pilot program targeting AGYW 10-24 in a partner chiefdom (Munokalya Mukuni), where the need for such programming was great. In addition to SHARe II support, the chiefdom leaders invested significant chiefdom resources in the program, allowing leaders trained by SHARe II to quickly scale-up the program, with far greater effect than anticipated. This program also contributed to the over-achievement under the MER GEND_NORM indicator discussed on page 5.[4]

[4]For more a detailed report of SHARe II's AGYW intervention, refer to a SHARe II end of project monograph. Growing a Strong, Healthy and Resilient Mukuni Leya Girl: A PEPFAR/USAID-funded SHARe II Project and Munokalya Mukuni Chiefdom HIV Intervention, SHARe II, 2015

A SHARe II-trained Munokalya Mukuni chiefdom leader talks to adolescent school girls about HIV/AIDS, reproductive health, and the importance of remaining in school.

III. HIV/AIDS LEADERSHIP MAJOR PROGRAMMATIC ACHIEVEMENTS

The major SHARe II programmatic achievements associated with the SHARe II HIV/AIDS leadership results discussed above include the following:

1. Increased HIV/AIDS Leadership

The 2,960 SHARe II-trained leaders across the country and leadership categories are providing HIV/AIDS leadership. In partner chiefdoms, workplaces, churches/mosques, and institutions, as a result of messaging and example from leaders, HIV service uptake has increased, including high-impact services such as ART, PMTCT, VMMC, and condoms. In the photo (next page), a SHARe II-trained traditional leader, headman Simakwama, gives the thumbs up after undergoing VMMC; hundreds of men from his village followed his example and were circumcised.

Table 5 shows increases in aggregated HIV service uptake at Cooma chiefdom's Sikalongo RHC, after chiefdom development strategic planning in 2012, HIV/AIDS leadership and messaging training in February 2012, HIV/AIDS Decree formulation in 2012, and the establishment of the chiefdom HIV/AIDS Management Team (HAMT) in 2013. Additionally, reports from partner chiefdoms, churches, and communities indicate that behaviors that increase HIV vulnerability and transmission such as stigma and discrimination, early marriage, and GBV have reduced. Trained leaders are taking control of specific HIV/AIDS responses (chiefdom, PLHIV, etc.); increasing country ownership of the national HIV/AIDS response; advocating for increased local resource allocation to HIV/AIDS; and providing leadership for HIV-related policy and legal reform.

TABLE 5: HIV-RELATED SERVICE UPTAKE AT SIKALONGO RHC

PERIOD	HTC	ART INITIATION
Oct-Dec 2011	77	11
Oct-Dec 2012	207	7
Oct-Dec 2013	1,034	24

Leading by example – Headman Jonsen Simakwama was first to be circumcised in his village – hundreds followed.

2. Sustainable HIV Programming: Religious Leaders Enter Service HIV-Competent through Integration of HIV into the Curricula of Theological Training Institutions

While in-service training of religious leaders is necessary in the short term to bridge HIV knowledge and skills gaps, pre-service training through integration of HIV into existing theological schools training curricula is a less costly and more sustainable long-term approach, particularly in resource-limited settings like Zambia. SHARe II and 11 partner theological colleges and universities developed the *HIV/AIDS and the Christian Faith: A Manual for Leaders*, the first-ever inter-denominational training manual for the Zambian Christian church, which integrates Christian faith teaching and HIV/AIDS for training Christian leaders. With SHARe II support, all partner institutions have rolled out the training. This means that graduating students from these institutions will enter service with comprehensive knowledge of HIV/AIDS issues and will provide HIV-competent and HIV-compassionate care and support to congregants. As of October 2015, over 1,600 Christian leaders had graduated HIV competent, after being trained using the SHARe II-supported curriculum and manual that integrates HIV/AIDS.

3. Sustainable HIV Programming: Increased Local HIV Response Implementation and Sustainability in Partner Chiefdoms

In perhaps the most effective and innovative of SHARe II's HIV/AIDS leadership approaches, embedding HIV response strategies into broader development strategies has increased local ownership and sustainability of chiefdom HIV/AIDS responses. As chiefdoms operationalize their broader development strategies, they inevitably operationalize HIV response strategies. This is because HIV response strategies are integrated into all the sections of chiefdom development plans, which also have stand-alone HIV/AIDS sections. In addition to the chiefdoms themselves operationalizing these HIV/AIDS sections of their strategic plans, other HIV implementers and partners are increasingly buying into these plans and supporting the chiefdoms to respond more systematically and effectively to HIV/AIDS, to greater impact. Additionally, building HIV leadership capacities in chiefdoms leaders creates a very strong and sustainable community health system. Unlike other partners, who come and go depending on their corporate priorities, chiefdom leadership structures are entrenched

in the chiefdom and are very stable; they are in fact permanent. The HIV leadership capacities built by SHARe II will continue to benefit these chiefdoms for the foreseeable future.

4. A Highly Visible HIV/AIDS Leadership Initiative Implemented

SHARe II successfully implemented a highly visible HIV/AIDS leadership initiative that utilized various mediums and platforms. SHARe II assisted partners to host more than 15 high profile events, which provided platforms for trained leaders and HIV/AIDS champions the chance to address HIV issues on both local and national fora. Many of these events received national coverage through national TV broadcasts and national print media, expanding the impact of the HIV leadership and messaging aspects from local to national. For example SHARe II and partner traditional leaders utilized chiefdom development strategic plan launches as very effective and highly visible HIV/AIDS leadership platforms, with participation from SHARe II-trained and mentored leaders, including politicians, traditional leaders, and musicians and performance artists. Media frequently shows partner chiefs discussing HIV/AIDS and development, thus influencing Zambians beyond their chiefdom. Similarly, SHARe II partnered with the Tourism HIV/AIDS PPP to implement highly visible social mobilization campaigns that feature private sector, political, and influential opinion-leaders providing HIV/AIDS leadership and messaging. A program to provide HIV/AIDS messaging through highly visible billboards begun in 2014 in a few chiefdoms (see photo below), could not be scaled up to other partner chiefdoms, communities and institutions in 2014 and 2015 as planned, because of funding constraints.

A billboard welcoming all to the Mwansakombe chiefdom also provides an HIV message from HRH Chief Mwansakombe.

Learning from the stars – a SHARe II-trained musician entertains and discusses HIV/AIDS with students at Kabulonga Girls High School.

5. Built Lasting HIV Leadership Capacity in Young Influential Opinion-leaders

By working very closely with and mentoring HIV/AIDS champions, particularly young influential opinion-leaders such as musicians, SHARe II leaves a group of young, popular, and dedicated leaders who will continue to influence HIV-related behaviors among their audiences through music and other social commentary for the foreseeable future. For example, SHARe II mentored a youth living with HIV through a short-term internship at SHARe II, to champion youth PLHIV issues. She is currently educating youth in Lusaka compounds about HIV prevention and living positively. Musician and performance artist HIV/AIDS champions are partnering with schools and communities to provide HIV edutainment to young Zambians. An HIV/AIDS champion and TV presenter popularly known as Amai Ziye at MUVI TV has mainstreamed HIV into her TV programming, and popular musician HIV/AIDS champion, Sista D, established and hosts Diva's Night, an annual event that has incorporated HIV/AIDS and gender issues.

6. Increased Country Recognition and Ownership of HIV/AIDS and Development Interventions

HIV/AIDS in Zambia is a developmental issue. SHARe II's pioneering leadership intervention has demonstrated to GRZ and other stakeholders that it is possible to engage leaders, particularly traditional leaders, in local HIV/AIDS responses and rural development. GRZ has taken note of the work done in the chiefdoms by SHARe II and its potential to empower leaders and their people, and attract investors and partners to the chiefdoms to alleviate poverty and effectively respond to HIV/AIDS. Both the former and current vice presidents have worked closely with SHARe II, and are strong advocates for expansion of support to all 288 chiefdoms, including through the Ministry of Chiefs and Traditional Affairs (MOCTA).

7. Strengthened Chiefdom – Public Sector Health Systems and Linkages

SHARe II partner chiefdoms have strengthened their linkages to the national health system to ensure service availability, including VMMC, PMTCT and ART, to keep their people healthy and prevent HIV. In Munokalya Mukuni, Shakumbila, Cooma, and other chiefdoms, leaders have built strong linkages with chiefdom health centers and/or district health offices and facilities. They provide data on their outreach activities and receive service uptake data from these GRZ institutions to inform them about the performance and effectiveness of the chiefdom HIV/AIDS messaging.

8. Wrap-Around Gains in the Areas of Governance and Economic Development

PEPFAR/USAID investments in HIV/AIDS leadership through SHARe II, particularly in the chiefdoms, led to gains in other program areas. Most Zambia's chiefdoms are autocratic. However, as SHARe II partner chiefdoms planned to mitigate HIV/AIDS and increase development to alleviate poverty, it became clear to them that these efforts would be strengthened by a more inclusive governance and management system. Partner chiefdoms changed not only their governance structures, but importantly, the way they conduct chiefdom affairs and do business, enabling them to capitalize on the skill-sets and resources in and outside the chiefdom to meet HIV response and development goals, become more democratic in the process and more proactive in pursuing development to alleviate poverty and improve the living conditions of their people.

Zambia's Vice President His Honor Dr. Guy Scott (from the ruling party), and area Member of Parliament Hon. Cornelius Mweetwa (from the opposition), join forces to launch the Cooma chiefdom Development Strategic Plan 2013 – 2017.

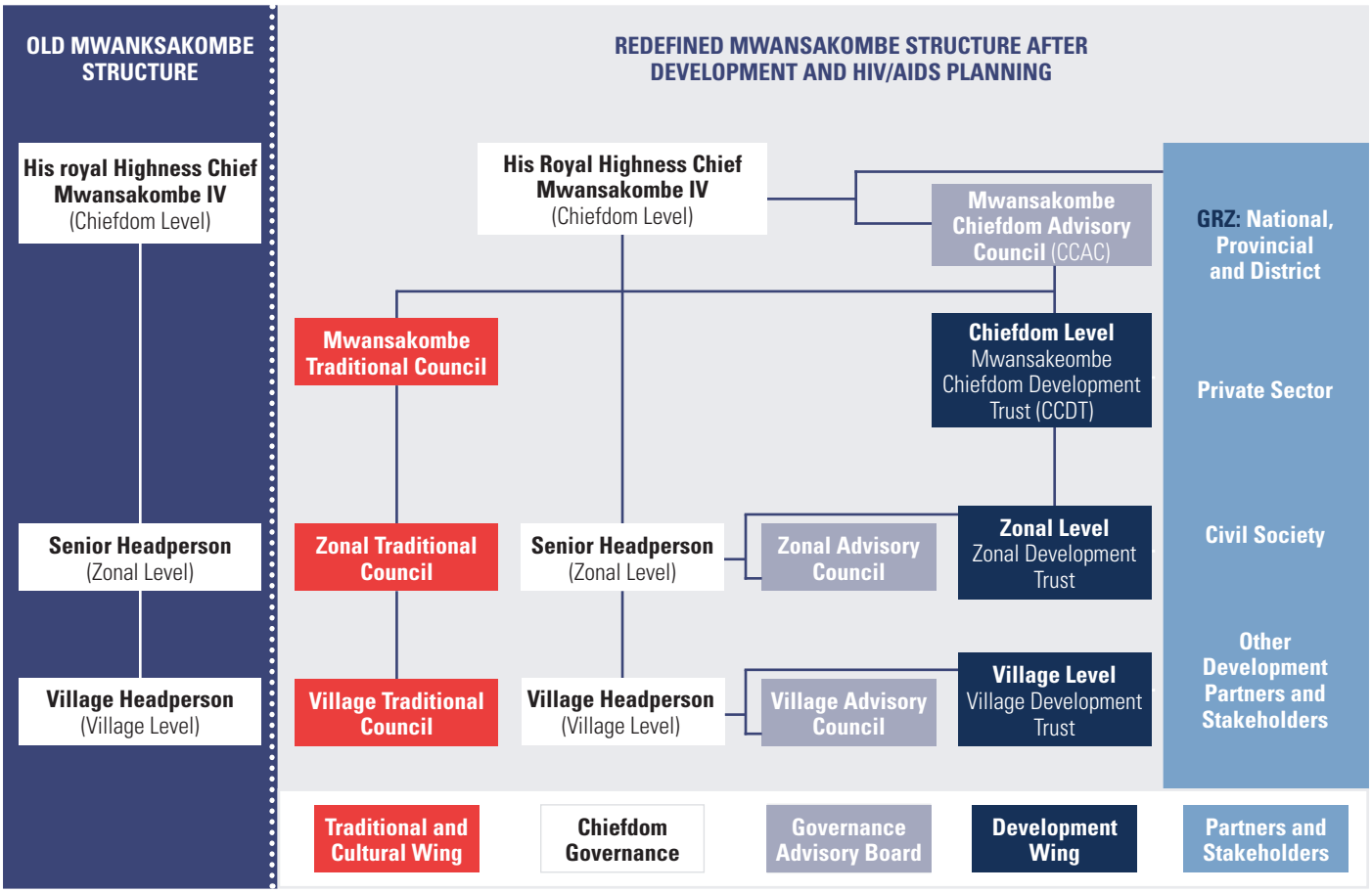


Figure 1: The more democratic Mwansakombe chiefdom management and governance structure redefined during development and HIV/AIDS strategic planning.

B. Improve the Policy and Regulatory Environment

Progress toward a policy and regulatory environment that is favorable and conducive for a well-coordinated national HIV/AIDS response in Zambia has been made. However, the absence and/or presence of certain national laws and policies have the potential to slow the nation's response to HIV/AIDS, or even be harmful to the response, while inadequate HIV competencies among those involved in the justice value-chain can also be equally damaging to the response. Specifically, laws that provide clear and specific guidance for the national HIV/AIDS response are lacking; some existing laws increase the vulnerability of segments of Zambian society to HIV (for example the law that criminalizes sodomy makes it difficult for men who have sex with men to access helpful HIV prevention services and other HIV-related services); and inadequate HIV/AIDS, gender, and/or human right training for persons in the legal and law enforcement fields (the first point of contact for victims of HIV-related crimes) often leads to miscarriage of justice.

Additionally, the lack of state commitment to a predictable funding allocation in the national budget undermines the sustainability of the national response to HIV/AIDS.

I. POLICY AND REGULATORY ENVIRONMENT INTERVENTIONS AND ACTIVITIES

SHARe II worked at the national and community levels, using tailored packages of interventions, to strengthen the capacity of legal and policy officers and entities to review and implement HIV-related laws and policies. At the national level, SHARe II worked under overall GRZ leadership to provide technical assistance to review, enact, amend, repeal, and implement HIV-related laws, and to review, formulate, and implement HIV-related policies to support the national response.
At the community level, SHARe II provided selected chiefdoms and leaders with technical support to enable them to review their cultural and traditional practices and make modifications to strengthen their responses to HIV/AIDS through policy decrees, which were the first-ever community HIV/AIDS policies in Zambia.

At institutional and organizational level, SHARe II provided technical support and equipped partner law enforcement institutions, including the Zambian Judiciary, to manage HIV-related cases.

Additionally, SHARe II provided technical support to selected civil society and private sector partners to formulate policies to guide and improve their sectoral responses to HIV/AIDS. Overall, SHARe II worked with 65 legal and policy institutions and organizations to improve the HIV-related policy and regulatory environment in Zambia.

Table 6 summarizes SHARe II interventions and activities to improve the HIV-related policy and regulatory environment.

Mwansakombe chiefdom residents discuss local HIV drivers and possible solutions for their HIV/AIDS policy decree.

TABLE 6: SUMMARY OF SHARE II POLICY AND REGULATORY ENVIRONMENT ACTIVITIES AND INTERVENTIONS

MAJOR HIV-RELATED POLICY AND LEGAL INTERVENTIONS AND ACTIVITIES
National HIV-related Policy Formulation and Implementation
• Provided technical and funding support for the formulation of the National Alcohol Policy. SHARe II was the lead technical advisor to the MOH in the formulation process of this policy. The policy and its accompanying policy implementation plan were finalized in May 2014, and are currently awaiting presentation to Cabinet by the Minister of Health; • Provided technical support to the Ministry of Labor and Social Security (MLSS) for the formulation of the National Workplace HIV/AIDS Policy. The policy and its accompanying implementation plan were finalized in November 2013 and are awaiting the final stage in the policy formulation process i.e. presentation to Cabinet by the MLSS; • Provided technical and funding support towards the formulation of the National HIV/AIDS/STI/TB Policy, which was led by NAC and MOH. SHARe II provided technical leadership in developing the concept paper for policy review and constituting a policy review steering committee. The review process for this policy, which stalled between 2012 and 2014 due to leadership changes and instability at NAC, resumed in 2015 and is currently ongoing; • Conducted policy analysis and provided input into national policy reviews, e.g. SHARe II provided technical leadership in the review of the National Gender Policy and the National Education Policy review to ensure that HIV/AIDS was mainstreamed; and • SHARe II provided a sub-grant to SHARPZ to implement activities aimed at preventing and managing alcohol and substance abuse in Shakumbila chiefdom, a SHARe II partner chiefdom and the Zambia Prisons Service among prison inmates in two partner prisons.

MAJOR HIV-RELATED POLICY AND LEGAL INTERVENTIONS AND ACTIVITIES

Law Review and Reform

- Provided technical support for legal reforms aimed at improving the HIV/AIDS-related legal and policy environment: conducted legal analysis and identified laws that impact on HIV and therefore need reform; provided technical assistance to GRZ institutions charged with leading law reform; supported advocacy activities with MPs to push for appropriate legal reform; and supported legal and policy stakeholders' buy-in into activities and interventions to create a critical mass of support for legal reform;
- Provided technical leadership and funding support to reform the **five** following laws:
- Worked with the Zambia Law Development Commission (ZLDC) to **repeal** the Deceased Brothers Widows Marriage Act (**DBWMA**) – a law that makes it legal for a surviving brother to inherit his deceased brother's widow;
- Partnered with the Ministry of Labor and other stakeholders to **amend** the **Employment Act** and **Industrial and Labor Relations Act** to include HIV-related provisions;
- Worked collaboratively with the Zambia Prisons Services and other stakeholders to **amend** the **Prisons Act** to include health and HIV-related provisions;
- Partnered with the Ministry of Gender and other stakeholders to **enact** the Anti-Gender-based Violence Act (**AGBVA**); provided technical assistance to simplify the law for public dissemination; and extensively disseminated/explained the law in partner chiefdoms; and
- Built advocacy capacities and worked with CAPAH-Zambia MPs on HIV-related legal and policy issues, e.g. advocating for better living conditions and health services access for prison inmates through support to policy and legal (Prisons Act) reform processes.

HIV-related Case Management Training for the Judiciary and Law Enforcement

- Provided capacity building and supportive supervision to Local Court Magistrates and Subordinate Court Magistrates in HIV-related case management to ensure appropriate case management and referral and ultimately improve justice outcomes in the HIV-related cases brought before the Zambian courts of law;
- Trained and mentored counterparts from the Judiciary training department to conduct HIV-related case management training for new and untrained Magistrates joining the Judiciary–Judiciary counterparts participated in all Magistrates training conducted by SHARe II;
- Provided capacity building and supportive supervision to law enforcement officers (general police officers, investigators, prosecutors, and other operatives) in HIV-related case management to ensure appropriate handling of HIV-related cases to improve justice outcomes in the cases encountered during the course of duty;
- Provided specialized capacity building and supportive supervision to police officers dealing with intellectual property and counterfeit crimes to deal with HIV-related products (fake ARVs, condoms, infant formula etc.) including working with other agencies to prevent such crimes and their detrimental impact on the national HIV/AIDS response; and
- Mentored counterparts from the Zambia Police Service (ZP) training department to conduct HIV-related case management training for in-service untrained police officers.

MAJOR HIV-RELATED POLICY AND LEGAL INTERVENTIONS AND ACTIVITIES

Integrating HIV/AIDS into Legal and Police Pre-service Training Curricula to Ensure HIV Competency at Entry into Service

- Developed and implemented a sustainability HIV programming model to ensure that new entrants into the judiciary, particularly the bench, are HIV/AIDS savvy at entry into service by successfully integrating HIV/AIDS into curricula of legal studies being offered by five partner universities and colleges: National Institute of Public Administration (NIPA), University of Lusaka (UNILUS), Zambia Open University (ZOU), Cavendish University Zambia, and Mulungushi University and supported these institutions to rollout the courses and training;
- Trained and mentored lecturers from partner legal institutions of higher learning to teach and coordinate the HIV-related aspects of integrated HIV/AIDS and law courses and programs;
- Developed and implemented a sustainability model to ensure that new ZP recruits passing through the **three** police training academies at Kamfinsa, Lilayi, and Sondela graduate and enter service already HIV-competent by integrating HIV/AIDS and gender and human rights modules into the training curriculum.
- Trained and mentored instructors from the three police training academies to teach and coordinate the HIV-related aspects of integrated HIV/AIDS, and gender and human rights aspects of the police training curricula.

Workplace HIV/AIDS and Wellness Policies

- Provided technical and funding support to partner line ministries, the Public Services Management Division (PSMD), and selected civil society and private sector partners to develop and implement written workplace HIV/AIDS and wellness policies.
- Provided capacity building to public sector focal point persons and workplace HIV/AIDS and wellness committees from 20 line ministries in development, implementation and review of workplace HIV/AIDS and wellness policies to ensure that the policies are fully operationalized and implemented.

Chiefdom HIV/AIDS Policy Decrees

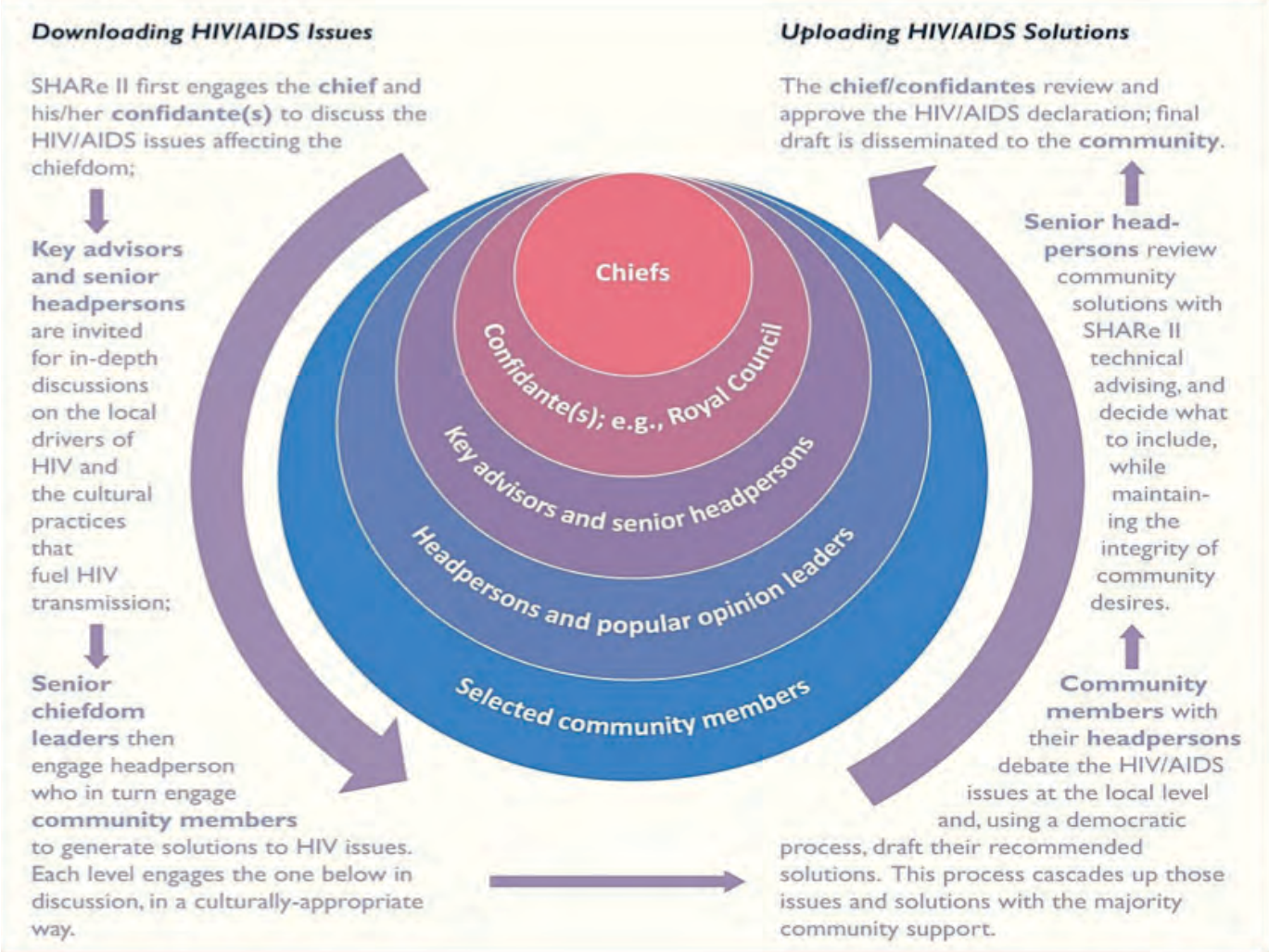
- In a pioneering intervention, SHARe II supported 12 partner chiefdoms to conduct bottom-up community conversations and consultations to identify and prioritize cultural practices that could prevent HIV transmission and those that increase HIV risk and vulnerability; and
- Supported these chiefdoms to formulate Zambia's first-ever HIV/AIDS policies at community level. These chiefdom HIV/AIDS policy decrees are adhered to because they are internally-driven and adopted by consensus. These policies have had a tremendous impact on chiefdom response to HIV/AIDS.

Cross-Cutting

- Successfully instituted and hosted a quarterly policy and legal stakeholder forum consisting of some of the best legal and policy minds in Zambia including those from UNZA, NIPA, and LAZ to provide advising and input to HIV-related legal and policy interventions and activities, to serve as an avenue for stakeholders to provide advising to the national HIV/AIDS response, learn from each other, and increase their participation in the national HIV/AIDS response.

SHARe II Policy and Legal activities provided support for formulating and/or revising three national policies (the Alcohol Policy, HIV/AIDS Policy, and Workplace HIV/AIDS Policy); provided support for legal reform including technical support to repeal the DBWMA which involved conducting nationwide research to build evidence for repeal, and convening stakeholders to gain consensus for repeal; provided support for training various levels of the Zambian Judiciary and law enforcement agencies in appropriate HIV-related cases management through direct in-service training and through integration of HIV/AIDS, Gender and Human Rights into the training curricula of partner legal higher institutions of learning and police training academies; and provided technical assistance to partner chiefdoms to define locally-relevant chiefdom HIV/AIDS policies to guide chiefdom HIV responses.

Application of Diffusion Theory to Chiefdom HIV/AIDS Policy Development



The project also supported policy implementation through sub-granting to implement activities to reduce alcohol misuse and alcohol-related harm, particularly related to HIV/AIDS. This involved training chiefdom leaders in Shakumbila (a SHARe II partner chiefdom) to handle and mitigate issues related to alcohol misuse and HIV/AIDS. Additionally, a program to reduce alcohol and substance abuse among prison inmates at Mukobeko Maximum Security Prison and Mwembeshi Open Prison was implemented. SHARe II policy and legal interventions and activities were supported by advocacy from CAPAH-Zambia MPs, trained SHARe II HIV/AIDS leadership champions, and other stakeholders who worked collaboratively with SHARe II.

All contributed to improving the HIV-related policy, legal environment, and ultimately the national HIV/AIDS response. The achievements of SHARe II HIV/AIDS Policy and Regulatory Environment interventions are discussed in more detail below.

II. REGULATORY AND POLICY ENVIRONMENT CUSTOM INDICATOR LOP RESULTS

Table 7 shows the SHARe II LOP results under the HIV/AIDS Policy and Regulatory Environment component of Objective 1, tracked through the SHARe II M&E system using custom indicators.

TABLE 7: SHARE II REGULATORY AND POLICY ENVIRONMENT RESULTS

INDICATOR	DEFINITION	CUMULATIVE (LOP)		
		TARGET	ACHIEVED	PERCENT
1.11: HIV-related Curriculum Integration into Pre-Service Schools	Institutions 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 pieces of legislation (target: Anti-Gender-based Violence Act, Prisons Act- Employment Act, Industrial and Labour Relations Act, DBWM Act, NAC Act) advanced at least two levels from baseline in the legislation process.	6	6	100
1.12b: Policies Advancing through Development Process	Number of the identified HIV-related policies (target: National HIV/AIDS Policy, National Workplace HIV Policy, and National Alcohol Policy) having advanced at least two levels from baseline.	3	3	100
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.	4,350	3,094	71
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.	1,850	1,575	85
1.14: By-laws and Decrees on Gender Inequities and Cultural Practices	Number of targeted organizations (local authorities and chiefdoms) that have developed HIV/AIDS by-laws and/or policies and decrees.	15	12	87
1.15: Policy and Legal Analysis for Improving the Regulatory Environment around HIV/AIDS	Selected legislation and policies (national policies on development, education, gender, investment and health, and laws) identified in conjunction with NAC, analyzed and reviewed to identify bottlenecks in HIV management and service delivery.	5	4	80

INDICATOR	DEFINITION	CUMULATIVE (LOP)		
		TARGET	ACHIEVED	PERCENT
1.16: Sectoral Policies Developed and Operationalized	Number of public sector ministries, departments, and CSOs with SHARe II-supported workplace HIV/AIDS policies that mainstream gender	20	14	70
Gender Score Card (GSC) Performance	Where GSC has been administered.	30	10	33

The implementation of SHARe II HIV/AIDS policy and legal activities and interventions, particularly those under the overall leadership of GRZ, was heavily dependent on the commitment of the responsible government agency to move processes forward. In early September 2011, in the lead-up to the general and presidential elections, most government staff were engaged in election preparations. The elections ushered in a new government. With this change, post-election there was massive restructuring of the public sector and most government counterparts were preoccupied with internal restructuring. The situation normalized after mid-2012 and allowed focus on other programs, including fairly smooth implementation of SHARe II programs.

However, in FY 2014, funding delays, including a Stop Work Order (SWO), prevented full implementation of the planned activities and stalled progress. In FY 2015, funding cuts to SHARe II led to sudden and premature closeout of a significant proportion of project activities and prevented implementation of activities to assess project results and achievements in some indicators and areas.

In spite of these constraints, SHARe II policy and legal environment achievements against targets are at 70 percent or greater in eight of nine indicators, and 80 percent or greater in six of nine indicators.

For indicator *1.13a: HIV Law and Policy-related Pre-service Trainings (result: 71 percent)*, several factors led to under-performance. An employment freeze by GRZ, later removed in 2013, delayed enrollment of police recruits and start-up of police pre-service training at ZP training academies; longer than anticipated internal institutional consultation, preparation, and rollout processes at some partner legal institutions of higher learning delayed start-up of legal pre-service training; and a GRZ employment freeze prevented the enrollment of Zambia Prisons Service recruits at ZPS training schools, reducing the law enforcement pool available for training.

For indicator *1.16: Sectoral Policies Developed and Operationalized (result: 70 percent)*, SHARe II insisted that targeted ministries and organizations develop their HIV/AIDS and wellness policies themselves, rather than SHARe II developing the policies for them, to ensure ownership and follow-through of implementation. As a result of this approach, which we feel was the best approach, partners that were not committed (due to lack of management buy-in, frequent leadership changes, and other factors) dropped off. We are confident that the 14 ministries and organizations that have completed their sectoral policies will implement them because they developed them themselves (with SHARe II only providing 'how-to' technical guidance), and are fully invested.

Finally, for indicator *1.17: Chiefdom Gender Score Card (GSC) Performance (result: 33 percent)*, funding delays in FY 2014 and cuts in FY 2015 prevented implementation of planned activities to administer the GSC in 20 partner chiefdoms. Completion of the GSC required prior completion of other SHARe II activities in the chiefdom. GSC activities were therefore heavily skewed to be implemented between FY 2013 and FY 2015.

III. REGULATORY AND POLICY ENVIRONMENT MAJOR ACHIEVEMENTS

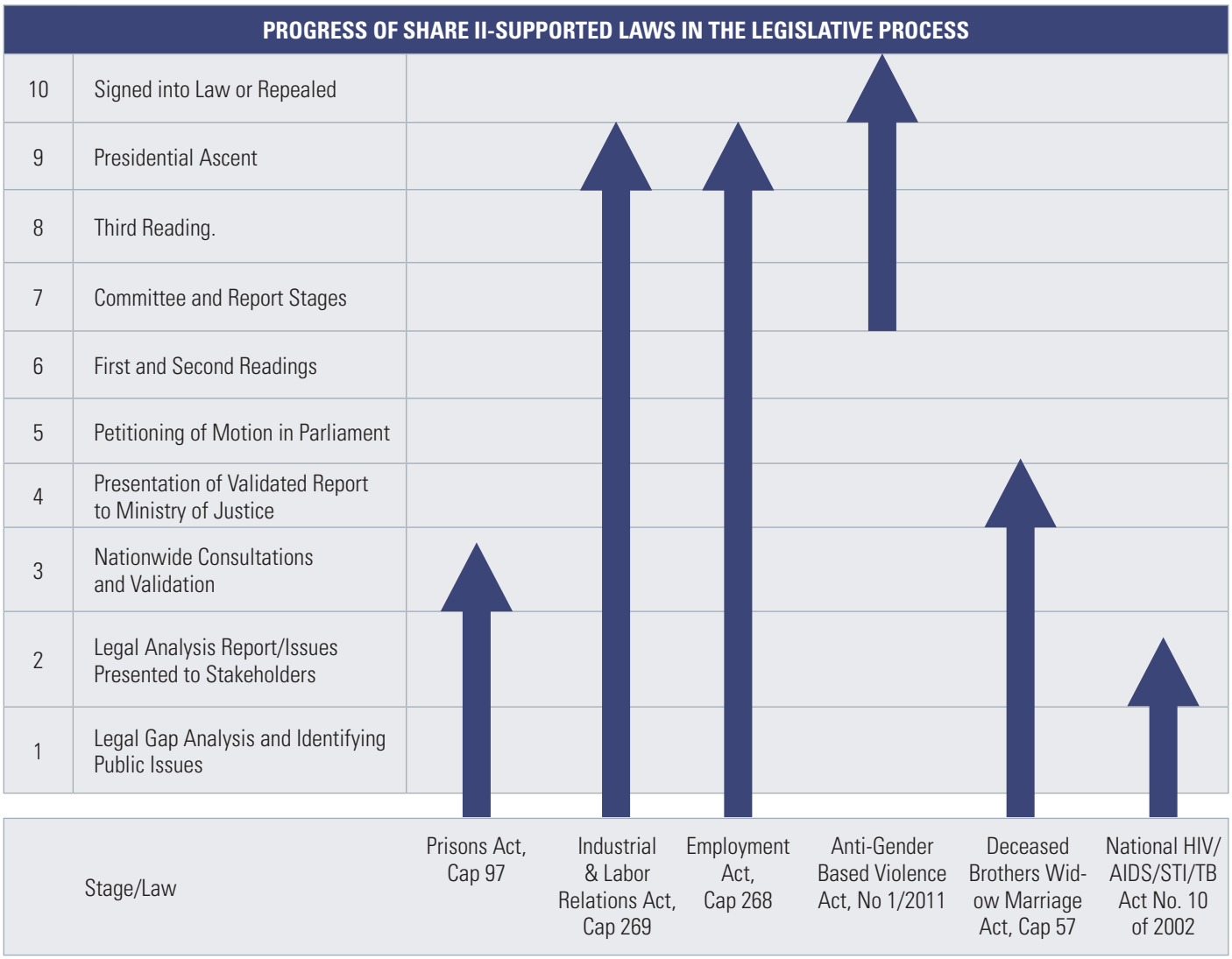
The major SHARe II programmatic achievements associated with the policy and regulatory environment results discussed above include the following.

1.Improved the National HIV-related Legal Environment

SHARe II has contributed significantly to improving the HIV-related legal environment at national level. Specifically, SHARe II has:

- Increased awareness of the harmful effects of the DBWMA (which allows widow inheritance) through research, community consultations and dialogue, and galvanizing critical stakeholders. SHARe II moved the DBWMA several steps toward repeal; our partner ZLDC now has all it requires to complete the few remaining steps to repeal this repressive law in order in order to facilitate a supportive legal environment for HIV prevention and gender equity and equality, and ultimately accord Zambian women, particularly widows, the dignity and respect they deserve.
- SHARe II assisted the Ministry of Labor and Social Security to mainstream HIV/AIDS into the Industrial and Labor Relations and Employment Acts, ensuring that workers' HIV/AIDS protections are now provided by law in Zambia. Both amendments are at presidential ascent stage, which is the final stage in the process.
- Contributed significantly to improving living and health conditions for prison inmates by ensuring that HIV-related aspects are integral to the amendment of the Prisons Act to safeguard the health and ensure humane treatment of prison inmates in Zambia's prisons, including access to HIV and health services, better nutrition, and improved living conditions, and implementation of early release on medical grounds for qualifying inmates. Some of these are already being implemented by ZPS.

TABLE 8: PROGRESS OF SHARE II-SUPPORTED LAWS IN THE LEGISLATIVE PROCESS



- Improved the prevention, management, and mitigation of GBV in Zambia by contributing to the enactment and implementation of the AGBVA. In addition to technical support towards enactment, SHARe II contributed extensively to stakeholder efforts to simplify the AGBVA and undertook community education in partner chiefdoms to build understanding of the protection provided by the law.

- Supported NAC to advance the process to amend the NAC Act several steps, to strengthen HIV/AIDS response coordination. SHARe II convened stakeholder meetings under the overall leadership of NAC, MOH, and the Ministry of Justice, where consensus that, while other legal reform options were being explored, an interim measure would be issuance of statutory instruments by the Minister of Health to define procedural legislation to strengthen the act was reached. This resolution is yet to be enacted by NAC and MOH.

2. Improved the National HIV-related Policy Environment

SHARe II has contributed significantly to improving the HIV-related policy environment at national level. The project has

- Improved the capacity of GRZ, partners, and stakeholders to prevent, manage, and mitigate alcohol misuse. SHARe II looks forward to a time, hopefully imminent, when the National Alcohol Policy will be presented to cabinet and approved (the one remaining step in the formulation process) to strengthen the policy environment related to the manufacture, distribution, sale, and consumption of alcohol. Stakeholders have formed a strong lobby advocating policy approval and are implementing the policy even before cabinet approval, a strong signal to GRZ that approval is long overdue.

- Improved the HIV-related policy protections for Zambian workers by contributing to the development and finalization of the overarching National Workplace HIV/AIDS Policy. Through combined SHARe II contributions to the National Workplace HIV/AIDS Policy; the Industrial Relation and Labor Act and the

Community members give their views during community dialogue on the Deceased Widows Brother Marriage Act in Mbeza chiefdom.

Employment Act (discussed above); and the sectoral Workplace HIV/AIDS and Wellness policies (discussed below), Zambia's workplace HIV-related policy and regulatory environment is the strongest it has ever been, ensuring solid and grounded worker and employer protection.

- Supported NAC to the review process for the National HIV/AIDS Policy. This, together with SHARe II technical support to amend the NAC Act will strengthen HIV/AIDS response coordination and management.

- Improved the general HIV-related policy environment through technical support provided to review the National Gender Policy; the National Education Policy; the National Planning and Budgeting Policy; and the National Zambia Policy Framework for Investment to ensure they mainstream HIV/AIDS and thus provide adequate guidance to the national HIV/AIDS response.

3. Improved the Workplace HIV/AIDS and Wellness Policy Environment

SHARe II has contributed significantly to improving the workplace HIV-related policy environment in Zambia and ensuring that these policies meet workers' and employers' legitimate expectations. SHARe II:

- Improved the policy protections for Zambian workers by supporting partners, ministries, and organizations to develop, launch, and implement specific sectoral workplace HIV/AIDS and wellness policies, in addition to the other national legal and policy protections facilitated by SHARe II and discussed above.

- Used HIV/AIDS policy and program platforms to meet the changing needs of workers and employers by helping them develop and implement policies that address the HIV management needs of workers living with HIV, prevention needs of HIV-negative workers, and the wellness needs of both groups, including reproductive health, diet, exercise, ergonomics, and sexual harassment.

Ministry of Agriculture and Libestock (MAL) staff and SHARe II staff at the launch of the MAL HIV/AIDS and Wellness Policy.

- Reduced HIV-related stigma and discrimination toward PLHIV in the workplace by transforming stand-alone HIV/AIDS programs into broader wellness programs (implemented with SHARe II technical support through Objective 3).

- Increased institutional ownership (increased management and staff buy-in) and participation of both PLHIV and people who are HIV-negative in workplace-based HIV/AIDS and wellness programs by requiring workplaces to develop their own policies (SHARe II only provided 'how-to' technical guidance and left most policy formulation to each partner workplace) and involving them in program design and implementation.

- Ensured that as ministries operationalize their policies and address workers' HIV/AIDS and wellness needs through internal HIV/AIDS mainstreaming, they also use their presence in the communities they serve to implement HIV/AIDS and wellness programs among their customers and stakeholders through external HIV/AIDS mainstreaming. For example, the Ministry of Agriculture and Livestock staff do not only address issues of farming during their normal community outreach activities and agriculture field days; they also talk about HIV/AIDS to ensure that Zambia's farmers have the information they need to prevent transmission and can access HIV-related services.

4. Improved the Chiefdom HIV-related Policy and Legal Environment

SHARe II has assisted 12 partner chiefdoms to set ground rules for responding to HIV/AIDS in the chiefdom. These written policy decrees address causes of HIV in each chiefdom.

- All 12 partner chiefdoms have outlawed sexual cleansing of widows/widowers, made VMMC a cultural norm, banned early marriage for girls, and mandated school for all school-age children, including re-entry for teenage mothers who dropped out due to pregnancy. Eight have made antenatal care compulsory to increase PMTCT uptake, and seven have increased punishment for GBV.

- The chiefdom HIV/AIDS policy decrees carry non-adherence sanctions defined by the people themselves and enforced by the chiefdom; a major disincentive for breaking them. The impact of the HIV/AIDS policy decrees is significant and sometimes immediate as subjects changed behavior to conform.

Dorothy Simasiku pregnant at 15, re-entered school at 17 as a result of the Munokalya Mukuni chiefdom HIV policy decree. Dorothy nurses her daughter at N'gandu Basic School during break.

- Through SHARe II support, these chiefdoms have improved their HIV-related legal and policy environment, ensuring that gender inequities and other cultural practices that increase the vulnerability of women and girls to HIV are mitigated; that PLHIV and those affected are linked to services and their rights are protected; promoting HIV prevention and ensuring that those who are vulnerable to HIV are provided with the means and support to protect themselves; and increasing HIV service uptake by removing some of the major cultural barriers that prevented individuals from taking helpful HIV-preventing actions, adopting HIV-preventive behaviors, and getting the HIV-related services and support.

5. Increased the Capacity and Participation of CAPAH-Zambia and other MPs in HIV-related Policy and Legal Work

SHARe II has:

- Built HIV/AIDS leadership capacity of CAPAH-Zambia MPs and increased their leadership and participation in the national HIV/AIDS response. As a result of CAPAH-Zambia advocacy and support, the AGBV Bill was enacted and the AGBVA continues to receive implementation support; GRZ increased budget allocation to health and HIV/AIDS; and living conditions in prisons are being improved and health accommodations (e.g., early release on medical grounds) made for prison inmates.

- Other SHARe II-supported HIV-related policies and laws are assured support of CAPAH-Zambia MPs when they are eventually tabled before cabinet and parliament respectively.

- Increased understanding of leadership and legislative roles and responsibilities in the national HIV/AIDS response by orienting all MPs in the house to HIV/AIDS.

6. Improved HIV-related Case Management by the Judiciary and Law Enforcement

Representing some of its finest achievements of the, SHARe II has:

- Built the capacity of 81 percent of Zambia's magistrates in HIV-related (such as rape, labor-related HIV cases, property-grabbing from orphans/widows, willful HIV infection, and counterfeit HIV products) case management; a major and unprecedented achievement. Before SHARe II training, the Judiciary had little understanding of HIV/AIDS and no way to standardize adjudication in HIV-related cases, leading to inconsistencies in judgment and sometimes, miscarriage of justice.

CAPAH-Zambia MP and Cavinet Minster Hon. Prof. Nkandu Luo interacts with Mukobeko Maximum Prison inmates on a familiarization visit with other CAPAH-Zambia MPs (not in picture).

SHARe II's Policy and Legal Manager, Justin Chitengi, trains magistrates in HIV-related case management.

Now, at the level of subordinate courts, Zambia's judiciary is fully HIV-competent, with 97 percent of the magistrates trained.

- Built the capacity of 948 in-service law enforcement officers (general police officers, investigators, prosecutors, etc.), equipping them with knowledge and skills to manage and refer HIV-related cases as the point of first contact for people who are seeking legal redress.

- Improved HIV-related justice outcomes by building a more HIV-competent justice system. Trained magistrates confidently handle cases, leading to improved outcomes for the victims and appropriate punishment for the perpetrators. Similarly, investigators, prosecutors, and others who have been trained are also contributing to improved justice outcomes in their handling of these HIV-related cases.

The police and judiciary complement each other's actions in HIV-related cases and the actions of both are critical to appropriate and fair justice outcomes. SHARe II provided supportive supervision to review implementation and ensure quality. Now, for example, local court magistrates fully understand their boundaries and are referring cases such as defilement cases, which are beyond their jurisdiction authority, to the subordinate court. Local courts are working with traditional leader to prevent early marriage of young girls and helping them to remain in school. Subordinate courts increasingly bring HIV/AIDS to bear in their rulings and sentencing; police investigators and prosecutors now ensure full prosecution of defilement and rape cases instead of encouraging out-of-court settlement; police investigators and prosecutors are now aware of HIV-related counterfeit cases and have knowledge and skills to handle them appropriately; and both trained magistrates and police are now asking remandees and facilitating those who are on ART to collect and take their medicine with them to prison.

7. Sustainable HIV Programming: Integrated HIV/AIDS into the Curricula of Legal Institutions of Higher Learning and Police Training Academies

Much like the capacity building discussed above, while in-service training of magistrates and police officers is necessary in the short term to bridge HIV knowledge and skill gaps, pre-service training is a less costly and more sustainable long-term approach for Zambia. SHARe II has:

- Provided technical support to integrate HIV/AIDS into the training curricula of legal studies at NIPA, Zambia Open University, University of Lusaka, Cavendish University Zambia, and Mulungushi University. Additionally the school of public health at University of Lusaka has integrated HIV/AIDS policy and basic HIV law into selected courses. As of October 2015, over 540 students are registered in and taking classes in integrated HIV/AIDS and law courses in legal institutions of higher learning.

- Provided technical support to integrate HIV/AIDS into the training curricula of the three Zambia Police Service training academies: Kamfinsa, Lilayi, and Sondela. With around 20,000 police officers country-wide, it would be extremely costly for a project like SHARe II to train all in-service officers in HIV-related case management. SHARe II did the next best thing and supported police academies to integrate HIV/AIDS into their curricula, so that new entrants into police service are HIV-competent. ZP management was in full support and mandated that the HIV-related aspects of the curricula be examinable. As of October 2015, 1, 830 police recruits had graduated and entered service HIV-competent. Additionally, 600 recruits are currently in training.

Kamfinsa ZP instructors and class of 2014 recruits listen attentively to SHARe II's Gilbert Wandi during HIV case management training.

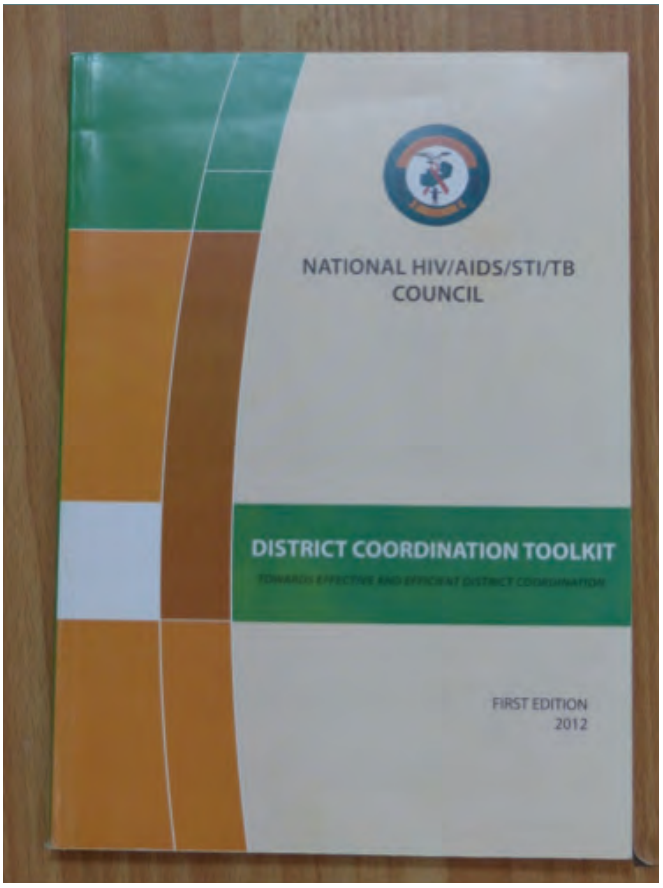
OBJECTIVE 2:
Activities, Results, and Achievements

In Zambia's resource-constrained environment, effective coordination is fundamental for a sustainable HIV/AIDS response because it increases collaboration, reduces duplication of effort, and maximizes impact. SHARe II provided technical assistance to the National AIDS Council and its decentralized structures, and to selected umbrella civil society organizations to strengthen their capacity to coordinate, manage, and implement the national HIV response. This was achieved through expansion of evidence-based interventions and use of best practices across sectors, as well as technical advising on resource mobilization, resource use, and accountability.

The mandate of the National AIDS Council (NAC) and its decentralized structures, the Provincial AIDS Task Forces (PATFs) and District AIDS Task Forces (DATFs), is to coordinate the multi-sectoral HIV/AIDS response in Zambia. SHARe II's support to NAC, PATFs, and DATFs was provided through a package of technical assistance, including provision of SHARe II technical advisors to undertake joint activities with counterparts, and participation in NAC management meetings, directorate-specific program planning, evaluations and relevant theme/working groups. Between 2012 and 2014, there was a degree of institutional instability and reorganization at the level of the NAC Secretariat, precipitated by frequent leadership changes at the level of the NAC Director General and attrition of a large number of senior staff, which significantly destabilized the operations of the institution. SHARe II adjusted to this and focused most of its technical support on the DATF level, which is the unit of implementation in the institutional framework of the national HIV response, working collaboratively with NAC and PATF counterparts to improve the capacity of DATFs to manage and coordinate district HIV/AIDS responses.

SHARe II technical assistance was provided through tested methodologies such as organizational capacity assessments (OCA) and DATF Performance Assessment and Certification Standards, coupled with targeted technical assistance to improve performance. SHARe II assisted these partners to strengthen systems and institutional capacities, improve technical capacity to implement quality interventions and activities, and manage resources available or mobilized through various sources with greater efficiency. Technical assistance was designed to support long-term sustainability and decentralized ownership.

Strengthen organizational and technical capacity of coordinating structures to sustain the HIV/AIDS response



I. HIV/AIDS Coordinating Structure Interventions and Activities

SHARe II HIV/AIDS coordinating structures interventions and activities were implemented in partnership with 83 national HIV response partners (NAC, 10 PATFs, and 72 DATFs). In total, 1,044 individuals were provided with HIV/AIDS response coordination capacity building.

SHARe II technical support to DATFs included: general organizational capacity assessment; development of the District Coordination Toolkit to standardize expectations and provide operational guidance; development of DATF performance assessment and certification standards linked to the toolkit (this enabled performance monitoring and provided a framework for certification processes); and targeted performance-improvement technical assistance. Fifteen pilot DATFs were provided substantial technical support and directed through a certification process that included evaluation by external assessors, while 57 DATFs were oriented to the DATF Toolkit, guided through the performance assessment and certification standards and provided some support to improve performance against standards. This SHARe II support assisted DATFs to improve HIV response coordination, including convening and leading regular stakeholder forums and providing supportive supervision to HIV program implementers, where appropriate.

Additionally, SHARe II provided HIV management and coordination capacity building to 16 public sector, civil society, and private sector partners to provide targeted HIV response coordination. Among the supported partners, NZP+, ICOZ, and the Treatment and AIDS Literacy Campaign (TALC) provide civil society HIV response coordination; ten partner line ministries HIV/AIDS coordination committees and PSMD provide public sector HIV response coordination; and ZFE and the Zambia Congress of Trade Unions (ZCTU), with specific focus on its affiliate the National Union of Plantations, Agriculture and Allied workers (NUPAAW), provide private sector HIV response coordination.

Using the organizational development (OD) technical assistance provided by SHARe II, these partner organizations improved their governance and management systems and their HIV-related technical competencies to provide effective oversight of their organizational HIV/AIDS programs. As a result of the institutional strengthening measures taken by both NZP+ and ICOZ, SHARe II gave them sub-grants which they utilized to implement PLHIV and faith-based HIV interventions respectively, to increase uptake of HIV prevention, treatment, care, and support services including ART, VMMC, PMTCT, and to discourage harmful practices like MCPs, GBV, and stigma and discrimination among their members. The ability to manage USG funds helped both organizations strengthen internal controls and systems, positioned them for additional funding from other partners and donors, and allowed them to expand implementation of their HIV/AIDS service mandates.

Table 9 summarizes SHARe II interventions and activities to strengthen organizational and technical capacity of coordinating structures to sustain the HIV/AIDS response.

TABLE 9: SUMMARY OF SHARE II HIV/AIDS COORDINATING STRUCTURES ACTIVITIES AND INTERVENTIONS

MAJOR COORDINATING STRUCTURE INTERVENTIONS AND ACTIVITIES
National AIDS Council
• Assisted NAC to plan, manage, and monitor the national HIV/AIDS responses through a package of technical assistance that included providing a team of technical advisors who worked with counterparts from NAC and provided mentorship and skills transfer while undertaking joint activities; • Participated in NAC management meetings, providing HIV response coordination advising at national level and participating in joint planning of NAC technical support activities in collaboration with the UN Joint Team on HIV/AIDS and other NAC technical support partners, enabling NAC to implement an integrated costed workplan; • Participated in directorate-specific program planning, evaluations, and working group technical meetings and activities, including assisting the joint annual program reviews and the 2013 joint mid-term review for the 2011 to 2015 National HIV/AIDS Strategic Framework (NASF); • Provided technical support and advising to NAC to plan, implement, and rollout the DFID-supported HIV/AIDS sub-grants to implementing partners in the districts, including technical assistance from the SHARe II policy and legal team on developing the legal framework for the sub-grant financing agreements.
PATFs and DATFs
• Conducted baseline OCA of the PATFs and DATFs to assess functional capacities and assist these institutions to make targeted improvements where needed and maintain good performance in areas that were working well; • Provided technical leadership in the development, production, and dissemination of the District Coordination Toolkit, providing comprehensive guidance on DATF mandates as well as a one-stop-shop for the tools to coordinate the district-level HIV/AIDS response, including step-by-step management guidelines and training resources to ensure that DATFs can conduct their mandates in a standardized manner; • Provided technical assistance to NAC, PATFs, and DATFs using structured tools and processes to guide DATF performance improvement, initially for 15 pilot DATFs and later for an additional 57 DATFs; • Provided technical support, working with NAC (NAC Specialists) and PATF (Provincial AIDS Coordination Advisors – PACAs) counterparts, to improve DATF performance in their coordination of the HIV/AIDS response; • Provided technical support to each district through the DATF to develop an HIV/AIDS strategic plan derived from the NASF but tailored to each district's situation related to the heterogeneity of the HIV epidemic, particularly in the distribution of HIV prevalence and risk factors, so that districts could be more responsive to local needs; • Brokered and supported linkages for the DATFs to support mechanisms available through their district councils, including funding support to help bridge the resource gap created by NAC resource constraints (NAC was unable to fully fund the HIV response coordination activities of the DATFs), and supported capacity building in resource mobilization; • Trained and mentored NAC and PATF counterparts in the technical areas and processes supported and/or provided by SHARe II to the DATFs so they can conduct these activities at the level of the institutional framework that they manage and supervise; • Provided HIV/AIDS 101 training support to DATF members, most of whom had never had health or HIV/AIDS training and had poor understanding of HIV/AIDS, to bridge knowledge gaps and equip them to coordinate the district HIV/AIDS response more effectively and provide supportive supervision to implementers; • Provided technical assistance to selected PATFs and DATFs to establish and conduct provincial and district stakeholder forums as an avenue for enhancing coordination and collaboration among implementers and for sharing best practices and lessons.

MAJOR COORDINATING STRUCTURE INTERVENTIONS AND ACTIVITIES
Civil Society Partners
• Supported NZP+ and ICOZ to conduct OCAs and to develop and implement improvement plans based on their OCA findings; • Provided technical assistance to address institutional capacity gaps where needed, including support to develop strategic plans, operational plans, and HIV/AIDS policies to guide implementation of services; • Provided technical assistance to address systems gaps to improve overall functional capacities and performance, including in the areas of financial management, human resource management, and monitoring and evaluation; • Provided enhanced technical assistance to NZP+ to strengthen institutional and technical capacities to coordinate and manage the PLHIV response in the following areas: strategic and operational planning; development of an M&E system; development of resource mobilization and advocacy plans; and improving NZP+ secretariat support to chapters; • Awarded NZP+ a sub-grant to implement positive health, dignity and prevention (PHDP) activities and awarded ICOZ a sub-grant to implement faith-based HIV/AIDS activities.
Other Partners
• Provided technical and funding support to ZFE and ZCTU/NUPAAW to increase their institutional and technical capacities to manage and coordinate worker HIV/AIDS programs and to coordinate the private sectors' contribution to the national HIV response; and • Provided technical and funding support to PSMD and line ministries to increase their institutional and technical capacities to manage and coordinate worker HIV/AIDS programs and to coordinate the public sectors' contribution to the national HIV response.

SHARe II technical assistance (TA) was instrumental in improving the quality of coordination of the national HIV/AIDS response, particularly at the district level, where capacity was very weak and the bulk of SHARe II's technical support was focused. SHARe II provided standardized methodologies and processes for assessing functional capacities and for performance improvement, allowing intra- and cross-DATF comparisons; provided an important resource through the District Coordination Toolkit, which is a guide for DATFs to refer to and utilize to effectively carry out their HIV coordination performance; linked DATFs to district sources of funding such as Constituency Development Funds (CDF) and the private sector to ensure continued operations even in the face of central NAC funding constraints; supported and encouraged district stakeholder forums to facilitate joint planning, collaboration, and learning among implementers; worked collaboratively with NAC and all its technical support partners facilitating, supporting joint planning, and contributing to NAC's costed annual workplans; and worked collaboratively with NAC counterparts (NAC Specialists and PACAs) in all SHARe II support programs and processes to DATFs, ensuring transfer of skills and improved sustainability.

SHARe II technical assistance was critical to reenergizing the PLHIV response through NZP+ and to strengthening HIV-related advocacy through support to both NZP+ and TALC. Improvements in the HIV-related institutional and technical capacities of partners such as ICOZ, PSMD, ZFE and ZCTU will ensure critical civil society and private sector contributions in the coordination and management of the multi-sectoral HIV/AIDS response in Zambia. The results and achievements of SHARe II coordinating structures activities and interventions are discussed in more detail below.

TABLE 10: SHARE II HIV/AIDS COORDINATING STRUCTURES RESULTS

INDICATOR	DEFINITION	CUMULATIVE (LOP)		
		TARGET	ACHIEVED	PERCENT
2.1_Inst: Coordinating Structures Capacity Building of Institutions	Number of organizations (including DATFs and NZP+ chapters) provided with TA in SHARe II's core package of HIV-related institutional capacity building	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	1.300	3,802	292
2.1_Train: Individuals Trained in HIV/AIDS-related Institutional Capacity Development	Number of individuals trained in HIV-related institutional capacity building areas, including HIV coordination training, HIV technical training and resource mobilization training	1,270	1,044	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	N/A*	N/A*
2.1_PerfInst: Coordinating Structures Performance	Institutions not participating in the certification process that are meeting pre-defined levels of acceptable coordination of the HIV/AIDS response	35	N/A*	N/A*
2.1_NACSus: NAC Staff Mentoring to Build Institutional Sustainability of NAC	NAC staff of 10 PACAs and 10 NAC staff) mentored to provide HIV/AIDS coordination and management supervision and support to DATFs	20	16	80

**Funding cuts to SHARe II in FY 2015 led to sudden and premature closeout of a significant proportion of SHARe II program activities and prevented the implementation of M&E activities to assess project achievements in these indicators.*

II. HIV/AIDS Coordinating Structure Custom Indicator LOP Results

Table 10 shows that SHARe II HIV/AIDS coordinating structures achievements against targets are at 80 percent or greater for all but two indicators.

The implementation of SHARe II HIV/AIDS coordinating structures activities and interventions, particularly activities at the level of the NAC secretariat, which experienced institutional instability and top leadership changes between 2012 and 2014, were affected by the internal NAC reorganization, which made it difficult for NAC to move technical programs and processes forward.

Within SHARe II, funding delays in in FY 2014, including a SWO, prevented the full implementation of planned activities. Funding cuts to SHARe II in FY 2015 led to sudden and premature closeout of a significant proportion of SHARe II project activities, including all coordinating structures activities, and prevented the implementation of M&E activities to assess achievements in some interventions and indicators.

For indicators *2.1a_InstCert: Coordinating Structures Meeting Performance Benchmarks (result: N/A)* and *2.1_PerfInst Coordinating Structures Performance (result: N/A)*, funding cuts in FY 2015 curtailed site-based M&E activities intended to measure results and achievements related to these two indicators.

For indicator *2.1_CD: Coordinating Structures Capacity Development (result: 292 percent)*, SHARe II far exceeded set targets. This was as a result of higher than normal staff attrition at DATF level, in part related to instability at NAC secretariat level and irregular disbursements of HIV/AIDS coordination resources to districts. As staff who had competencies in specific areas left, SHARe II invested in more capacity building to maintain minimum functional capacities and performance levels.

III. HIV/AIDS COORDINATING STRUCTURE MAJOR ACHIEVEMENTS

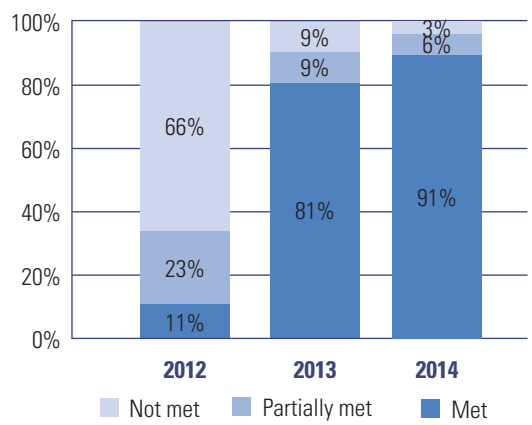
The major programmatic achievements associated with the SHARe II HIV/AIDS coordinating structure results discussed above include the following:

1. Strengthened District HIV/AIDS Response Coordination and Management

SHARe II has contributed significantly to strengthening district HIV/AIDS response coordination and management in Zambia. SHARe II:

- Strengthened district HIV/AIDS responses by assisting each of the 72 partner districts to implement locally-relevant, district responses tailored to local epidemic profiles (e.g., geographic prevalence and risk factor heterogeneity) through technical support to district-specific HIV response strategic planning (derived from the National AIDS Strategic Framework – NASF), working in collaboration with NAC and counterparts to ensure transfer of skills.

PILOT DATF STANDARD ACHIEVEMENT (N=15)



- Standardized DATF HIV/AIDS coordination guidelines through the District Coordination Toolkit, a resource, which contains the required and approved operational guidelines and tools for the DATFs, developed by SHARe II under the leadership of NAC with input from other DATF technical support partners. The toolkit harmonized the DATF operational guidelines and coordination approaches. These had previously existed in many, sometimes conflicting forms, which contributed to confusion and inefficiency. The District Coordination Toolkit has proved invaluable in orienting DATFs to their roles and responsibilities and assisting them to address gaps in their systems and improve their coordination of the HIV/AIDS responses in their districts.

- Helped to Improve aggregate DATF HIV/AIDS coordination capacities for 15 pilot DATFs from three (11 percent) of 28 standards met at baseline in 2012 to 26 (91 percent) at last assessment in 2014. This was achieved through a package of support that included an initial organizational capacity assessment, development of the District Coordination Toolkit; development and implementation of the DATF Performance Assessment and Certification Standards; action planning with each DATF to map out performance gaps and actions to address them; and orientation, targeted TA, training and mentorship support to pilot DATFs to address gaps and achieve standards. Pilot DATFs were assessed by a team of external assessors in 2013 using the DATF Performance Assessment and Certification Standards and specific criteria for evaluating the achievement of certification. The toolkit and the DATF performance assessment and certification standards were then rolled out to the remaining 57 DATFs in 2013 with limited, mainly remote, technical assistance provided.

NON-PILOT DATF STANDARD ACHIEVEMENT (N=57)

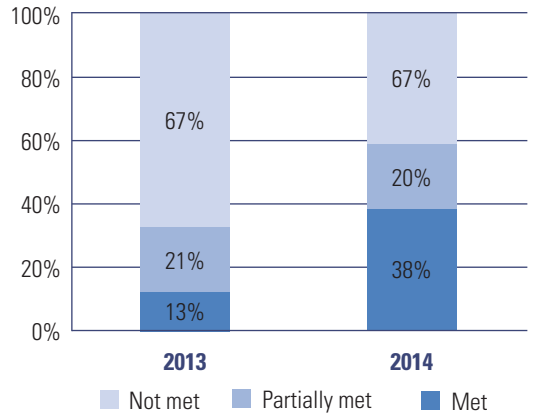


TABLE 11: CDF FUNDING TO DATFs IN 2012, 2013, AND 2014

	2012	2013	2014
DATFs receiving CDF funding	4	20	31
Amount of CDF funding received by DATFs	K125,000 ($20,000)	K481,000 ($70,000)	K523,000 ($92,000)

Despite the limited support provided, among the 57 non- pilot DATFs performance improved from 4 (13%) to 11 (38%) of 28 standards achieved by 2014. This progress suggests that if provided with clear guidelines DATFs can make substantial improvements. It also illustrates that while limited, remote, low-cost, technical support contributes to improvement, DATFs improve more quickly and to a higher level when provided more intensive, on-site, support, as was done for the Pilot DATFs.

- Secured a sustainable local resource base for district HIV/AIDS responses, which improved district and DATF ability to fund and address HIV/AIDS by orienting local authority gatekeepers and leaders-councilors, mayors and municipal heads-regarding their roles and responsibilities in supporting local HIV/AIDS responses, including financially, and assisting DATFs to strengthen capacities to manage HIV/AIDS and mobilize resources. SHARe II technical advice was instrumental in assisting DATFs to secure 5 percent of district CDFs for HIV/AIDS and gender-related activities (through the Nakonde Declaration of 2013), a big step forward for local HIV/AIDS responses, which had faltered due to increasingly erratic central NAC funding disbursements to DATFs. In the past, CDFs have predominantly been used in non-health areas. The allocation of 5 percent of CDFs to HIV/AIDS and gender programs represented a major shift and a major milestone in SHARe II's work to increase district ownership of local HIV/AIDS responses.

- Built basic HIV/AIDS technical capacities of more than 300 non-health DATF members and district HIV/AIDS coordination advisors (DACAs) in 12 districts (Chipata, Kaoma, Katete, Kawambwa, Mansa, Mongu, Mwense, Nchelenge, Nyimba,

Eastern Province PACA (center) co-facilitates with SHARe II during an HIV/AIDS 101 training for Chipata DATF members.

Petauke, Senanga and Sesheke) in Eastern, Luapula, and Western provinces, improving DACAs' and DATF members' understanding of HIV/AIDS and the critical interventions required to mitigate the epidemic. As part of this technical assistance, SHARe II trained and mentored the three PACAs for Eastern, Luapula, and Western provinces to roll out the technical training to other DATFs in their provinces. This capacity building was very important because it was difficult for DATF members who had insufficient understanding of HIV/AIDS to provide quality coordination and supportive supervision of district HIV/AIDS activities. The capacity building enabled them to articulate HIV/AIDS issues better during DATF coordination activities and meetings and to interact with HIV implementers more confidently. Planned training rollout by SHARe II and NAC to the other provinces was curtailed by funding delays and cuts. However, the training materials and tools were handed over to NAC in the expectation that PACAs and NAC counterparts will continue to provide this critical technical support to the DATFs because their credibility as the coordinator of the district HIV response hinges, to a large extent, on its technical abilities.

2. Mentored to Mentor: Built NAC Counterpart and PACA Capacities to Manage and Mentor DATFs

SHARe II mentored 16 NAC specialists and PACAs to provide supervision and mentorship to DACAs and DATF members in HIV/AIDS coordination and management. During the life of SHARe II, NAC lost a significant number of senior staff at the level of the NAC secretariat and PATFs, particularly during restructuring and leadership transitions. SHARe II supported NAC during its recruitment processes for NAC specialists and PACAs, including hosting and participating in interview processes. With over 70 percent of the counterparts being new hires, the responsibility of orienting some of these new officers and mentoring them largely fell on SHARe II. Apart from office-based training and mentorship, SHARe II provided site-based training and mentorship. As a matter of project policy, SHARe II required that counterparts accompany SHARe II advisors on all technical support visits to the DATFs. Through this collaborative arrangement, SHARe II transferred skills and built the capacity of 16 NAC specialists and PACAs to manage and coordinate the national and sub-national HIV response.

Minister of Health Dr. Joseph Kasonde (holding plan) launches the NZP+ Strategic Plan.

3. Revived and Strengthened the PLHIV Response to HIV/AIDS

SHARe II strengthened the PLHIV response to HIV/AIDS primarily through institutional and technical capacity building support to NZP+ and TALC and through the Positive Action by Workers strategy (discussed under Objective 3). For a long time, the PLHIV response in Zambia was under threat because NZP+ (the organization tasked with coordinating the PLHIV response) had no financial resources, inadequate management systems, and a negative public image, all of which led to loss of goodwill from members, donors, and other partners. SHARe II helped to reverse this and as a result of SHARe II's capacity building support:

- NZP+ has become a stronger and more credible organization, with essential systems in place to manage the PLHIV response, and is now attracting recognition from key stakeholders and partners. The PLHIV voice is now increasingly heard on a national platform contributing meaningfully to the national HIV response. Specifically, NZP+ now has a strategic plan, an operational plan, a constitution, a functional board, and an organizational structure that strengthens connections between the National Secretariat and members at the provincial, district, and sub-district levels.

- Terms of reference and policy guidelines are in place for the board, as are administration and finance systems handbooks and manuals. NZP+ has a documented resource mobilization strategy that clearly indicates the funds it will seek from 2014 to 2016 and from which sources it will solicit funds. The strategy is diverse and builds on NZP+'s current funding through international partners, but expands to include private funders and an investment plan.

- NZP+ improved its organizational capacities and systems, and importantly its technical capacities, to a level where SHARe II could confidently award the organization a sub-grant to train 33 district chapter coordinators in stigma and discrimination. They in turn trained 200 support group members to implement HIV-prevention interventions in their groups. The organization now has a positive health, dignity, and prevention (PHDP) curriculum for its support groups to use to implement high-quality training that guide members through information sharing, discussions, service mapping and action planning to improve HIV and prevention among members and in the community. As its stock has risen, NZP+ has attracted additional funding from the UNDP, the Global Fund to Fight Tuberculosis, AIDS and Malaria (GFATM), the Churches Health Association of Zambia (CHAZ), and private companies such as Standard Chartered Bank of Zambia.

An NZP+ support group discusses HIV-prevention responsibilities.

- NZP+ has an advocacy and communications strategy to guide its national advocacy efforts on behalf of PLHIV. It convened a PLHIV network consensus meeting, which resulted in a list of common advocacy issues that the PLHIV networks will jointly promote with government, private and international stakeholders. NZP+ has increased its collaboration with other PLHIV networks such as TALC on HIV/AIDS policy and advocacy issues.

4. Enhanced Joint Planning and Implementation of the National HIV/AIDS Response

SHARe II introduced a culture of collaborative and coordinated technical support to NAC, ensuring that NAC harmonized and costed its work-plans with input from all technical support partners. This improved dialogue between NAC and its partners, facilitated provision of standardized and harmonized technical support to PATFs and DATFs.

Additionally SHARe II, with other stakeholders, participated in key NAC activities including the JAPRs and the 2013 midterm review of the NASF.

5. Strengthened Coordination of the Multi-sectoral HIV/AIDS Response

SHARe II has contributed significantly to strengthening the coordination of the multi-sector HIV/AIDS response in Zambia. In addition to SHARe II technical support to NAC and its decentralized structures to strengthen overall HIV response coordination. The project has:

- Strengthened private sector participation in and coordination of the HIV/AIDS response by building the HIV/AIDS technical and coordination capacities of the ZFE, and the ZCTU/NUPAAW, ensuring the participation of both employer and employee representatives in overall coordination of private sector HIV/AIDS programs. As a result of this SHARe II technical assistance to the private sector: HIV/AIDS is now part of the collective bargaining processes, by mutual agreement of both ZFE and ZCTU/NUPAAW; and employers and union representatives have put aside their normally adversarial relationship to ensure private sector HIV/AIDS programs are well-coordinated and implemented, increasing their effectiveness.

- Strengthened public sector participation in and coordination of the HIV/AIDS response by building the HIV/AIDS technical and coordination capacities of PSMD and HIV/AIDS Coordination Committees in partner Ministries, to coordinate the public sector HIV/AIDS response, including support in developing sectoral HIV/AIDS policies (discussed above under Objective 1), implementation of workplace HIV/AIDS programs that benefit staff through internal HIV/AIDS mainstreaming and Ministry-specific customers through external HIV/AIDS mainstreaming (discussed below under Objective 3).

- Strengthened civil society participation in and coordination of the HIV/AIDS response by building the HIV/AIDS technical and coordination capacities of the NZP+, ICOZ, and other civil society partners to coordinate and manage the HIV/AIDS response on behalf of their members and/or affiliates; and by providing funding support through sub-awards to HIV/AIDS coordinating structures such as ZINGO, NZP+ and ICOZ to implement specific HIV/AIDS programs.

SHARe II technical support to public sector, private sector, and civil society HIV/AIDS coordinating structures has contributed significantly to ensuring Zambia continues to implement a well-coordinated and effective multisectoral HIV/AIDS response.

OBJECTIVE 3:
Activities, Results, and Achievements

SHARe II worked 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. SHARe II also worked with selected partners in the informal sector to reach workers running micro and small-scale businesses (some of the hardest to reach yet most in need of HIV services), through workplace-based HIV/AIDS programs. All SHARe II workplace HIV/AIDS programs were based on proven best practices and approaches, met the minimum requirement for core program components, and tailored to the requirements of specific workplaces. As a minimum requirement, all programs had at least three of the four essential components of workplace HIV/AIDS programs: a peer education program; HTC services onsite or through referral; formal HIV prevention activities; and workplace HIV/AIDS policies. All offered comprehensive HIV prevention services through direct provision and referral.

A key aspect of SHARe II workplace HIV programs was social mobilization for HIV prevention and HIV service uptake. Another key aspect is extension of HIV prevention services to defined outreach communities (typically communities around a particular workplace where most of the workers reside), thus expanding reach and impact.

Additionally SHARe II integrated the Gender, Sexuality and HIV/AIDS (GESHA) intervention (text box 2) and the Positive Action by Workers (PAW) strategy (text box 3), both SHARe II innovations, in selected partner workplaces to enhance the effectiveness of workplace HIV/AIDS programs. The SHARe II HIV/AIDS core package of services is a minimum package that defined and qualified a workplace HIV/AIDS program, and comprises the following aspects:

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

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

Biomedical interventions: Provision of condoms and referral to other biomedical HIV services including ART, PMTCT, and VMMC services.

Strengthen and expand workplace HIV/AIDS programs

TEXT BOX 2: THE SHARE II GESHA PROGRAM

In Zambia, power inequalities between women and men, related to cultural norms and practices, constitute significant barriers to effective communication between the genders about sexuality and sexual relations, and ultimately make effective HIV programming challenging.

The SHARe II GESHA program, implemented in workplaces and defined outreach communities, circumvents the cultural barriers in HIV/AIDS information sharing by providing a 'safe haven' or neutral ground where discussions on gender, culture, and sexuality openly take place between workmates, couples and community members, without fear of sanctions from cultural standard-bearers.

The GESHA program focuses discussions on the local drivers of the HIV/AIDS epidemic, such as MCPs, alcohol abuse, and sexual violence against women and girls, and low condom use in the context of the gender, sexuality and the cultural environment. It challenges communities, couples and individuals to re-examine own behavior and come up with collective and individual actions to reduce HIV risk and vulnerability, and slow down local HIV/AIDS epidemics.

The GESHA program assists communities to come up with locally relevant HIV interventions to address the drivers of the HIV/AIDS epidemic.

I. WORKPLACE HIV/AIDS PROGRAMS INTERVENTIONS AND ACTIVITIES

The SHARe II workplace HIV/AIDS programs package of support was redefined shortly after start-up. As SHARe II began engaging potential partner workplaces in early 2011, it became clear that workplace HIV/AIDS had increasingly become a 'push' intervention, with SHARe II pushing programs onto workplaces that were not very interested. ARVs are available free of charge in public sector health facilities and people are living longer and healthier lives and accessing services on their own. With many of Zambia's one million PLHIV on ART, workplaces no longer had many people who were visibly sick and dying due to AIDS. As general employee health improved over time, managers and most staff did not see the need for workplace HIV/AIDS programs. Consequently internal funding and support for the programs dwindled, and staff participation in HIV-related activities dropped significantly. A 2012 SHARe II survey revealed significant worker fatigue with programs with an HIV mono-focus, among all staff. Workers indicated a need to address non-HIV wellness conditions that all workers ~~th~~ose living with HIV and those not, ~~fa~~ce.

Understanding that Zambia has a high HIV prevalence that requires sustained prevention efforts to achieve epidemic control; sustaining HIV prevention requires utilizing every available entry-point, including the workplace; and that some workplaces carry significant risk factors for HIV spread ~~e.~~g., a significant proportion of Zambia's workers are highly mobile and/or migrant workers (mobility and migrant labor were identified as key HIV drivers in Zambia), SHARe II revamped its approach.

TEXT BOX 3: THE SHARE II PAW STRATEGY

HIV-related stigma and discrimination are still pervasive in many Zambian 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 disclose their HIV status for fear that disclosure would expose them to stigma and discrimination from their colleagues and from supervisors.

PAW is the first-ever support group for Zambian workers who are living openly with HIV. As its membership grows from strength to strength, PAW breaks the thick wall of silence surrounding HIV infection among workers. It challenges the status quo of low disclosure of 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 and colleagues. The face of PAW shows that workers living with HIV are as productive as other workers.

PAW members are trained as peer educators ensuring that workplace HIV interventions are responsive to the needs of workers living with HIV, and are 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 ensures 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.

In consultation and collaboration with partner workplaces, SHARe II expanded workplace HIV/AIDS programs, to address other health conditions/issues such as family planning, malaria, stress and hypertension, nutrition and physical exercise, and ergonomics. This significantly expanded the beneficiary pool for SHARe II-supported programs because almost all employees are interested in aspects of wellness programs; broke the monotony of discussing HIV only, thereby reducing provider burnout and beneficiary fatigue; and importantly, reduced levels of HIV-related stigma, and paradoxically, increased participation in workplace HIV/AIDS programs.

Table 12 summarizes the SHARe II workplace HIV/AIDS program approaches, interventions, and activities.

TABLE 12: SUMMARY OF SHARe II WORKPLACE HIV/AIDS PROGRAMS ACTIVITES AND INTERVENTIONS

MAJOR WORKPLACE HIV/AIDS PROGRAM INTERVENTIONS AND ACTIVITIES
Peer Education Program
• Assisted partner workplaces and defined outreach communities to carefully select and train a total of 1,032 volunteer peer educators, community mobilizers, program facilitators, and/or other lay providers–the implementation backbone of SHARe II-supported workplace HIV/AIDS and wellness programs–to provide services through peer-to-peer interactions; • Provided supportive supervision to peer educators to implement workplace-based HIV-prevention education, promote and provide condoms, refer for STI management, create awareness on GBV, promote partner reduction, and create effective referral links to HTC, VMMC, PMTCT, and ART. Also provided supportive supervision in the implementation of broader wellness programs including reproductive health and malaria prevention; • Provided supportive supervision to trained community mobilizers and program facilitators (in defined outreach communities) to implement programs and refer and/or link clients to additional services and monitor/track clients to ensure that clients act on referrals and receive services; • Assisted selected partner workplaces to integrate the GESHA program and the PAW strategy into traditional workplace HIV/AIDS program to greater program effectiveness and impact.
Public Sector Workplace HIV/AIDS Programs
• Took comprehensive workplace HIV/AIDS programs to eight public sector workplaces, including the Ministry of Home Affairs, Ministry of Communication, Transport, Works and Supply, and Ministry of Agriculture and Livestock, through trained peer educators and provided quarterly supportive supervision to ensure quality; • Provided technical support to partner workplaces to develop, disseminate and implement their workplace HIV/AIDS and wellness policies; • Used the platform of successful HIV/AIDS programs to support partner workplaces to integrate other health conditions and issues and implement holistic HIV/AIDS and wellness programs; • Assisted partner workplaces to extend HIV/AIDS programs to defined outreach communities (e.g. police and prison camps), broadening the reach and increasing program impact; • Extended comprehensive ZPS HIV/AIDS programs to prisons inmates, reaching an underserved priority population; provided funding support to ZPS to implement parole hearings (in FY 2014), for conditional release of reformed inmates, including on grounds of advanced HIV disease; and in collaboration with other stakeholders assisted ZPS to implement policy changes to improve living conditions and reduce HIV vulnerability for prison inmates (e.g. facilitating better access HIV care and treatment, providing better nutrition, and reducing overcrowding); • Built the capacity of PSMD to coordinate the public sector response to HIV/AIDS and provided HIV/AIDS coordination tools and supportive supervision; • Assisted partner workplaces to extend workplace HIV/AIDS programs to Ministry-specific customers through external HIV/AIDS mainstreaming (e.g. provision of HIV/AIDS programs to farmers by Ministry of Agriculture workers), broadening the reach and impact of programs;

MAJOR WORKPLACE HIV/AIDS PROGRAM INTERVENTIONS AND ACTIVITIES
Private Sector Workplace HIV/AIDS Programs
• Took comprehensive HIV/AIDS programs to 57 private sector workplaces through trained peer educators and provided quarterly supportive supervision to ensure quality. • Used the platform of successful HIV/AIDS programs to support partner workplaces to integrate other health conditions/issues and implement holistic HIV/AIDS and wellness programs; • Provided expansion and program implementation support to the Tourism HIV/AIDS Public Private Partnership (PPP) companies (32 companies in Livingstone, Mfuwe and Lower Zambezi – included in the 57 above) to implement comprehensive workplace HIV/AIDS programs; • Extended workplace HIV/AIDS programs to underserved defined outreach communities (e.g. Simoonga village in Livingstone and Mfuwe villages), broadening program reach and impact; • Undertook HIV/AIDS social mobilization in partnership with Tourism HIV/AIDS PPP partners to increase HIV/AIDS awareness and service uptake in defined outreach communities; • Built the capacity of the ZFE to coordinate the private sector response to HIV/AIDS and provided HIV/AIDS coordination tools and supportive supervision. • Built the capacity of ZCTU affiliate NUPAAW to coordinate HIV/AIDS programs for commercial farm workers including migrant workers and provided coordination tools and supportive supervision.
Informal Sector Workplace HIV/AIDS Programs
• Took comprehensive workplace HIV/AIDS programs to 12 informal sector markets (ChaChaCha, Chaisa, Chelstone, Lilanda, New Soweto, Dambwa Central, Maramba, COMESA, Mukuni Chiyema, Mukuni Park, Town Centre, Victoria Falls) through trained peer educators and provided quarterly supportive supervision to all partner workplaces ensure quality; • Provided HIV/AIDS program and economic strengthening support to informal sector workers in 7 chiefdoms (Macha, Mbeza, Shimukunami, Sekute, Ndung'u, Chikanta, and Mwansakombe), through HIV and entrepreneurship training, to increase individual/household economic resiliency to HIV, using trained peer educators and provided supportive supervision to ensure quality;
Cross-Cutting Workplace HIV/AIDS Program Activities and Interventions
• Provided HTC to public sector workplaces HIV/AIDS (only where no other providers were available to provide HTC services) through trained HTC providers in line with national guidelines, and monitored to ensure quality of service. • Linked each partner workplace to public sector or other HIV service providers to ensure that individuals who accessed HTC and tested positive were linked to care/treatment services such as ART and PMTCT, condom supplies, and PLHIV support groups; and those who tested negative were linked to HIV prevention services including condoms, as appropriate, while men who tested negative were linked to VMMC services; • Assisted each partner workplace's HIV/AIDS and wellness committee (where applicable) to explain the benefit of investing in wellness and HIV/AIDS programs to obtain senior management buy-in, and facilitate program support and smooth implementation; • Worked with SHARe II-trained HIV/AIDS champions, including social mobilization events, to enhance workplace programs; • Provided grants under contract and technical support to local NGOs partner ZHECT to implement some private sector workplace HIV/AIDS program (in 20 private sector companies) and LEAD Program Zambia to implement some informal sector workplace HIV/AIDS program (in seven chiefdoms).

A SHARe II-trained peer educator on an HIV messaging circuit at New Soweto Market.

SHARe II workplace HIV/AIDS programs were implemented across the country in 142 formal and informal workplaces and defined outreach communities. The priority populations reached by these programs include PLHIV; prison inmates; adolescent girls and young women 10-24; uniformed services; and migrant workers. The programs targeted people 10 years and older who are at risk of HIV due to MCPs, low condom use, low rates of VMMC, poverty, cross-generational sex, and other drivers. The programs were tailored to each workplace and/or community and target population. All created demand for HIV services including VMMC, HTC, ART, PMTCT, and condoms; provided condoms where appropriate; and prevented HIV.

HTC was integral to SHARe II workplace HIV/AIDS programs, guiding linkage to services and HIV prevention actions. SHARe II provided HTC directly where no other providers were available to provide services. By assisting partner workplaces to redesign programs into broader HIV/AIDS and wellness programs, SHARe II facilitated integration of family planning/reproductive health, malaria and other health conditions/issues into program packages.

The SHARe II workplace-based programs targeting PLHIV and implemented through the PAW strategy: provided condoms, provided HTC for partners/children, counseled on ART adherence, nutrition, HIV prevention, reproductive health, and alcohol use, and provided linkages to support. A modified form of PLHIV programs using the PAW strategy, implemented through support groups led by trained PLHIV prison inmate peer educators, provided support to prison inmates living with HIV in partner prisons (the difference is that no condoms were provided through this PLHIV program).

The programs targeting prison inmates trained inmate peer educators to provide HIV prevention information related to the HIV drivers in the prison setting; addressed HIV risk from unprotected anal sex (consensual or coerced unprotected anal sex is the primary HIV risk behavior in male prisons) and from other behaviors such as sharing razors and tattooing; provided mobile HTC services and linkages to services, including ART; addressed adherence to HIV care and treatment; and provided support through inmate support groups. These programs have massive support from ZPS senior management, and are implemented once a week in each cell block after lock-down. However, legal

Clients queue for HTC provided by SHARe II at New Soweto Market.

barriers prevent the provision of condoms to prison inmates. Thus, perhaps the most critical HIV prevention component, condoms, cannot be provided to this priority population. This remains an area for continued advocacy and policy engagement.

Linkage to services was integral to SHARe II workplace HIV/AIDS programs. Clients who accessed HTC and were positive were linked to HIV care/treatment services and PLHIV support groups. Negative males were linked to VMMC services, while all negatives were linked to condoms and other HIV prevention services as appropriate.

Each supported partner implemented activities through trained peer educators and other lay providers. Quality was ensured through training using standardized curricula, quarterly in-person supervision visits, and real-time phone/email consultation.

II. WORKPLACE HIV/AIDS PROGRAMS NEW GENERATION INDICATOR (NGI) AND CUSTOM INDICATOR LOP RESULTS

Table 13 shows SHARe II workplace HIV/AIDS programs component LOP results, tracked through the SHARe II M&E system, using both PEPFAR and custom indicators.

The implementation of SHARe II HIV/AIDS workplace HIV/AIDS activities and interventions in the private and informal sectors was very smooth during the period that SHARe II was funded.

The implementation of SHARe II public sector workplace HIV/AIDS programs on the other hand, was heavily dependent on the commitment of each partner line ministry or department for success. In 2012, there was massive restructuring in the public sector with most government counterparts preoccupied with internal restructuring after the general elections. The situation normalized by mid-2012, allowing partners to focus on other programs, including implementation of

TABLE 13: SHARE II WORKPLACE HIV/AIDS PROGRAMS RESULTS

INDICATOR	DEFINITION	CUMULATIVE (LOP)		
		TARGET	ACHIEVED	PERCENT
3.1_Train: Trainings in HIV/AIDS Workplace Programs	Individuals trained in: GESHA (gender and sexuality and HIV/AIDS); peer education; and PAW (Positive Action by Workers), a PLHIV program	730	2,786	270
3.1_PerfInst: Workplace HIV/AIDS Program Performance	Percent of sampled service providers meeting acceptable implementation standards in their HIV/AIDS workplace programs	25	N/A*	N/A*
3.4: Employee Sexual Risk Behaviours	Percent of employees exposed to workplace HIV prevention programs who demonstrate a reduction in sexual risk behaviours (reduction in MCPs and/or increased condom use)	10% reduction	N/A*	N/A*
3.8: HIV/AIDS Stigma	Percent of employees in participating workplaces expressing accepting attitudes toward people living with HIV/AIDS	from 75 to 90%	N/A*	N/A*

**Funding cuts to SHARe II in FY 2015 led to sudden and premature closeout of a significant proportion of SHARe II program activities and prevented the implementation of M&E activities to assess project achievements in these indicators.*

SHARe II programs. However, funding delays in FY 2014 and funding cuts in FY 2015 led to sudden and premature closeout of all workplace HIV/AIDS programs and prevented the implementation of M&E activities to assess project results and achievements in some indicators and areas. In spite of these constraints, SHARe II workplace HIV/AIDS programs contributed most of the results under the NGI and MER indicators; SHARe II achieved all MER and NGI targets.

For the SHARe II workplace HIV/AIDS programs custom indicators 3.1 Perf_Inst – Workplace HIV/AIDs Program Performance (result: N/A), 3.4 Employee Sexual Risk Behaviors (result: N/A) and 3.8 HIV/AIDs Stigma (result: N/A), funding cuts in FY 2015 curtailed site-based endline evaluation activities intended to measure program-specific achievements and impact. For indicator 3.1_Train: Trainings in HIV/AIDS Workplace Programs (result: 270 percent), results far exceeded the set target. This was due to underestimation of program expansion and training requirements for rolling out quality and effective peer education, GESHA, PAW, and HTC programs. As part of our quality control, we endeavored to keep peer educator to staff ratios around 1:15 to avoid work overload and peer educator burnout. Staff attrition-related training also contributed; as trained peer educators left, new peer educators were trained to maintain ratios (refresher training numbers are not included in this result).

III. WORKPLACE HIV/AIDS PROGRAMS MAJOR ACHIEVEMENTS

The major SHARe II programmatic achievements associated with the SHARe II Workplace HIV/AIDS Programs results discussed above include the following:

1. Prevented HIV and Reduced HIV-related Morbidity and Mortality in Partner Workplaces

SHARe II expanded access to quality HIV-prevention and support services for employees, dependents, and defined outreach communities in partner workplaces and contributed significantly to HIV prevention and reduced rates of HIV-related illnesses and deaths. An internal evaluation of SHARe II's workplace programs conducted in 2011/12 found that workers in partner workplaces had better HIV-related knowledge, attitudes, and behavior than the general

population, higher HTC rates (78 vs 69 percent), and higher condom use with non-regular partners (76 vs 28 percent). HTC is an entry-point to HIV-related care and treatment and informed HIV-prevention action, and condoms are a very effective HIV prevention method.

Based on the results, SHARe II strengthened its programs to further increase uptake of HIV services including VMMC, ART, and condoms. The planned endline evaluation of workplace HIV/AIDS to assess levels of service uptake and behavior change could not be conducted because of funding cuts in FY 2015.

However, partner workplaces report high participation in HIV program activities, particularly now that they are provided with other wellness programs; high condom consumption in workplace distribution points; and reductions in health-related absenteeism and employee deaths. SHARe II has demonstrated that effectively implemented workplace HIV/AIDS programs can mitigate the impact of HIV/AIDS on workplaces, improve behavior and health, reduce absenteeism and deaths, and ultimately increase productivity.

2. Improved Health Outcomes among Prison Inmates and Strengthened the ZPS Health System

SHARe II achieved all LOP targets for prison populations both through the MER and NGI indicators. A preliminary research report on a study (A Qualitative Study Exploring Health and Access to Health Care Among Male Inmates in Zambian Prisons; 23 December 2014) conducted by the Centre for Infectious Disease Research in Zambia (CIDRZ) in collaboration with CAPAH-Zambia as part of the Zambian Prisons Health System Strengthening (ZaPHSS) project, found that prison inmates learned and knew more about HIV/AIDS and related health conditions during their incarceration than they did before. This is a testament to the effectiveness of HIV-prevention interventions, including those implemented by SHARe II, in increasing knowledge levels; knowledge is a critical component in facilitating HIV prevention and service uptake action.

Acting on recommendations from the ZPS legal analysis, the MHA HIV/AIDS Wellness Policy and the ZPS Health Strategic Plan (all three provided/developed with SHARe II technical assistance), ZPS and its stakeholders have implemented programs to strengthen the ZPS

Workers at SHARe II partner Ndola Lime Company accessing condoms.

SHARe II's Benny Njovu conducts prison inmate peer educator training at Mukobeko Maximum Security Prison.

health system, including increasing the size of the health directorate and the number of health workers in order to improve prisoner access to health care.

The issue of overcrowding, highlighted in both the MHA HIV/AIDS Wellness Policy and the ZPS Health Strategic Plan, is being addressed through the implementation of parole board hearings (financially supported by SHARe II in 2014) and through ZPS medical directorate recommendations/ministerial pardons operationalizing recommendations to discharge terminally ill prisoners so that they can seek better health services outside prison. Through collaborative efforts from all stakeholders, including contributions from SHARe II, the ZPS health system is the strongest it has ever been.

3. Increased Program Impact by Addressing Gender Dimensions

SHARe II workplace HIV/AIDS programs used the GESHA intervention to address context-specific gender norms and inequalities that might constrain the behavior of women and men, and girls and boys, in accessing and utilizing appropriate HIV prevention services and adoption of appropriate HIV prevention actions. Interventions also addressed gender-related barriers to accessing and using HIV-related services for women, men, girls, and boys.

Workplace-based programs were extended to defined outreach communities to reach spouses/partners of workers, increasing both reach and impact. Supported workplaces have designed practical, locally relevant ways to promote sexual well-being, prevent HIV, improve understanding and relationships between women and men, and address gender inequalities, particularly as they relate to HIV/AIDS. Program uptake and participation are very high, and beneficiaries report that this is because the GESHA program breaks HIV/AIDS down to the issues people face in their daily lives, both at work and at home, and equips them to make individual and collective decisions to address them.

4. Increased Program Impact by Integrating Wellness into HIV/AIDS Programs

The HIV epidemic in Zambia is shifting and so are the needs of program beneficiaries, particularly in the workplace. With increased access to ART, PLHIV are living longer and the rising concerns among all staff include non-communicable diseases (NCDs), other communicable diseases, reproductive health, and occupational safety. Investments in HIV/AIDS in Zambia have resulted in health system strengthening that has benefited other health conditions. Learning from this, SHARe II supported partner workplaces to harness successful workplace HIV program platforms to implement integrated HIV/AIDS and wellness workplace programs, to greater program effectiveness. Integrating wellness into HIV/AIDS programs mitigates the fatigue arising from purely HIV/AIDS-focused workplace programs, and has reduced HIV-related stigma, increased participation in HIV programs and use of services. For example, bundling HTC with other screening services such as cervical cancer screening, blood pressure checks, and diabetes screening has led to an increase in the uptake of HTC.

More broadly, HIV/AIDS and wellness programs addressing primary risk factors for HIV and other health conditions should result in improved health outcomes for employees and provide relief to an overburdened national health care system. Additionally, integration of wellness into HIV/AIDS programs is one way SHARe II is operationalizing the Global Health Initiatives principles, as workplace programs now focus on broader health issues. Importantly, partner workplaces have begun allocating financial and human resources to ensure that wellness and HIV/AIDS programs are well implemented, understanding fully that fit and healthy employees are more productive and an asset to the employer. This is a clear sign of renewed commitment, symbolizing ownership and sustainability of these integrated programs.

5. Expanded the Tourism HIV/AIDS PPP and Increased Impact

SHARe II expanded the tourism HIV/AIDS PPP (begun under the predecessor 2004–2010 SHARe project) from Livingstone to Mfuwe and the Lower Zambezi, reaching over 1,300 tourism private sector

A GESHA session involving prison officers and spouses reviews HIV vulnerability and risk through gender and cultural lenses.

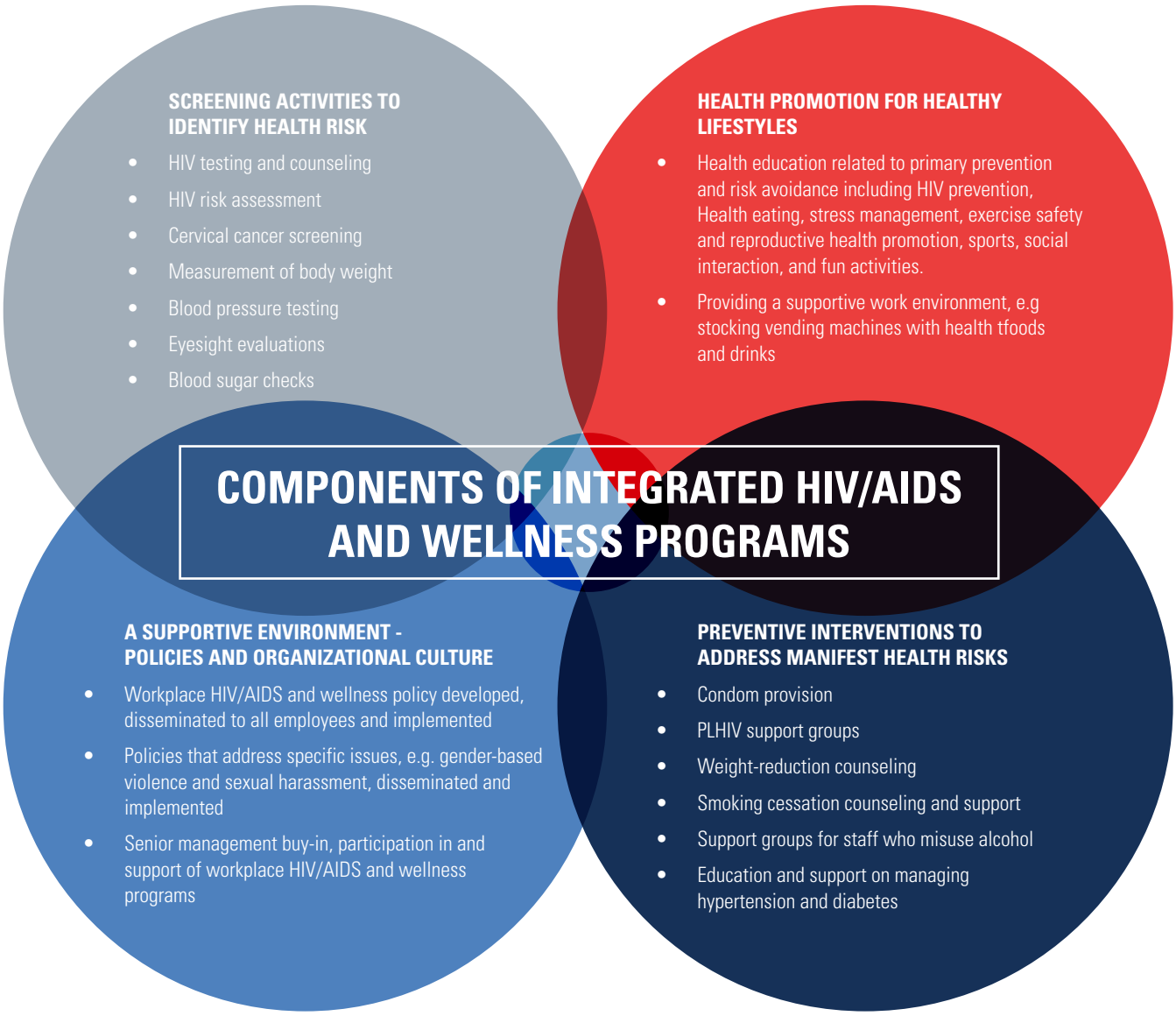


Figure 3: Components of SHARe II - supported workplace HIV/AIDS and wellness programs.

workers and defined outreach communities with a combined population of around 250,000. Tourism HIV/AIDS PPP partners contributed leveraged resources to the HIV/AIDS response, including training and mobilizing highly skilled workers to manage programs, implementing policies that reduce HIV-related stigma and discrimination, supporting HIV prevention activities, and facilitating HIV care, treatment, and support for workers living with HIV. Additionally, they supported the extension of well-managed programs into defined outreach communities, expanding access to HIV prevention services. Using the HIV/AIDS platform, they increased their corporate social responsibility investments in education, youth programs, and general health. In Mfuwe and Lower Zambezi where the program is relatively new, expansion of HIV prevention services into defined outreach communities furthered overall natural resource conservation goals by garnering community buy-in. Communities now believe that the tourism private sector does not care only about preserving animals, but also about preserving the health and lives of people around them.

Tourism private sector partners have the financial ability to cover significant proportions of operating expenses beyond PEPFAR investments if they are provided with HIV-related technical support. Activities in defined outreach communities were scaled-back to a few aspects of HIV prevention due to resource limitations; there are significant scale-up opportunities to expand and broaden programs, to increase both effectiveness and reach, and ultimately increase impact.

Table 14 shows the resource inputs from PEPFAR and the tourism HIV/AIDS PPP for the period FY 2011 to FY 2014.

TABLE 14: TOURISM HIV/AIDS PPP PRIVATE SECTOR AND USAID CONTRIBUTIONS FOR THE PERIOD FY 2011 TO FY 2014

LOCATION	PPP PARTNERS CONTRIBUTIONS (USD)	USAID/SHARE II CONTRIBUTIONS (USD)	CUMULATIVE TOTAL (USD)
Livingstone	117,594	47,762	165,356
Mfuwe	56,803	47,763	104,566
Lusaka	32,500	6,473	38,974
Lower Zambezi	36,111	3,799	39,910
Total	$243,009	$104,607	$348,806

Tourism HIV/AIDS PPP—HIV/AIDS Social Mobilization and Messaging through Sport.

6. Increased Program Impact by Meaningfully Involving PLHIV in Workplace HIV/AIDS Programs through the PAW Strategy

The PAW strategy is helping to reduce HIV-related stigma and discrimination in the workplace and has led to greater involvement of PLHIV in workplace HIV/AIDS programs. PAW support groups are shattering the silence surrounding HIV infection in Zambian workplaces and are demonstrating that workers living with HIV are no different from other workers. PAW peer educators have been instrumental in ensuring that workplace HIV/AIDS programs are successful. They speak and operate from an informed position and a position of HIV experience, are credible and effective advocates and change-agents; support and encourage HIV service uptake and adherence to care and treatment; and promote HIV prevention.

Some of the most significant achievements of PAW have been at the individual level. Many PAW members report that belonging to PAW has changed their lives in subtle but significant ways: the simple freedom of taking their medications at work without hiding; the security of knowing that support is there from other PAW members when they need it; and the positive influence PAW has had on their lives. Many PAW members report that they no longer fear that HIV disclosure could lead to a job loss or reduce their chances for promotion, which encourages disclosure of HIV status by even more workers and uptake of workplace HIV services.

By participating openly and fully in HIV/AIDS workplace programs, PAW is letting workers living with HIV know that there is no need to suffer in silence and isolation. To increase the sustainability of PAW support groups, SHARe II has linked them to NZP+.

Fred Bwalya, a retired PAW member, facilitates a PAW session for public sector workers.

A tourism HIV/AIDS PPP concert in Livingstone, attended by thousands, mixes HIV/AIDS messaging with entertainment.

OBJECTIVE 4:
Activities, Results, and Achievements

Some of the coordination and collaboration challenges in the HIV/AIDS response in Zambia are related to inadequate communication and information flow among key players. The scale required to achieve HIV epidemic control, the multiplicity of stakeholders and players participating in the response, and the need to respond with appropriate speed, all call for a well-managed and coordinated response, that requires and supports the participation and collaboration of a wide range of government and nongovernmental actors, and increased Zambian investment and ownership of the HIV/AIDS response.

SHARe II provided technical assistance to NAC to improve collaboration and coordination of the HIV response across multiple partners and stakeholders. SHARe II supported joint planning; development and maintenance of a monitoring system that tracks the leadership, legal and policy environment; strengthened coordinating structures' activities including in convening stakeholder forums; and improved reporting for national HIV/AIDS activities. SHARe II also provided support to United States Government (USG)-funded bilateral partners to implement workplace wellness programs.

I. HIV COORDINATION AND COLLABORATION INTERVENTIONS AND ACTIVITIES

Most SHARe II HIV coordination and collaboration activities were undertaken in an integrated manner across activities and interventions for Objectives 1 to 3. Some examples are highlighted below:

Under Objective 1, SHARe II convened a quarterly forum for stakeholders to discuss HIV-related policy and legal issues and share lessons and best practices; ensured that HIV implementers in chiefdoms participated in SHARe II-supported chiefdom HIV/AIDS and development planning to facilitate smooth and collaborative program implementation; and participated in the IEC/BCC working group convened by the USAID-funded Communication Support for Health project to harmonize health and HIV information, education, and communication (IEC) materials and messaging.

Under Objective 2, SHARe II participated in all NAC theme and working groups, and provided technical and funding support to selected DATFs and PATFs to host stakeholder forums to facilitate district-level and provincial HIV/AIDS coordination and collaboration. Under Objective 3, SHARe II was an integral member of the prisons HIV/AIDS advisory committee (PAAC), which facilitated and coordinated collaborative ZPS HIV/AIDS programming by partner implementers. SHARe II served as the PAAC secretariat in 2014 and 2015. Additionally SHARe II was the lead technical advisor to the inter-ministerial stakeholder forum (IMASF), whose main objective is to ensure a coordinated public sector HIV/AIDS response, under

Ensure the Collaboration and Coordination Incorporation of HIV/AIDS Activities with the GRZ, USG-funded Partners, and other Stakeholders

TABLE 15: SHARE II HIV COORDINATION AND COLLABORATION ACTIVITIES AND INTERVENTIONS

MAJOR HIV COORDINATION AND COLLABORATION INTERVENTIONS AND ACTIVITIES
Support to NAC Coordination and Collaboration
• Provided technical assistance to NAC-led joint planning (including costing of operational plans): at the national level through NAC, at the provincial level through the PATFs, and at the district level through the DATFs to improve coordination and collaboration across partners; and • Provided technical assistance and funding support to NAC-led stakeholder forums: at the national level through NAC, the provincial level through the PATFs, and the district level through the DATFs to improve coordination and collaboration across partners.
Monitoring and Evaluation
• Developed and maintained a monitoring system that tracks leadership, legal, and policy environment and coordinating structures strengthening activities; and • Provided technical assistance and funding support to NAC to convene stakeholders to design, develop and implement a common M&E framework for reporting national HIV/AIDS activities such as World AIDS Day, VCT day, traditional ceremonies, and other social mobilization events.
Workplace HIV/AIDS and Wellness Program Support to USG Partners
• Provided technical assistance to USG-funded bilateral partners to establish workplace health programs that included a menu of workplace-based wellness services and referrals

the overall leadership of the PSMD. *Table 15* summarizes the SHARe II HIV coordination and collaboration interventions and activities, particularly those undertaken under Objective 4.

Two priority SHARe II activities in supporting joint planning and improved coordination and collaboration at national level were to support NAC to translate the NASF into a costed action plan, and to provide technical support to NAC to review the National HIV/AIDS Policy to guide the national HIV/AIDS response beyond 2010. To this end, SHARe II participated in activities led by NAC and the UNJT to cost the NASF, and later, in the review and subsequent costing of the NASF in 2013.

Using Objective 2 activities as the vehicle, SHARe II played a significant role in disseminating the NASF to the districts and supporting DATFs to implement aspects applicable to their districts, including assisting then to develop district-specific HIV/AIDS strategic plans. As discussed under Objective 1, activities to review the National HIV/AIDS policy stalled due to internal restructuring at NAC, including frequent leadership changes at NAC DG level and extensive attrition of other senior NAC staff. When the policy review process resumed in 2015, SHARe II provided some technical advising, but was unable to provide full support due not only to funding constraints, but also imminent project closure.

SHARe II assisted NAC to develop a concept paper for convening regular stakeholder forums at all levels, in order to facilitate HIV coordination and collaboration through improved communication and information flow. Stakeholder forums increase communication and information flow between government and key stakeholders including donors, NGO implementing partners, civil society and can ultimately increase efficiencies and effectiveness in the response. The concept was approved by NAC in 2011. SHARe II's role was to provide funding and technical assistance for hosting the stakeholder forums, with the expectation that implementation would begin in January 2012. However, NAC was unable to host the forums at national level, partly due to the internal restructuring and loss of most of the senior staff, which made implementation difficult. When NAC was finally ready to begin hosting the forums, a national-level stakeholder forum planned for September 2014 did not take place due to SHARe II funding delays,

and was later canceled due to funding limitations. At the provincial and district levels however, many PATFs and DATFs, with SHARe II technical support, convened regular stakeholder forums between 2012 and 2014, greatly facilitating and enhancing HIV coordination and collaboration across partners and implementers.

A common M&E framework for reporting national HIV/AIDS activities was developed by NAC with SHARe II support. Working with its partners, NAC developed and approved the data collection form for the reporting system. Work to the NAC database to facilitate reporting and analysis stalled when both the NAC DG and M&E Director left in early 2014. When NAC requested resumption of support to finalize the system in 2015, SHARe II could not assist because of funding constraints.

SHARe II developed, established, and maintained a tracking system for HIV/AIDS leadership, HIV-related policy, legal environment, and coordinating structure activities. The tracking system was refined over time and the data generated significantly contributed in bridging information gaps in the national HIV/AIDS response. For example, the data generated by the system was used to inform the 2013 midterm review of the NASF and was also used by NAC for some aspects of United Nations General Assembly (UNGASS) reporting.

II. HIV COORDINATION AND COLLABORATION CUSTOM INDICATOR LOP RESULTS

Table 16 shows SHARe II LOP results under the HIV coordination and collaboration component, tracked through the SHARe II M&E system using custom indicators. The implementation of some SHARe II HIV coordination and collaboration activities was heavily dependent on the availability and commitment of NAC leaders and counterparts. Due to internal restructuring and heavy senior staff loss, NAC was not in a position to provide the leadership required for some of these activities.

Indicator 4.1: *Access to Comprehensive Health Services (result: 64 percent)* was poorly phrased. SHARe II engaged 11 USG-funded partners to implement staff wellness and health programs, and all 11 partners had access to or reported access to comprehensive health services through referral or direct service delivery, and thus the result would have been 100 percent, even with minimal SHARe II intervention. Our M&E tracking system, based on our detailed indicator definition, was instead measuring the performance of the workplace HIV and wellness program of each of the 11 partners, and only seven partners met the pre-defined SHARe II criteria (meeting at least three of the following): 1) an organizational assessment conducted to determine current state of the workplace HIV and wellness program;

TABLE 16: SHARE II HIV COORDINATION AND COLLABORATION RESULTS

INDICATOR	DEFINITION	CUMULATIVE (LOP)		
		TARGET	ACHIEVED	PERCENT
4.1: Access to Comprehensive Health Services	Proportion of SHARe II-supported USG-funded projects reporting 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	11	7	64
4.2: Common NAC M&E Framework for National HIV/AIDS Activities	Implement a common NAC M&E framework for tracking and reporting national HIV activities, such as VCT Day, World AIDS Day, and traditional ceremonies	Data collection form developed and approved by NAC, and currently being used. Database changes were held up restructuring at NAC.		
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	Data collection, tracking and monitoring system developed and implemented and handed over to NAC for maintenance and updating		
4.4: NAC State of the HIV/AIDS Response Meetings	Number of planned NAC State of the Response meetings held	3	1	33

2) an employee interest assessment survey conducted to determine needs and preferences for their program; 3) an HIV and wellness activity plan developed and implemented, and; 4) staff designated to coordinate the program.

For indicator *4.4: NAC State of the HIV/AIDS Response Meetings (result: 33 percent)*, only one stakeholder forum of the planned three was implemented, due to constraints at NAC discussed above.

III. HIV COORDINATION AND COLLABORATION MAJOR ACHIEVEMENTS

The major programmatic achievements associated with the SHARe II HIV coordination and collaboration results discussed above include the following:

1. Established and Maintained a Tracking and Reporting System for Structural HIV Prevention Interventions

SHARe II successfully developed, established, and maintained the only tracking and reporting system for structural HIV prevention interventions including HIV/AIDS leadership, policy and legal, and coordinating structures activities in Zambia. SHARe II initially planned to transition the management of this system to local NGO partner ZARAN. However, ZARAN has since closed down, and SHARe II therefore handed over management of the system to NAC. This is actually more appropriate because the system will assist NAC and Zambia not only to meet national multi-sectoral HIV/AIDS response data needs, but also some of the UNGASS reporting requirements.

2. Increased the Effectiveness of the HIV Response at the Provincial and District Levels through Improved HIV Coordination and Collaboration

SHARe II has contributed significantly to improved HIV coordination and collaboration at the province and district levels. Partner PATFs and DATFs are convening regular stakeholder forums ensuring that the HIV implementers and other stakeholders operating in the provinces and district are well coordinated and have opportunity for learning from each and collaborating with each other.

Programmatic Challenges and Constraints

Two major challenges and constraints affected program implementation during the life of the SHARe II project as discussed below.

Public Sector Restructuring Related to Government Change in 2011

The implementation of a significant proportion of SHARe II programs including national policy and legal activities; public sector workplace HIV/AIDS activities; and coordinating structures activities with NAC, PATFs, and DATFs was heavily dependent on the availability of leaders and/or counterparts from GRZ institutions and ministries to lead or co-lead. Shortly after project start-up in November 2010, SHARe II undertook an engagement process with key GRZ decision-makers and counterparts, and obtained their buy-in. This facilitated smooth implementation of SHARe II programs and activities. In September 2011 there was a change of government in Zambia. In the lead-up to the general and presidential elections, most government staff were engaged in election preparations and post–election, for much of 2012, there was massive restructuring in the public sector with most government counterparts preoccupied with internal restructuring. As a result SHARe II lost some momentum. However, the project readjusted quickly and re-gained momentum in most work processes, when things began to normalize during the last half of 2012. For work processes that absolutely require GRZ leadership and sponsorship, particularly some policy and regulatory environment processes, which are by nature relatively slow processes, the loss of time was significant, and had an impact on final SHARe II results and achievements.

Funding Delays in FY 2014 and Funding Cuts in FY 2015

In FY 2014 and FY 2015, funding delays including a stop-work-order stalled progress and prevented the full implementation of the planned activities. In FY 2015, funding reductions to SHARe II led to sudden and premature closeout of a significant proportion of project activities including all workplace HIV/AIDS programs, all HIV/AIDS coordinating structures programs, and most HIV/AIDS leadership, policy, and legal programs. These funding constraints translated into a significant reduction in the life of project in terms of program implementation, and had an impact on some of SHARe II's final results and achievements. Also importantly, these funding constraints prevented the implementation of M&E activities to assess project results and achievements in some indicators and program areas. As result SHARe II was unable to fully assess the impact of all its activities and interventions in preventing HIV transmission and acquisition, and in mitigating the impact of the HIV/AIDS epidemic.

Although these challenges were significant, SHARe II for the most part adjusted its programming and was able to achieve most of its targets and deliverables. After SHARe II funding cuts were put into effect in January 2015, SHARe II officially requested a contract modification to adjust some of the contract targets and deliverables based on the premature program cessation. USAID however decided that a modification was not necessary, given that SHARe II had achieved most LOP targets, a message that was reiterated at the final SHARe II annual portfolio review on October 19, 2015.

Lessons Learned and Recommendations

The lessons learned through the SHARe II project are many. We discuss only five in this report. The monographs and technical briefs produced by SHARe II and submitted as part of end-of-project reports contain additional detailed program-specific lessons learned and recommendations that could inform future programming.

1. In-service training costs are very high —pre-service training is a more cost efficient and sustainable option

Most in-service training that requires transporting and accommodating officers to a central location (residential training) is very costly. We learned this lesson very early on in all such training including training of law enforcement officers in HIV-related case management; religious leaders in HIV/AIDS leadership and messaging; and the Judiciary in appropriate adjudication of HIV-related cases. With the Judiciary, this baseline expense is compounded because meeting venues, transport, and other logistical support for members of the Judiciary who travel out of station is stipulated by the Judiciary and must be adhered to, to safeguard the integrity of the Judiciary, and this adds to the costs. As a project with finite resources and a wide mandate, SHARe II had to pay close attention to costs to ensure equitable funding across all project components, while ensuring deliverables are achieved even in the more costly capacity building aspects. SHARe II thus actively pursued options for pre-service HIV/AIDS training wherever possible, and successfully integrated HIV/AIDS into the curricula and/or coursework of five legal institutions of higher learning, three police training academies, and 11 theological training institutions. This is a less costly and more sustainable approach, particularly for resource-limited settings like Zambia. Through HIV/AIDS integration into legal, law enforcement, and religious leader studies, graduates from these colleges and universities will enter service already HIV-competent, circumventing the need for the more costly in-service training.

Our recommendation is that NAC undertake an extensive audit of the available opportunities for integration of HIV/AIDS into pre-service training, taking into account the needs and requirements for implementing an effective multi-sector HIV/AIDS response. NAC is supremely well positioned to lead efforts to engage institutions of higher learning to be active partners in creating an HIV competent workforce that will respond appropriately to HIV/AIDS in the country. The current approach of in-service training is a reactive response driven by current HIV/AIDS knowledge and skills gaps, which can be bridged by proactive pre-service training, targeting all sectors and their sectoral responsibilities to the national HIV/AIDS response.

2. Processes that depend on GRZ leadership and/or participation to move forward require patience and sensitivity

Many of SHARe II's legal and policy, coordinating structures, and workplace HIV programs activities and interventions required the participation and/or leadership of GRZ counterparts and/or staff. Shortly after start-up in 2010, SHARe II invested significant amounts of time to obtain buy in from senior managements for almost all work processes and began implementing smoothly. The change of government in September 2011 undid most of this work; the public sector was extensively restructured, with some ministries changed and many leaders moved or let go. This required a fresh round of investment to introduce programs to new senior management and obtain their buy-in, which in some cases had a significant impact on progress. In providing technical support to GRZ-led processes, one must exercise patience, as sometimes the pace at which work processes move may seem unacceptably slow. Even when technical support processes were completed by SHARe II, government is often very slow in moving these forward to their logical conclusion, as is the case with the National Alcohol Policy (completed in May 2014) and the National Workplace HIV/AIDS Policy (completed in November 2013), which have been completed and have been awaiting presentation to Cabinet for approval by the responsible ministers for more than a year. The SHARe II core values of respectful relationships and technical excellence were invaluable in guiding staff interactions with our partners; we provided sound technical assistance and moved processes as far as we could trusting that our GRZ colleagues will complete these process

in due course, and maintained collegial and professional relationships with government counterparts in spite of the challenges.

We recommend that NAC increasingly take control of the multi-sectoral HIV/AIDS response so that the pace-setter in some of these technical support processes to GRZ is a government entity (NAC) that has similar authority levels to other government entities. With this approach, instead of each project trying to sell its programs to government counterparts to obtain buy-in, NAC would be present at the entry briefings to explain how the project and the government institution, working together, would contribute to the national multi-sectoral HIV/AIDS response. Additionally, NAC would be an integral partner during implementation to provide intra-government pressure and lobby to ensure that processes that benefit the national HIV/AIDS response are concluded in a timely manner. During most of SHARe II's life of project, NAC was too preoccupied with internal restructuring to fully assume this role. We note that with the current leadership, NAC has regained its credibility and could play this role with the required competence and authority.

3. Chiefdoms are excellent potential powerhouses for local HIV responses and development…but approach is important

Chiefdoms are the pieces of a puzzle that when put together form Zambia; join a critical number of pieces and the whole begins to take shape. Similarly, empower or develop even a few chiefdoms, and the whole country benefits. Almost every Zambian belongs to a chiefdom, and the ties to one's chiefdom are often very strong. Simple and often unassuming as they may seem at first, chiefdoms are a storehouse of knowledge and wisdom; a reservoir of tremendous influence, particularly over subjects; and in most cases, units of intense desire and commitment to move forward and develop. Chiefdoms are thus well positioned to serve as an entry point for responding to HIV/AIDS and for driving development. Give chiefdom leaders a 'how-to' helping hand to implement HIV/AIDS programs to save the lives of their people or to plan for the development of their communities, and they will put all their energy into achieving the intended goals and transforming their communities. The chiefs, who are the ultimate leaders in the chiefdoms are highly respected and highly regarded individuals. Chiefs are also the custodians of customary law (traditions and norms) by which chiefdoms are governed. When they lead by example or pronounce a decree, their subjects conform or follow in large numbers. A lesson learnt by SHARe II is that harnessing the influence of chiefs and other traditional leaders significantly increases the impact of HIV/AIDS programs. There is however, a catch; it matters greatly how you engage chiefdoms and how you conduct yourself. Nowhere is acceptance by the partner community more important to achieving intended goals than in the chiefdoms. SHARe II paid careful attention to this and approached the traditional leaders and their people with respect and ensured we were culturally appropriate in our interactions with each partner chiefdom. We knelt, we clapped, and we bowed when we were expected to; we dressed appropriately; we used the correct form of address; and brought our 'boardroom savvy' down to a 'meeting-under-a-mango tree' level in order to fully meet the needs of partner chiefdoms, particularly rural chiefdoms, and communicate effectively. We called this 'the 60 percent' because that is how important it is for success. Other implementers who considered it beneath them to be culturally appropriate were politely listened to and politely ignored by chiefdom leaders, and their programs fared less well or even failed.

Our recommendation is that government and other players in the HIV/AIDS response utilize this often overlooked but critical resource: the people and the leaders of Zambia's chiefdoms. Government especially, should support and encourage all chiefdoms to come up with developmental strategic plans that mainstream HIV/AIDS and invest in building the capacities of chiefdom leaders in HIV/AIDS leadership and messaging. This will enable the country not only to develop using a bottom-up approach, but also to gain real traction in the national HIV/AIDS response. We also strongly recommend that implementing organizations who work in the chiefdoms insist that their staff be culturally appropriate. It costs nothing, but adds so much to program impact.

4. Addressing real needs and creating win-win situations enhanced SHARe II program impact in the chiefdoms

The SHARe II chiefdom intervention was successful because we supported partner chiefdoms to plan for development and to embed HIV response strategies into these plans. Bringing development to their chiefdoms is something most partner chiefs desperately wanted to do in order to improve the living standards of their people. Most, however, did not know how to plan for development, and this hampered their efforts and progress. The development planning support from SHARe II was a first; none of the 288 chiefdoms in Zambia had a development plan in place. The need was thus very real and the demand huge. Addressing HIV/AIDS in order to save lives is

something all chiefdom leaders want to do, and when HIV response strategies are integrated into developmental strategies, leaders take full responsibility for operationalizing them. When we focused on specific HIV/AIDS leadership interventions, traditional leaders saw that our technical support was helping them to fulfill their responsibilities in chiefdom HIV responses (as outlined in their development strategic plans), not as an external program driven by outsiders. Our partner chiefdoms now implement HIV response strategies on their own, and are pursuing development in a coordinated and strategic manner. Through this intervention, we were able to achieve SHARe II HIV/AIDS leadership objectives in a way that ensured local ownership and sustainability of chiefdom HIV responses, while helping partner chiefdoms to drive their own development; a win-win.

We recommend that HIV implementers always keep in mind that in Zambia, HIV/AIDS is a developmental issue, and that it is also a multi-sectoral issue. Taking time at start-up or during implementation to plan, innovate, identify, and create context-specific win-wins to enhance local ownership, sustainability, and impact of HIV programs is a worthwhile investment. Where an HIV program approach is both cost effective and programmatically effective, ensuring that it accrues wrap- around gains in other areas that benefit partner communities and addresses their real needs is a win-win; it builds goodwill and enhances the impact of HIV/AIDS programs. However, this must go hand-in-hand with ensuring that interventions are scientifically grounded and technically strong and produce the desired results to maintain beneficiary buy-in.

5. Chiefdom HIV/AIDS policy decrees are a very effective HIV response mechanism

SHARe II provided technical support at the national and the sectoral (ministry and organizational) levels in the review and formulation of policies to guide the national and sectoral HIV/AIDS responses. These policies are important: they provide the ground rules by which HIV prevention, care, treatment, and support services will be provided and accessed; they define the regulatory environment for protecting the rights of PLHIV and those affected by HIV/AIDS; and they define the responsibilities of various national offices and office-bearers and other players in ensuring that the policies are implemented. For most of Zambia's rural chiefdom dwellers, national and sectoral policies barely register. What registers are the chiefdom traditions and cultural norms that govern the way they live today, and governed the way their ancestors lived in the past. When, SHARe II supported 12 partner chiefdom to examine their culture and traditions, through bottom-up community conversations and consultations, using HIV/AIDS and gender lenses, and assisted them to decide which to keep, adopt, modify, or discard to prevent HIV and promote gender equity, we were unprepared for the impact that the chiefdom HIV policy decrees would have. In these partner chiefdoms, people fully participated in defining their HIV/AIDS policy decrees, and as soon as the decrees were passed, changed behavior to conform. Almost immediately, rates of VMMC and PMTCT significantly went up; early marriage and rates of GBV significantly reduced; and school re-entry for school-age children including those withdrawn from early marriages, teen mothers, and orphans and other vulnerable children increased. The impact in chiefdom HIV/AIDS responses was indeed significant!

We strongly recommend expanding this technical support to assist all 288 chiefdoms in Zambia to define locally relevant policies to guide their HIV/AIDS responses. This intervention is so effective in changing communal and individual HIV-related behavior, and if fully implemented would be a critical tool in the national HIV/AIDS response. For example, a decree that normalizes VMMC in a traditionally non-circumcising chiefdom has huge potential to reduce HIV acquisition among HIV-negative men, and significantly slow down the HIV epidemic over time. Some aspects of the decrees carry penalties for non-conformists, which are defined by the community members themselves and supports adherence. In Shimukunami chiefdom for example, parents who marry off under-age girls are reported to the chiefdom leaders by neighbors and not only are the girls withdrawn from marriages and re-entered into school, the parents are required to work in the communal chiefdom fields for a number of days as punishment. Marriage of underage girls has virtually ceased in Shimukunami chiefdom! Our only caution is that the technical support provided ensures a bottom-up democratic process (for example in Mbeza chiefdom, more than 2,000 community members and over 500 leaders participated in the HIV policy debates and discussions), which the people fully identify as theirs and will in turn foster conformation and adherence to the norms defined in the decrees.

Finance and Administration

Task Order Funding

The Task Order award budget remained at $29,990,690 throughout the life of the project. Incremental funding was received at varying intervals during the life of project. There were a few occasions, particularly during 2014, when delays in funding slowed program implementation. For example, funding delays stretching from August 2014 to October 2014 prompted USAID to issue a SWO on October 15, 2014 that was lifted on October 31, 2015. In January 2015, SHARe II was advised that the Task Order would not be fully funded, which led to immediate premature closure of most program implementation.

The final modification increasing obligated funds to $25,405,485.99 was issued in April 2015. Thus the total funding received represents approximately 85 percent of and a reduction of $4,585,204 from the award budget. The incremental funding received during 2015 was thus reduced to 36 percent of that expected by JSI for the final year of SHARe II. This had the most significant effect on project operations in the last year and led to early closure of many activities. Total LOP expenditure is expected to be in the region of the final obligated amount of $25,405,485.99.

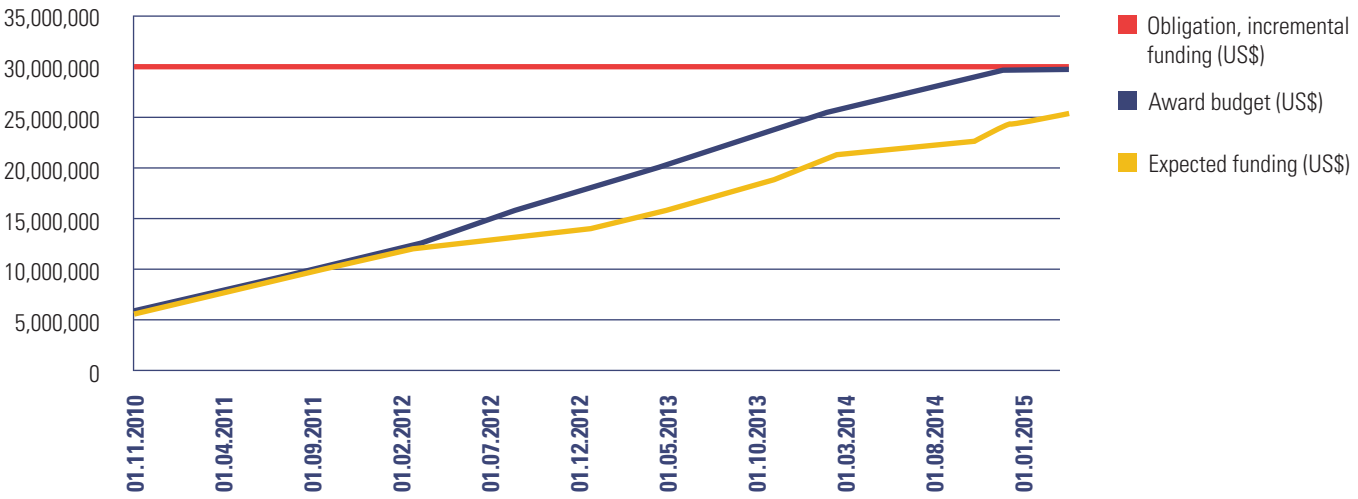
Annual Work Planning

Annual work plans were submitted by the 15 December each year for the subsequent year and were used as a basis for all activity and operations unless otherwise advised by the SHARe II COR.

Sub-Partners

JSI worked with 11 partners to implement the SHARe II project. One partner, Initiatives Inc. is U.S.-based. Four LEAD, ZARAN, ZINGO, and ZHECT were pre-selected and identified in the Task Order budget, and six LTA, GRSZ, ICOZ, NZP+, SHARPZ, and CDT were other implementing partners awarded grants during the SHARe II LOP. For all SHARe II partners, funding delays and reduction in funding during the period August 2014 and February 2015 delayed and interrupted activities planned to be implemented under all the above sub-awards. Most sub-awards closed earlier than anticipated and the scope of work achieved by these awards was significantly reduced.

FIGURE 4: SHARE II FUNDING OVER THE LIFE OF PROJECT



U.S. SUBCONTRACTOR: INITIATIVES INC.

JSI signed a subcontract with Initiatives Inc. on 9 February 2011. Initiatives Inc. was responsible for providing technical expertise in strengthening organizational and coordination capacities of NAC, PATFs, DATFs, and the NZP+ under Objective 2 of this Task Order. Initiatives also provided seven full time staff who worked from the project offices in Lusaka. The original sub-award was $3,299,511 but was later reduced to $2,922,960 and final expenditure is expected to be in the region of $2,300,945. The sub award was closed in March 2015 earlier than anticipated due to the reduction in Task Order funding.

LOCAL SUB-PARTNERS: PRE-SELECTED GRANTS

In accordance with the terms of the Task Order, JSI submitted the SHARe II Grants Strategy and Management Guidelines on 5 February 2011, which described how the project planned to establish and manage the sub-granting process. The following four sub-grants were pre-selected in the approved Task Order budget and awards to these grantees commenced on 1 March 2011, once USAID approval was confirmed.

1. Zambia Health Education Communications Trust, ZHECT

ZHECT was engaged to implement workplace-based programs by building the capacities of 20 private sector workplaces and surrounding communities to respond to their specific HIV/AIDS and other health-related challenges. ZHECT conducted SHARe II activities in Lusaka, Copperbelt, Northern, North-Western, and Luapula provinces. Sub-grants to ZHECT ran from 1 March 2011 through 28 February 2015 and total obligated funds were $753,708. ZHECT contributed to results under Objective 3 of the Task Order.

2. Zambia Interfaith Network, ZINGO

ZINGO is an interfaith network established by major religious groups in Zambia, namely Islamic Supreme Council of Zambia (ISCZ), the Baha'i Faith, Hindu Association of Zambia (HAZ), and Christian, which was represented by four entities: Zambia Episcopal Conference (ZEC), Council of Churches in Zambia (CCZ), Evangelical Fellowship of Zambia (EFZ), and Independent Churches of Zambia (ICOZ). ZINGO was uniquely positioned to engage affiliates and increase HIV/AIDS leadership among religious leaders. ZINGO conducted SHARe II activities in Lusaka, Copperbelt, and Central provinces. Sub-grants to ZINGO ran from 1 March 2011 through 28 February 2015 and total obligated funds were $1,106,519. ZINGO contributed to results under Objective 1 of the Task Order, under the HIV/AIDS leadership sub-task.

3. LEAD-Program Zambia, LEAD

LEAD was engaged to implement workplace-based activities, targeting micro, small, and medium businesses using the BizAIDS model in partner chiefdoms, in Southern, Luapula, and Northern provinces. Sub-grants to LEAD ran from 1 March 2011 through 28 February 2015 and total obligated funds were $918,838. LEAD contributed to results under Objective 3 of the Task Order.

4. Zambian AIDSLAW Research, ZARAN

ZARAN was engaged to implement interventions that strengthened the HIV-related legal environment by building the capacity of the judiciary and law enforcement, and in particular, training some of the local court magistrates. While expected that ZARAN would partner with SHARe II throughout the life of the project, ZARAN was unable to sign up for an annual grant renewal at the end of the second project year because it had lost other significant sources of income and no longer had the capacity for the scope of work required by the SHARe II project in Year 3. ZARAN has subsequently closed and has been de-registered as an organization. Sub-grants to ZARAN ran from 1 March 2011 through 31 December 2012 and total obligated funds were $257,000. ZARAN contributed to results under Objective 1 of the Task Order.

LOCAL SUB-PARTNERS: GRANTS AWARDED DURING THE SHARE II LOP

The following additional sub-grants were awarded during the course of the project upon concurrence from USAID as set out in the SHARe II Grants Strategy and Management Guidelines.

5. Livingstone Tourism Association, LTA

LTA was issued a sub-grant to implement, manage, and coordinate workplace HIV/AIDS for many small tourism sector businesses in and around Livingstone as part of SHARe II's expansion of tourism HIV/AIDS PPP. Sub-grants to LTA ran from 1 April 2013 through 28 February 2015 and total obligated funds were $94,980. LTA contributed to results under Objective 3 of the Task Order.

6. Network of People Living with HIV/AIDS, NZP+

NZP+ is the registered coordinating body for people living with HIV in Zambia. NZP+ was issued a sub-grant to implement programs to reach PLHIV with HIV related services and to strengthen NZP+'s management and institutional capacity to coordinate the PLHIV response to HIV/AIDS in Zambia. Sub-grants to NZP+ ran from 1 July 2014 through 28 February 2015 and total obligated funds were $42,548. NZP+ contributed to results under Objective 2 of the Task Order.

7. Independent Churches of Zambia, ICOZ

ICOZ is a church and ministry umbrella mother body. It embraces Pentecostal, charismatic, and evangelical churches and ministries with doctrinal diversity in Zambia. ICOZ was engaged to train leaders from its affiliate member churches and ministries throughout Lusaka to enable them provide correct HIV messaging to congregants. Sub-grants to ICOZ ran from 1 July 2014 through 28 February 2015 and total obligated funds were $27,052. ICOZ contributed to results under Objective 1 of the Task Order.

8. Grassroots Soccer Zambia, GRSZ

GRSZ was engaged to implement programs to reach youth and adolescents with a continuum of HIV-related services and provide HIV prevention information using their SKILLZ curriculum. Activities were focused in Livingstone and conducted in conjunction with SHARe II work in Sekute chiefdom. A sub-grant to GRS ran from 1 August 2014 through 28 February 2015 and total obligated funds were $54,236. GRSZ contributed to results under Objective 1 of the Task Order.

9. Serenity Harm Reduction Program Zambia, SHARPZ

SHARPZ was engaged to implement programs to prevent and reduce alcohol related harm using the 'Community Alcohol Teams Zambia' (CATZ) model in select chiefdoms and prisons, building on existing SHARe II work to reduce alcohol-related HIV risk and vulnerability, with a view to reducing HIV transmission and promoting adherence to HIV treatment, care, and support for PLHIV. A sub-grant to SHARPZ ran from 1 August 2014 through 28 February 2015 and total obligated funds were $32,709. SHARPZ contributed to results under Objective 1 of the Task Order.

10. Chikanta Development Trust, CDT

A grant was awarded on 1 October 2015 to Chikanta Development Trust for $8,226 to conduct an HIV sensitization social mobilization event in the chiefdom as a follow on to SHARe II's work developing a strategic plan and HIV/AIDS policy decrees. The following was a small rapid response grant (under $10,000), for a time-bound activity that in accordance with the SHARe II Grants Strategy and Management Guidelines did not require prior approval from USAID.

Personnel and Procurement

KEY PERSONNEL

All key personnel remained at post for the duration of the SHARe II project. This level of continuity and the united leadership provided by the SHARe II senior management team which comprised key personnel team and other senior staff was instrumental in maintaining high staff retention and motivation, high-quality programming, and achieving targets and project deliverables.

LOCAL PERSONNEL

Most local hire positions were filled within the first seven months of the project, although there were some delays in obtaining salary approvals. During the life of project, local hire staff members reached around 45 in number at the peak of the project. This included all support staff and Initiatives Inc. local hires. Local staff turnover, while inevitable, was relatively low with only 10 staff members leaving SHARe II prior to close out. The following positions proved difficult to fill through the local market.

Senior manager in policy and legislation: It was difficult to find policy and legal specialists with sufficient HIV skills and experience to fulfill this senior position so it remained vacant until we revised the organizational lines of reporting. SHARe II DCOP programs had oversight of this role for most of the project, directly supervising some of the legal and policy specialists.

Communications and documentation specialist: SHARe II attempted numerous times to recruit locally and failed to find a suitable candidate for this position. From the third year of the project, SHARe II took on a succession of U.S. interns, partly funded through JSI

overhead, to fulfill this role. This proved to be extremely successful and enabled SHARe II to finalize and publish some of the project documents, products, and deliverables to a very high standard.

PROCUREMENT

In accordance with requirements, contract officer approval to purchase all items of non-expendable property (items with unit cost over $500 and a useful life of more than two years) under this Task Order was obtained.

In accordance with contracting officer requirements, SHARe II submitted a detailed proposal for all office IT procurement through USAID Zambia to USAID Bureau for Management/Chief Information Office/Business Consulting and Client Services (M/CIO/BCCS) for an "ADS 58" review. This approval to purchase hardware, software, and network requirements for the project office was finally granted in October 2011 and therefore purchased and installed one year after the start of the project. This seriously hampered project effectiveness during the start-up year.

At the time of finalizing this report SHARe II had submitted the project inventory and proposed disposition plan, received approval from the contracting officer on the plan, and fully disposed of all non-expendable project property, in accordance with the approval letter received from the contracting officer.

The SHARe II project office closed on November 4, 2015.

Project Deliverables, Documents, and Partners

Apart from the results and achievements of the SHARe II project discussed above, the following (*table 17*) SHARe II project partners, deliverables and documents outlined in the annexes.

TABLE 17: SHARE II PARTNERS, DELIVERABLES, AND DOCUMENTS

Annex	Description
1	SHARe II end-of-project documents
2	SHARe II sub-partners and grant amounts
3	SHARe II quarterly, semi-annual, and annual reports and SHARe II plans
4	SHARe II success stories: 6 annually and 36 LOP
5	SHARe II publications
6	SHARe II conference presentation and abstracts
7	SHARe II evaluations and studies
8	SHARe II manuals and materials
9	SHARe II partners

Conclusion

SHARe II successfully supported the multi-sectoral HIV/AIDS response through HIV/AIDS leadership, policy and regulatory environment; HIV/AIDS coordination and collaboration; and workplace HIV/AIDS programs interventions, addressing gaps and challenges in alignment with the NASF to ensure responsiveness, local relevance, and sustainability. Project coverage was national, targeting the general population, but specific programs targeted the following priority populations: PLHIV; prison inmates; AGYW 10-24; migrant workers; and uniformed services.

Using innovative and pioneering approaches, SHARe II supported leaders to be effective HIV/AIDS role models and change-agents; co-led efforts in HIV-related legal and policy reform; trained legal and law enforcement officers in handling HIV-related cases; provided TA to strengthen HIV management and coordination capacities for NAC and its structures and civil society partners; and provided access to high-quality workplace-based HIV services for employees, dependents, and defined outreach communities to reduce HIV-related absenteeism and deaths.

In spite of a truncated implementation period due to funding delays in FY 2014 and funding cuts FY 2015, SHARe II achieved over 90 percent of its targets and deliverables, tracked through the routine M&E system. Funding constraints prevented the implementation of an endline evaluation to measure performance and impact in some program areas, and as such the full impact of the SHARe II project could not be objectively measured.

SHARe II increased HIV/AIDS leadership among traditional, religious and political leaders and among influential opinion-leaders, which led to increased adoption of HIV-preventive behaviors and uptake of care, treatment, and support services in partner communities. SHARe II utilized the tremendous traction gained from implementing successful structural HIV prevention interventions to empower local leaders to mobilize communities around HIV prevention and uptake of HIV-related services. The project successfully hosted and facilitated highly visible platforms, including chiefdom strategic plan launches, at which trained leaders addressed HIV/AIDS for local and national audiences.

SHARe II improved the policy and regulatory environment through technical support to repeal/amend/enact five laws and through technical assistance for HIV-related policy formulation and review at national, sectoral, and chiefdom levels, helping communities and entities to remove barriers to HIV prevention and HIV-related services uptake by beneficiaries. Further, SHARe II has left behind a fully HIV-competent Judiciary at the level of Subordinate Court and Local Court magistrates, and has increased HIV competencies among law enforcement officers through HIV-related case management capacity building, ensuring appropriate handling of HIV-related cases, and appropriate justice outcomes.

SHARe II redesigned and re-invigorated workplace HIV/AIDS programs by transforming them into HIV/AIDS and wellness programs, which increased management buy-in, and staff participation. In a win-win, this also increased participation in workplace HIV/AIDS programs and uptake of HIV-related services, which had been declining when programs were purely focused on HIV/AIDS. The project strengthened HIV/AIDS response coordination at the district level, including building the capacity of DATF members in basic HIV/AIDS and linking DATFs to CDF and private sector resources to improve district HIV/AIDS coordination.

SHARe II HIV/AIDS interventions produced wrap-around gains in other program and development areas. For example, SHARe II workplace HIV/AIDS programs provided a platform for implementing malaria and FP/RH services to increase impact, and SHARe II assisted partner chiefdoms not only to respond more effectively to HIV/AIDS, but also to plan for development to alleviate poverty and to improve governance systems to enable them to capitalize on all available human and other resources, to improve the living conditions of their people.

Sustainability was central to SHARe II programming and was achieved by integrating HIV/AIDS into the training curricula of partner legal institutions of higher learning, police training academies, and theological training institutions, and by mainstreaming HIV/AIDS into the development plans of partner chiefdoms. Additionally, SHARe II mentored and transferred skills to government and other counterparts to ensure program follow-through post-SHARe II.

Through SHARe II, PEPFAR and USAID contributed significantly to Zambia's HIV/AIDS response. SHARe II interventions created an enabling HIV response environment, promoted HIV care and treatment, and prevented new HIV infections, including creating demand for high impact HIV services such as VMMC, HTC, PMTCT, ART, and condoms, and providing condoms where appropriate.

Annexes

ANNEX 1: END-OF-PROJECT DOCUMENTS

#	TYPE	TITLE
1	Final Report	The Five Years–2010 to 2015–of the PEPFAR/USAID-funded SHARe II Project: An Overview
2	Monograph	Addressing HIV/AIDS and Development in Zambia's Chiefdoms: A PEPFAR/USAID-funded SHARe II Project Intervention
3	Monograph	If Justice be Blind, Let Justice be HIV-Competent: A PEPFAR/USAID-funded SHARe II Project and Zambian Judiciary HIV Intervention
4	Monograph	Addressing HIV/AIDS in Zambia's Prisons: A PEPFAR/USAID-funded SHARe II Project and Zambia Prisons Service Multi-Level Intervention
5	Technical Brief	Strengthening District AIDS Taskforce Performance for a More Effective Local HIV and AIDS Response: A PEPFAR/USAID-funded SHARe II Project and National AIDS Council (NAC) Intervention
6	Technical Brief	Revitalizing the PLHIV Response to HIV/AIDS in Zambia: A PEPFAR/USAID-funded SHARe II Project and Network of Zambian People Living with HIV and AIDS (NZP+) Intervention
7	Book	The SHARe II Story Book: Celebrating our Successes and Sharing our Stories

ANNEX 2: SHARE II SUB-PARTNERS AND GRANT AMOUNTS

#	US SUB-PARTNERS	TOTAL OBLIGATED AMOUNT
1	Initiatives Inc.	$2,300,945
Subtotal		**$2,300,945**
	Local Sub-Partners	
2	LEAD Program-Zambia	$918,838
3	Zambia Interfaith Networking Group (ZINGO)	$1,106,519
4	Zambia Health Education and Communication Trust (ZHECT)	$753,708
5	Zambia AIDS Law Research & Advocacy Network (ZARAN)	$257,000
6	Livingstone Tourism Authority (LTA)	$94,980
7	Network of People Living with HIV (NZP+)	$42,548
8	Grassroots Soccer Zambia (GRS)	$54,236
9	Serenity Harm Reduction Programme Zambia (SHARPZ)	$32,709
10	Independent Churches of Zambia (ICOZ)	$27,052
11	Chikanta Development Trust	$8,226
Subtotal		**$3,295,816**
Total		**$5,596,761**

ANNEX 3: SHARE II QUARTERLY, SEMI-ANNUAL, AND ANNUAL REPORTS AND PLANS

ANNUAL WORKPLANS, STRATEGIC AND M&E PLANS	
SHARe II Annual Workplans	**2011, 2012, 2013, 2014, 2015**
SHARe II Strategic Framework	2011 - 2015
SHARe II M&E Plans	2011, 2012, 2013
SHARe II Quarterly, Semi-Annual and Annual Reports	
Quarterly Reports	2011, 2012, 2013, 2014, 2015
Semi-Annual Reports	2011, 2012, 2013, 2014, 2015
Annual Reports	2011, 2012, 2013, 2014, 2015

ANNEX 4: SHARE II SUCCESS STORIES

#	TITLE
1	It Takes a Village: Increasing Uptake of HIV-related Services through Chiefdom HIV/AIDS Mitigation Teams
2	The Chiefdom: An Important Component in Zambia's Health System
3	Graduating HIV/AIDS Savvy: Integrating HIV/AIDS into Curricula of Institutions of Higher Learning
4	Girls for Change: A Multi-layered Workplace HIV/AIDS Program Approach Inspires Change among Simoonga Girls and Secures Futures
5	Repealing an Act: The Deceased Brother's Widow's Marriage Act of 1926
6	Chief Chikanta Brings Agricultural, Financial, and Health and HIV-related Services to his Chiefdom
7	"We the People"—A Community-driven Process Changes Long-standing Tradition
8	Growing a Strong, Healthy, Resilient Mukuni Leya Girl
9	A New Lease on Life: Zambia's Parolees Living with HIV
10	Leadership Behind Bars—Inmates at Zambia's Maximum Security Prison Join the Fight against HIV
11	Defeating the Crocodile: Incorporating HIV/AIDS Messages into Traditional Chiefdom Ceremonies
12	An Unlikely Partnership—Trade Unions, Employers, and Farm Employees Join Hands to Fight HIV
13	Training Court Magistrates to be Agents of Change
14	Standing Together against Poverty and HIV/AIDS—The Nsongwe Community Garden Association
15	Supporting District AIDS Task Forces (DATFs) to Improve HIV Response Coordination and Management ("Speaking the Same Language")
16	A "Paradigm Shift" in Religious Institutions: Discussing HIV/AIDS in Ndola's Mushili Mosque and Other Copperbelt Churches
17	Catch Them Young! Lusaka DATF Rises to Handle HIV Stigma and Discrimination in Schools
18	Culture vs. Science: Halting Efavirenz Misuse and Preventing HIV
19	When the Messenger Matters! Girls and Boys from Lusaka-based Schools Open up to Young Popular Musicians
20	Operationalizing HIV/AIDS Wellness Policies—The Ministry of Agriculture and Livestock Implements its HIV/AIDS and Wellness Policy
21	Stepping Up: Chieftainess Shimukunami Leads the Fight Against HIV/AIDS through Customary Law Decrees
22	DATF Resource Mobilization through Local Entities: CDF & Private Funding
23	Institutional Capacity Building Support to DATFs

24	NZP+ Renaissance: SHARe II as a Catalyst for Change (Reviving the PLHIV Response to HIV/AIDS in Zambia through NZP+)
25	Improving HIV/AIDS Coordination at the Provincial Level
26	Putting the House in Order - Chinsali DATF Stands Strong to Support its Stakeholders
27	Expanding the Tourism HIV/AIDS PPP
28	Supporting the Zambia Prison Service to Ensure that Inmates Access ARVs and Other HIV-related Services
29	A Light in the Darkness: Empowering Prisoners to Stop HIV/AIDS
30	Finding Hope and Help Within-The Police Positive Action by Workers' (PAW) Program at Lilayi Training School Opts for Sustainability and Self-reliance
31	Everybody Counts and Every HIV Infection Averted Counts: HIV/AIDS Sensitization for Livingstone's Sex Workers
32	New Soweto Market Merchants and Staff Face Up to HIV/AIDS
33	GESHA Program Supports Respectful Couple Relations and Prevents HIV in the Zambia Police Service
34	Breaking the Cycle of HIV and Malnutrition at Mpika State Prison
35	Culture vs. Science: Expanding Efforts to Halt Efavirenz Misuse and Preventing HIV
36	HIV/AIDS Stakeholder Forums Process Initiated
37	Chiefdom HIV/AIDS Leadership Development
38	HIV/AIDS Interventions Opening Doors for Broader Chiefdom Dialogue and Development
39	Living Positively: Positive Health Dignity and Prevention with NZP+
40	The Headman's New Clothing: Leadership Empowerment of a Village Headman in Chief Bundabunda's Chiefdom of Zambia
41	Paving the Development Road: Changing Norms and Practices in Support of HI Prevention through Increased Chiefdom HIV/AIDS Leadership
42	Building Blocks of Change: Empowering Zambia's Chiefdoms through Development Strategic Plans
43	Addressing Development and HIV/AIDS in Senior Chief Nalubamba's Mbeza Chiefdom
44	SHARe II Partner Chiefdoms Engage Stakeholders in Development
45	Reorganizing for Development – Cooma Chiefdom Increases Uptake of HIV Services

46	Learning How to Fish—SHARe II Partner Chiefdoms Take Charge of Development
47	Champions of Change: Inspiring Musicians to Promote HIV/AIDS Messaging
48	Galvanizing Traditional Leaders to Improve the Local HIV/AIDS Policy and Regulatory Environment
49	Alcohol Policy and National HIV/AIDS/STI/TB Policy Formulation
50	Supporting Zambia Police Service to Appropriately Manage HIV-related Counterfeit and Intellectual Property Crimes
51	Policy Formation in the Public Sector
52	Building a More HIV Competent Judiciary in Zambia
53	A Revived and Stronger PLHIV Response
54	Addressing Alcohol-related Harm through Technical Support to Policy Formulation and Program Implementation
55	Institutional Capacity Support to NAC, PATFs, and DATFs

ANNEX 5: SHARE II PUBLICATIONS

#	TITLE	PUBLICATION DATE
1	HIV/AIDS Leadership Talking Points for Zambian Leaders: English	Aug 2013
2	HIV/AIDS and the Christian Faith: A Manual for Leaders	May 2015
3	Bwile Chiefdom Development Strategic Plan 2013–2017	July 2013
4	Chikanta Chiefdom Development Strategic Plan 2012–2016	Nov 2012
5	Chisunka Chiefdom Development Strategic Plan 2014–2018	Oct 2014
6	Kanyembo Chiefdom Development Strategic Plan 2015–2019	Aug 2015
7	Macha Chiefdom Development Strategic Plan 2015–2019	Aug 2015
8	Mukuni Chiefdom Development Strategic Plan 2013–2017	Aug 2013
9	Mwamba Chiefdom Development Strategic Plan 2013–2017	Oct 2015
10	Mwansakombe Chiefdom Development Strategic Plan 2014–2018	Oct 2014
11	Mwape Chiefdom Development Strategic Plan 2014–2018	Sept 2014

12	Mwewa Chiefdom Development Strategic Plan 2010–2015	June 2010
13	Nalolo/Lwambi Chiefdom Development Strategic Plan 2015–2019	July 2015
14	Mbeza Chiefdom Development Strategic Plan 2010–2015	Nov 2010
15	Nyakulenga Chiefdom Development Strategic Plan 2015–2019	July 2015
16	Nzamane Chiefdom Development Strategic Plan 2010–2015	Nov 2010
17	Shakumbila Chiefdom Development Strategic Plan 2014–2018	July 2014
18	Shimukunami Chiefdom Development Strategic Plan 2014–2018	June 2014
19	Cooma Chiefdom Development Strategic Plan 2013–2017	Oct 2013
20	Mutondo Chiefdom Development Strategic Plan 2015–2019	Oct 2015
21	Kahare Chiefdom Development Strategic Plan 2015–2019	Oct 2015
22	Kapijimpanga Chiefdom Development Strategic Plan 2016–2020	Oct 2015
23	Vaka Chinyama Chiefdom Development Strategic Plan 2016–2020	Oct 2015
24	Zambia Association of Musicians (ZAM) Strategic Plan 2014–2018	Dec 2013
25	Ministry of Agriculture and Livestock HIV/AIDS and Wellness Policy 2014–2018	July 2014
26	Ministry of Chiefs and Traditional Affairs HIV/AIDS and Wellness Policy 2015–2019	Aug 2015
27	Ministry of Commerce, Trade and Industry HIV/AIDS and Wellness Policy 2015–2019	Oct 2015
28	Ministry of Foreign Affairs HIV/AIDS and Wellness Policy 2015–2019	Oct 2015
29	Ministry of Home Affairs HIV/AIDS and Wellness Policy 2015–2019	Oct 2015
30	Ministry of Labour and Social Security HIV/AIDS and Wellness Policy 2014–2018	June 2015
31	Ministry of Mines, Energy and Water Development HIV/AIDS and Wellness Policy 2014–2018	March 2015
32	Ministry of Transport, Works, Supply and Communication HIV/AIDS and Wellness Policy 2015–2019	July 2015
33	Public Services Management Division (PSMD) HIV/AIDS and Wellness Policy 2015–2019	Oct 2015
34	Copperbelt University (CBU) HIV/AIDS and Wellness Policy 2015–2019	Oct 2015
35	Independent Churches of Zambia HIV/AIDS and Wellness Policy 2015 –2020	Oct 2015

36	Livingstone Tourism Association HIV/AIDS and Wellness Policy 2015–2019	Oct 2015
37	Zambia Prisons Service Health Strategic Plan 2015–2020	Sept 2015
38	Certification Handbook for NZP+ Districts	Dec 2010
39	District Coordination Toolkit. First Edition 2012	April 2012
40	Network of Zambians Living with HIV/AIDS Strategic Plan 2012–2016	Feb 2012
41	Zambia Association of Musicians (ZAM) Strategic Plan 2014–2018	Dec 2013

ANNEX 6: SHARE II CONFERENCE PRESENTATION AND ABSTRACTS

#	TITLE	CONFERENCE
1	Using a feasibility study as an advocacy tool toward repealing an antiquated law that perpetuates HIV- A case of the Deceased Brother's Widow's Marriage Act (DBWMA) in Zambia	AIDS2014
2	Traditional leaders in selected chiefdoms in Zambia take the lead in HIV/AIDS fight through development of decrees to improve local policy and regulatory environment	AIDS2014
3	Involvement of traditional leaders in HIV counseling and testing: baseline findings from chiefdoms in Zambia	AIDS2014
4	Traditional leaders addressing poverty and other developmental issues as a strategy to mitigate HIV/AIDS in Zambia	AIDS2014
5	Mitigating "HIV/AIDS fatigue" by integrating gender and wellness into HIV/AIDS workplace policies and programs in Zambia's public sector workplaces	AIDS2014
6	Building the capacity of judges and magistrates in handling HIV/AIDS-related court cases in Zambia	AIDS2014
7	Leadership behind bars: Peer educators at a Zambian maximum security prison improve access to HIV messaging and resources among inmates	AIDS2014
8	Workplace HIV support groups lead to reduced stigma and discrimination and improved quality of life for Zambian workers	AIDS2014
9	A multi-layered HIV/AIDS program reduces teenage pregnancies among schoolgirls in a Zambian community	AIDS2014

#	TITLE	CONFERENCE
10	Certification Improves HIV/AIDS Coordination Management Systems at the District Level – The Zambian Experience	APHA 2013
11	Knowledge Doesn't Equal Practice: Contradictions In Employees' HIV-Related Knowledge, Attitudes and Practices In Zambia	ICASA 2013
12	How Behavioral and Structural Interventions Impact the Uptake of Voluntary Medical Male Circumcision: The Case of a Traditionally Non-Circumcising Chiefdom in Zambia	ICASA 2013
13	Igniting interest in gender equity in HIV/AIDS prevention in the Police and Prison services of the Ministry of Home Affairs in Zambia	ICASA 2011

ANNEX 7: SHARE II EVALUATIONS AND STUDIES

#	TITLE	DATE
1	Baseline Workplace Assessment: Employee Knowledge, Attitudes and Practices (KAP) Survey Final Report	2012
2	Support To The HIV/AIDS Response In Zambia II (SHARe II) Project: Mid-Term Review	2013
3	SABMiller Workplace Wellness Survey: Report on Employee Knowledge, Attitudes and Practices	2014
4	DATF OCC External Assessment Report	2014
5	DBWMA Final Study Report	2015

ANNEX 8: OTHER SHARE II MANUALS AND MATERIALS

#	TITLE
1	Workplace HIV/AIDS Programs: Peer Education Manual
2	Positive Action by Workers (PAW): Capacity Strengthening Training Curriculum for Workers Living With HIV
3	Gender Sexuality and HIV/AIDS (GESHA) Facilitation Manual
4	HIV Prevention Workshop Facilitator's Guide: Contributing to Positive Health, Dignity, and Prevention for All Zambian PLHIV
5	DATF HIV/AIDS Technical Training Package for Non-Health Workers

ANNEX 9: SHARE II PARTNERS

#	NAME	#	NAME
Chiefs and Chiefdoms			
1	The Litunga La Mboela Lwambi Chiefdom	2	Chief Munokalya Mukuni; Munokalya Mukuni Chiefdom
3	Chief Chikanta; Chikanta Chiefdom	4	Chief Chibwika; Chibwika Chiefdom
5	Chief Macha; Macha Chiefdom	6	Chieftainess Mwape; Mwape Chiefdom
7	Chief Nalubamba;Mbeza chiefdom	8	Chief Cooma; Cooma Chiefdom
9	Chieftainess Kanyembo; Kanyembo Chiefdom	10	Chief Mwansakombe; Mwansakombe Chiefdom
11	Chieftainess Shimukunami and the Shimukunami Chiefdom	12	Senior Chief Shakumbila and the Shakumbila Chiefdom
13	Senior Chief Puta; Bwile Chiefdom	14	Senior Chief Inyambo Yeta; Mwandi Chiefdom
15	Chief Chisunka; Chisunka Chiefdom	16	Chief Kapijimpanga; Kapijimpanga Chiefdom
17	Paramount Chief Chitimukulu; formerly of Mwamba Chiedom	18	Chieftainess Nyakulenga; Nyakulenga Chiefdom
19	Mwene Mutondo; Mutondo Chiefdom	20	Senior Chief Mwamba; Mwamba Chiefdom
21	Senior Chief Mwewa; Mwewa Chiefdom	22	Mwene Kahare; Kahare Chiefdom
23	Senior Chief Nzamane and the Nzamane chiefdom	24	Senior Chief Ndungu and the Vaka Chinyama Cha Mukwamayi Chiefdom
25	Chief Kambwali; Kambwali Chiefdom	26	Chief Mumena; Mumena Chiefdom
27	Bundabunda Chiefdom	28	Chief Sekute and the Sekute Chiefdom
29	Senior Chieftainess Nkomeshya Mukamambo II; Nkomeshya Chiefdom	30	Mungule Chiefdom
Theological Training Institutions			
31	Baptist Theological Seminary of Zambia	32	Justo Mwale University, Lusaka
33	Kaniki Bible University College, Ndola	34	Theological College of Central Africa, Ndola
35	United Church of Zambia, Lusaka	36	Rusangu University, Monze

37	Trans-Africa Theological College (TTC), Kitwe	38	United Church of Zambia (UCZ) University College, Kitwe
39	Living Waters Global Churches, Kitwe	40	Living Waters Bible College, Kitwe
41	Evangelical Bible College, Mufumbwe	42	Mindolo Ecumenical Foundation, Kitwe
43	Lutheran Church of Central Africa Seminary, Lusaka	44	World Council of Churches WCC/EHAIA, Harare, Zimbabwe
US and Local Partner Organizations			
45	Initiatives Inc.	46	Grass Roots Soccer Zambia (GRSZ)
47	Zambian Health Education and Communications Trust (ZHECT)	48	Zambia Interfaith Networking Group on HIV and AIDS (ZINGO)
49	Livingstone Tourism Association (LTA)	50	LEAD Program Zambia Ltd.
51	Independent Churches of Zambia (ICOZ)	52	Zambian Association of Musicians (ZAM)
53	Coalition of African Parliamentarians Against HIV/AIDS (CAPAH) Zambia	54	Network of Zambian People Living with HIV and AIDS (NZP+)
55	MWAROKY	56	Serenity Harm Reduction Programme Zambia (SHARPZ)
Public Sector Partners			
57	National AIDS Council (NAC)	58	Public Service Management Division (PSMD)
59	Provincial AIDS Task Forces (10 PATFs)	60	District Provincial AIDS Task Forces (72 DATFs)
61	Ministry of Home Affairs	62	Ministry of Chiefs and Traditional Affairs
63	Ministry of Tourism and Arts	64	Ministry of Youth and Sports
65	Ministry of Labour and Social Security	66	Ministry of Justice
67	Ministry of Transport, Works, Supply and Communication	68	Ministry of Mines, Energy and Water Development
69	Ministry of Health	70	Ministry of Gender and Child Development
71	Ministry of Local Government and National housing	72	Ministry of Community Development, Mother and Child Health
73	Ministry of Foreign Affairs	74	Ministry of Finance and National Planning
75	Ministry of Information and Broadcasting	76	Ministry of Commerce Trade and Industry

77	Ministry of Agriculture and Livestock	78	Zambia Prisons Service
79	Zambia Police Service	80	Judiciary
Authorities, Commissions and Agencies			
81	Bangweulu Water Transport Board	82	Road Transport and Safety Agency (RTSA)
83	Zambia Weights and Measures Agency	84	Zambia Wildlife Authority
85	Zambia Telecommunication Cooperation	86	Zambia Railways Limited (ZRL)
87	Zambia Postal Services Cooperation	88	Zambia National Airport Cooperation
89	Zambia Development Agency	90	Zambia National Information Services (ZANIS)
91	Zambia Bureau of Standards	92	Zambia Law Development Commission (ZLDC)
93	Citizens Economic Empowerment Commission (CEEC)	94	Zambia Information Communication Technology Authority (ZICTA)
95	Road Development Agency (RDA)	96	Police Public Complaints Authority
97	Patents Company Registration Agency	98	National Council for Construction (NCC)
99	National Archives	100	National Registrar of Societies
101	Mweru Water Transport Board	102	Mpulungu Harbour Corporation
103	Lusaka City Council	104	Engineering Services Corporation Ltd
105	Drug Enforcement Commission	106	Competition Commission
Institutions of Higher Learning			
107	Kamfinsa School of Public Order and Maintenance	108	National Institute for Public Administration (NIPA)
109	Zambia College of Agriculture (ZCA), Mpika/Monze	110	Livingstone International University of Tourism and Business Management
111	Zambia Open University (ZOU)	112	Sondela Paramilitary Training College,
113	Mulungushi University	114	University of Lusaka
115	Cavendish University	116	Copperbelt University (CBU)
117	Lilayi Police Training College	118	Cooperative College

Tourism HIV/AIDS PPP Partners			
119	Kubu Crafts	120	Bushtracks Africa
121	Tongabezi Ltd/Tujatane School	122	Wilderness Safaris
123	Tribal Textiles	124	South Luangwa Conservation Society
125	Shenton Safaris,	126	The River Club
127	Protea Hotel, Livingstone	128	Bakabaka Ltd
129	Robin Pope Safaris (RPS)	130	Old Mondoro Lodge
131	South Luangwa Tourism Association	132	Sanctuary Retreats
133	Wasawange lodge and Tours	134	Sun International Hotel, Zambia
135	Sausage Tree Camp	136	Rainbow Tours and Safaris
137	Zambezi Nkuku	138	Wonder Bake Limited
139	Lion Camp	140	Flatdogs Camp
141	Norman Carr Safaris	142	David Livingstone Hotel
143	Nomad African Travel	144	Jollyboys Backpackers
145	Chipembele Wildlife Education Trust	146	Kafunta River Lodge
147	Chrismar Hotel, Livingstone	148	Chiawa Camp
149	Croc Valley Camp	150	Kiboko Safaris
Other Private Sector Partners			
151	South African Breweries (SABMiller)	152	NWK-AGRI Services (former Dunavant)
153	Zambian Breweries	154	North West Water Sewerage Supply
155	Zambia Federation of Employers (ZFE)	156	Zambia Congress of Trade Unions (ZCTU)
157	Southern Sun	158	Heinrich's Beverages
159	Taj Pamodzi Hotel	160	Zambia Institute of Marketing
161	York Farm	162	Sable Transport & Cons

163	Zambia National Broadcasting Corporation	164	National Union of Plantation Agriculture and Allied Workers (NUPAAW)
165	National Pension Scheme Authority (NAPSA)	166	Zambia Forestry and Forest Industries Corporation (ZAFFICO)
167	Ndola Lime	168	Kateshi Coffee
169	Kalungwishi Kasama Sugar	170	Lusaka Water & Sewerage
171	Kafue Sugar	172	Lumwana Mines
173	Kansanshi Mine	174	Kafubu Water & Sewerage
175	Local Authorities Superannuation Fund (LASF)	176	Tanzania, Zambia, Mafuta Pipelines Ltd. (TAZAMA)
177	Kalumbila Mine	178	Isanya Coffee
179	International Lions Club District 413	180	Edinburgh Hotel
181	Chibuluma Mine	182	Airtel
Partner Church Mother Bodies (Congregations)			
183	Council of Churches of Zambia (21)	184	Islamic Supreme Council of Zambia (12)
185	Evangelical Fellowship of Zambia (18)	186	Independent Churches of Zambia (9)
Other Partners			
187	Ministry of Local Government	188	Office of the registrar of societies
189	Zambia Institute of Advanced legal Education (ZIALE)	190	Eminent lawyers (participating in individual capacity in the legal and policy forum)
191	Law Association of Zambia (LAZ)	192	Women for Change
193	Anti-Corruption Commission (ACC)	194	Cabinet office
195	Women in Law on Southern Africa (WILSA)	196	Senior Citizens Associations of Zambia

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JOHN SNOW, INC.
44 Farnsworth Street
Boston, MA 02210

www.jsi.com