



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

Annual Report October 2014 – September 2015

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
CAPAH	Coalition of African Parliamentarians against HIV & AIDS
CATF	Community AIDS Task Force
CDF	Constituency Development Fund
CSO	Civil Society Organization
DACA	District AIDS Coordination Advisor
DATF	District AIDS Task Force
DBWMA	Deceased Brother's Widow's Marriage Act
DG	Director General
GESHA	Gender, Sexuality and HIV/AIDS
GNP+	Global Network of People Living with HIV/AIDS
GRZ	Government of the Republic of Zambia
HAMT	HIV/AIDS Mitigation Teams
HIV	Human Immunodeficiency Virus
HR	Human Resources
ICOZ	Independent Churches of Zambia
IR	Intermediate Result
JSI	John Snow, Inc.
LEAD	LEAD Program—Zambia
LTA	Livingstone Tourism Authority
MCTI	Ministry of Commerce, Trade and Industry
M&E	Monitoring and Evaluation
MFA	Ministry of Foreign Affairs
MHA	Ministry of Home Affairs
MLSS	Ministry of Labour and Social Security
MMEWD	Ministry of Mines, Energy and Water Development
MOCTA	Ministry of Chiefs and Traditional Affairs
MOH	Ministry of Health
MOJ	Ministry of Justice
MOF	Ministry of Finance
MOU	Memorandum of Understanding
MP	Member of Parliament
MTR	Mid-Term Review
NAC	National HIV/AIDS/STI/TB Council
NASF	National AIDS Strategic Framework
NGI	PEPFAR Next Generation Indicators
NIPA	National Institute of Public Administration
NZP+	Network of Zambian People Living with HIV/AIDS
OCC	Organizational Capacity Certification
OD	Organizational Development
PACA	Provincial AIDS Coordination Advisor
PATF	Provincial AIDS Task Force
PAW	Positive Action at Work
PEPFAR	President's Emergency Plan for AIDS Relief
PHDP	Positive Health, Dignity and Prevention
PLHIV	Person/People Living with HIV and AIDS

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PMTCT	Prevention of Mother to Child Transmission
PPAZ	Planned Parenthood Association of Zambia
PPP	Public-Private Partnership
PSMD	Public Services Management Division
SHARe II	Support to the HIV/AIDS Response in Zambia II
SO	Strategic Objective
TA	Technical Assistance
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
ZAM	Zambian Association of Musicians
ZARAN	Zambia AIDS Law Research and Advocacy Network
ZAWA	Zambia Wildlife Authority
ZHECT	Zambia Health and Education Communication Trust
ZINGO	Zambia Interfaith Networking Organization
ZP	Zambia Police Service
ZPS	Zambian Prisons Service

EXECUTIVE SUMMARY

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

Between October 1, 2014 and September 30, 2015, the following activities were implemented:

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:	Strengthen collaboration and coordination of HIV/AIDS activities with the GRZ, USG funded partners, and other stakeholders

Figure 1: SHARe II project objectives

In **HIV/AIDS Leadership Programs**, SHARe II continued working with chiefs and traditional leaders to increase their HIV/AIDS leadership and messaging through capacity building support in planning for development in order to alleviate poverty, a well-recognized cross-cutting driver of HIV/AIDS in Zambia. SHARe II also provided HIV/AIDS leadership and messaging training and technical support and platforms for HIV/AIDS leadership. The chiefdoms are beginning to see the results of their efforts, through increased HIV-related service uptake by their people and

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

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

In **Coordinating Structures Programs**, SHARe II supported the 72 partner District AIDS Task Forces (DATFs) to improve their coordination of the local HIV/AIDS response

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by linking them to local and other resources; by providing training and support to improve HIV/AIDS technical competencies; and by providing technical support and training to improve institutional capacities to coordinate the HIV/AIDS response. SHARe II provided technical and funding support to the Network of Zambian People Living with HIV/AIDS (NZP+) to improve financial, HR, and M&E systems, and governance.

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

SHARe II held their project close-out conference in Lusaka on July 1, 2015.

More detailed and specific activities undertaken between October 2014 and September 2015 under each task are outlined in the main body of the report below.

PROGRAM OVERVIEW

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

SHARe II Project Purpose

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

SHARe II Vision

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

SHARe II Mission

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

SHARe II Project Goal

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

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

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

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

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

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

SHARe II Project Objectives

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

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

ACTIVITIES UNDERTAKEN, BY OBJECTIVE

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

Through this objective, SHARe II strengthens and improves the overall HIV/AIDS response environment to enable and facilitate the scale-up of a sustained and appropriate, multi-

sectoral HIV/AIDS response, through engagement, mobilization and equipping of leaders at all levels with the necessary skills to be effective change-agents, and through strengthening and supporting the enactment, formulation, and/or implementation of appropriate HIV/AIDS-related policies and laws.

1.1 Strengthen and Expand Leadership Involvement in HIV/AIDS

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

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

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

1.1.1 HIV/AIDS Leadership Support to Traditional Leaders

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

Through this package of support SHARe II assists chiefdoms to integrate HIV/AIDS into their developmental plans, programs and activities, thus ensuring that current and future local and external developmental resources are also used to address HIV/AIDS. A key aspect of the SHARe II support processes is assisting chiefdoms to map out their stakeholders and form strategic linkages to address HIV/AIDS and to foster development.

1.1.1.1 Community Capacity Assessment and Community Development Action Planning

In the period under review, SHARe II facilitated a community capacity assessment (CCA) and community development action planning (CoDAP) processes in Chibwika chiefdom. Since completing the CCA and CoDAP, Chibwika chiefdom is now implementing changes in its approach to HIV/AIDS. With SHARe II's guidance, the chiefdom appointed an HIV/AIDS

focal point person to coordinate the HIV/AIDS response in the chiefdom, began modifying their governance structure to include resident technocrats and organized stakeholder's forum meetings where traditional leadership will discuss HIV/AIDS and chiefdom development issues with stakeholders. These actions enable Chibwika chiefdom to respond effectively to the challenges of underdevelopment and HIV/AIDS.



Figure 2: Traditional Leaders during the Chibwika Chiefdom CoDAP meeting

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

During the period under review, Chisunka, Mwansakombe, Mwape, Lwambi and Nyakulen'ga chiefdoms launched their strategic plans.

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

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

During the period under review, SHARe II trained chiefs, senior village headpersons, village headpersons, traditional councilors, youth leaders, female leaders and other community leaders in HIV/AIDS messaging in Mutondo and Kahare chiefdoms. These leaders are using the skills learned in the trainings to reach out to their communities with important messages and information to address the drivers of HIV. In Mutondo Chiefdom, the 40 trained leaders provided HIV/AIDS messaging to 1,326 community members within a week after the training. Similarly in Kahare, the 40 leaders reached out to 1,065 community members within the same period of time. Like many other SHARe II partner chiefdoms, both Mutondo and Kahare chiefdoms have formed HIV/AIDS mitigation teams (HAMT), which are organized groups of trained leaders responsible for leading and coordinating their chiefdom's response to the epidemic.

During the reporting period, the HAMTs in Shakumbila, Kanyembo, Kambwali, Mwansakombe and Chisunka chiefdoms continued to provide HIV/AIDS messaging to chiefdom residents and link them to HIV/AIDS services. These partner chiefdoms report increase in demand for HIV related services including VMMC, HTC and condom use. In Mukuni chiefdom trained headpersons have mobilized residents to access HTC, VMMC, and cervical cancer screening.

Some of the achievements arising from the HIV/AIDS leadership and messaging activities undertaken by traditional leaders in SHARe II partner chiefdoms during the reporting period are highlighted below:

1.1.1.2.1 Promoting Culture and HIV/AIDS Prevention among Youths in Mukuni Chiefdom

SHARe II is supporting Munokalya Mukuni chiefdom, home to the Leya people of Kazungula and Livingstone, to develop and implement a community-led intervention aimed at ensuring that Mukuni Leya adolescent girls and young women (AG/YW) are socialized in a manner that provides them the information and support system to be resilient to HIV, GBV, early marriage, teen pregnancies, and other harm, and to have the self-esteem and confidence to make the right choices and decisions about health—particularly sexual reproductive health (SRH)—and education. The program, which is led by the chief (chiefdom patriarch), the Bedyango (the chiefdom matriarch) and other senior chiefdom leaders, is designed to utilize existing chiefdom structures, including the Mukuni cultural standard-bearers (balaya) who are responsible for socializing the young, local schools, teachers and peer groupings in the community, in order to ensure local ownership, leadership and sustainability.

At start-up, the chiefdom leaders reviewed Mukuni Leya culture and traditions for socializing the young; defined current youth socialization deficiencies including aspects of Mukuni culture requiring re-modeling; defined the solutions; identified the persons responsible for ensuring successful program rollout and implementation; and worked out a plan for program sustainability. As part of rollout, 314 (170 male, 144 female) cultural standard-bearers (matriarchs, patriarchs, and balaya), teachers, and peer leaders were trained in HIV prevention, SRH, the importance of education, and respectful gender norms and relations to prepare them to provide correct and consistent messaging and/or socialization to chiefdom boys and girls and young men and young women 10-24 years.

As of September 30, 2015, a total of 3,905 primary beneficiaries aged 10-24 years (1,353 male and 2,552 female) have been reached with messaging on HIV/AIDS, SRH, education,

and gender integrated into instruction on Leya culture and tradition. A further secondary group of beneficiaries, a total of 5,236 adults (1,731 males, 3,505 females) reached via community outreach from traditional leaders, were also sensitized in health and gender. In addition, Mukuni leaders opened several access points for condom distribution in the chiefdom and are providing linkages to other HIV/SRH services in order to ensure chiefdom support for sexually active AG/YW 10-24, thereby enabling AG/YW to protect themselves from HIV/STIs and unintended pregnancies.



Figure 3: A female balaya instructs schoolgirls in Gundu village

Chiefdom leadership also resolved to prioritize education for all youths, male and female. So far, 28 AG/YW 10-24 have re-enrolled after leaving school for various reasons, including early marriages and teen pregnancy. Mukuni chiefdom has ensured that this program continues to run despite SHARe II funding challenges and limitations. When communities are involved in defining their own problems and designing the solutions to address those problems, they are invested in seeing the programs succeed and are willing to invest their own resources to sustain the programs. In the next phase, 150 adolescents and young men and women will be trained to provide both school-based and community-based leadership, mentorship, education, and support to their peers.

1.1.1.2.2 Chiefdoms Foster partnerships to Increase Uptake for PMTCT, VMMC and Condom Use

During the period under review, SHARe II-trained traditional leaders in Mukuni and Shakumbila chiefdoms provided demand-creation for the uptake of HIV-related services such as PMTCT, VMMC and condoms, and linked the recipients to appropriate services.

In Mukuni chiefdom, cultural standard-bearers (balayas) rolling out the HIV/AIDS, SRH, Education and Gender program for Mukuni youths, formed partnerships with Planned Parenthood Association of Zambia (PPAZ) and the Kazungula District Medical Office under

the Ministry of Community Development Mother and Child Health. While the traditional leaders engaged community members in HIV/AIDS sensitization and registration for various HIV-related services, PPAZ and Kazungula DMO provided VMMC, HTC, cervical and breast cancer screening and other reproductive health services. The two institutions also provided male and female condoms. In order to increase uptake of condoms, traditional leaders established condom distribution points within each of the twelve zones of Mukuni chiefdom. Through these partnerships, PPAZ conducted 56 circumcisions for men and boys with a further 389 booked for the service. Among girls and women, 48 were screened for cervical cancer with a further 856 booked for the service. In Shakumbila chiefdom, the trained SHAMT traditional leaders partnered with Kezwa Rural Health Center, providing messaging to 107 pregnant mothers while the health providers provided HTC and PMTCT services.

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

Supportive supervision visits to partner chiefdoms have revealed that chiefdoms have used the skills learned from SHARe II to engage stakeholders identified during development strategic planning to carry out development goals outlined in their strategic plans.

In the period under review, SHARe II partner chiefdoms continued to identify and engage stakeholders to carry out activities that contribute to achieving strategic plan objectives. Chief Chikanta hosted the British High Commissioner and the Head of Department for International Development (DFID), where the traditional leaders provided orientation on developmental programs in Chikanta. Chief Chikanta also attended the meeting organized by the World Bank where he made a presentation on the chiefdom's efforts to alleviate poverty within Chikanta.

In February 2015, Macha Chiefdom in Choma District, Southern Province began construction an office and conference facility block near the palace in accordance with their developmental strategic plan under the infrastructure strategic objective. Once completed, the building will accommodate the chief's office and will also provide conference facilities for community groups that actively participate in HIV/AIDS programming. As chiefdoms operationalize strategies in non-health strategic areas in chiefdom development strategic plans, this also contributes to improved health status. A more coordinated chiefdom administration will enable the chiefdom leaders more effectively implement developmental and HIV inclined strategies in their strategic plan.

1.1.2 HIV/AIDS Leadership Support for Influential Opinion-Leaders

SHARe II recognizes that HIV/AIDS leaders and champions come from different walks of life and can speak to different audiences. The magnitude of the HIV/AIDS epidemic requires that SHARe II engage leaders, role models and champions at every level (national and community) and provide them with appropriate messages backed by current science and evidence, in order to ensure correct and consistent messaging and effective leadership. After SHARe II training, influential opinion leaders continue to create platforms for the dissemination of HIV/AIDS messages. During the period under review, SHARe II-trained champion, actress and local TV presenter, Bessy Mulenga, recorded a 13-episode drama titled *Umupamba*. Airing on local networks in February 2015, the series aims to provide

information to the public on ART, PMTCT, and general HIV prevention and care messages. Similarly, SHARe II-trained musician Brian Bwembya (“B-Flow”) released two new HIV-related tracks in December and produced a theme song for World AIDS Day that was later adopted by the AIDS Healthcare Foundation. Following recognition of his robust sensitization activities, the UNFPA requested Brian’s participation in its Condomize! campaign. He was also selected as a Mandela Washington Fellow for 2015!

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

SHARe II has built on work done by its predecessor project, SHARe, which worked successfully with influential young opinion leaders, particularly musicians, to improve HIV/AIDS messaging with Zambia’s youth. SHARe II has helped organize musicians from the Zambia Association of Musicians (ZAM) to take the initiative to mainstream HIV/AIDS into their music, and thus become an integral partner in the HIV/AIDS response in Zambia.. During the period under review, ZAM members continued to mainstream HIV/AIDS messaging into their music and public appearances. Additionally, ZAM, with help from SHARe II, created a chat group on the social media platform WhatsApp to coordinate general membership activities as well as HIV/AIDS-specific initiatives.

By assisting Zambian musicians to integrate HIV/AIDS and other social commentary into their music and by training Zambian musicians as HIV/AIDS ambassadors and champions, SHARe II is ensuring that a generation of Zambians musicians will continue to serve as an important and effective partner in Zambia’s HIV/AIDS response for the foreseeable future.

1.1.3 HIV/AIDS Leadership Support for Religious Leaders

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

The expected outcome of these two activities is that trained and knowledgeable religious leaders will increasingly provide HIV/AIDS leadership in their houses of worship and in the national dialogue, and will take a stand to address the causes and effects of the HIV/AIDS epidemic, including gender inequality, power relations, denial, shame, guilt, stigma and the many forms of discrimination experienced by those living with and/or affected by HIV.

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

In 2011 SHARe II took an assessment of current HIV/AIDS leadership capacities of key partners, including religious leaders. The assessment revealed inadequate capacities and competences among Zambia’s church leaders to effectively address and manage HIV/AIDS

and HIV-related issues. SHARe II has been working with representatives from 12 theological colleges and Bible schools throughout Zambia to develop a common curriculum that integrates HIV/AIDS, with the expectation that each college will later adapt this curriculum to suit specific doctrinal and other needs.

In the period under review, the facilitator’s manual for theological schools was launched and copies of the manual have been distributed to the theological schools. SHARe II partner schools continue to integrate HIV/AIDS into theological curricula. These institutions continued to enroll religious leaders who are expected to complete their programs with comprehensive knowledge on HIV/AIDS issues. By integrating HIV/AIDS into theological training curricula, SHARe II is helping to build a more HIV-competent and compassionate church in Zambia, to ensure PLHIV and those affected by HIV/AIDS are treated fairly and with dignity.

1.1.3.2 HIV Leadership Training for In-service Religious Leaders

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

In the period under review, ZINGO continued to implement activities in 88 local churches and mosques in Ndola, Kitwe, Kapiri Mposhi, Lusaka and Kabwe. During this period, ICOZ also continued to implement activities in five zones with 25 churches. Previously trained in HIV/AIDS messaging by SHARe II, leaders from these churches continue to provide key messages to their congregations and communities. Additionally, ICOZ held supportive supervision meetings with zone coordinators and church leaders to review and evaluate project implementation and to assess challenges.

1.1.4 Major HIV Leadership Achievements

Table I summarizes the major achievements under the HIV leadership sub-task

Table I: Major HIV leadership achievements

#	Major Achievement	Brief Description
I.	Implementation of the HIV/AIDS, SRH, Education and Gender program for Mukuni youths	As of September 30, 2015, a total of 314 trained leaders have reached 3,905 primary beneficiaries aged 10-24 years (1,353 male and 2,552 female) with messaging on HIV/AIDS, SRH, education, and gender integrated into instruction on Leya culture and tradition. A further secondary group of beneficiaries, a total of 5,236 adults (1,731 males, 3,505 females) reached via community outreach from traditional leaders, were also sensitized in health and gender. In addition, Mukuni leaders opened several access points for condom distribution in the chieftdom and are providing linkages to other HIV/SRH services in order to ensure chieftdom support for sexually active AG/YW 10-24, thereby enabling AG/YW to protect themselves from HIV/STIs and unintended pregnancies.

#	Major Achievement	Brief Description
2.	Chiefdoms partner with HIV/AIDS service providers and increase uptake of services	During the period under review, SHARe II-trained traditional leaders in Mukuni and Shakumbila chiefdoms provided demand-creation for the uptake of HIV-related services such as PMTCT, VMMC and condoms, and linked the recipients of their interventions to appropriate services. In Mukuni chiefdom, PPAZ conducted 56 circumcisions for men and boys with a further 389 booked for the service. Among girls and women, 48 were screened for cervical cancer with a further 856 booked for the service. In Shakumbila chiefdom, the trained SHAMT traditional leaders partnered with Kezwa Rural Health Center, providing messaging to 107 pregnant mothers while the health providers provided HTC and PMTCT services.
3.	Finalization of <i>HIV/AIDS Integration into the Christian Faith for Religious Leaders</i>	In the period under review, development of a facilitator's manual for theological schools reached an advanced stage. Representatives from bible schools and theological institutions provided feedback during a validation meeting, which will be incorporated in the final version of the manual to be completed in the next reporting period. In January 2015, SHARe II partner schools of theology admitted a new cohort of students who are expected to complete their programs with comprehensive knowledge on HIV/AIDS issues.

1.1.5 SHARe II HIV Leadership Life of Project Indicator Tracking

Results from SHARe II's work to strengthen and expand leadership in the HIV/AIDS sector are shown below in Table 2.

Table 2: HIV leadership life of project indicators

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
1.1: HIV Leadership Talking Points	Standardized leadership talking points developed, translated into five local languages	Trainings in talking points (English and local languages)	Talking points developed, printed in English and 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 leaders, musicians) provided with TA for HIV-related institutional capacity building through SHARe II's core package, which can include Capacity Assessment, Strategic and Operational Planning, Training and Supportive Supervision	82	84	102%

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Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
1.2_ Champions: HIV Leadership Capacity Building of Champions	Number of leadership champions drawn from the chiefdoms, CAPAH and religious leaders, and musicians provided with TA for high-level HIV/AIDS leadership capacity building.	25	27	108%
1.2_CD: HIV Leadership Capacity Development	Number of leaders that participate in Capacity Development through Capacity Assessment, Strategic Planning and Operational Planning, disaggregated by: Traditional leaders, political leaders (CAPAH), religious institutions (mother bodies or individual church organizations), ZAM, and ZFE	2495	3940	158%
1.2_Train: HIV Leadership Training Capacity Development	Number of leaders (disaggregated by type and gender) trained in any of the following aspects of HIV including: - HIV/AIDS messaging - Advocacy - Issues surrounding PLHIV - Gender issues - Leadership competences	2450	2,960	121%
1.2._PerfInst HIV Leadership Institutional Performance	HIV/AIDS Leadership institutions meeting defined benchmarks based on set criteria using checklist(s) and/or supportive supervision tools. If an institution meets 3 of the 5 criteria where 1 of the 3 is leadership messaging (#5 below), it is defined as "engaged." The criteria for an institution to be defined as "engaged" are: (1) The institution has effected a governance structure (2) Meetings held amongst the leadership with regard to the strategic plan (3) The institution has met with key stakeholders (4) There is evidence of the institution having started or already implemented at least one strategy in the strategic plan (5) Leadership have shared HIV messages at at least one public forum	29	N/A*	N/A*
1.2_PerfInd HIV Leadership Champion Performance	A proportion of trained HIV/AIDS leadership champions that meet the following performance benchmarks: - Evidence of public HIV/AIDS messaging - Endorsing at least one advocacy issue in their area of work - Their willingness to report activities undertaken. This will be monitored using checklist(s) and/or supportive supervision tools and disaggregated by gender.	27	26	96%

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
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%
1.4 HIV/AIDS Leadership Platforms	Number of HIV/AIDS Leadership radio, performance, electronic and print media platforms using messaging provided by the SHARe II project	23	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 (in targeted chiefdoms, religious groups, DATFs and line ministries) that explicitly addresses gender-based violence and coercion related to HIV/AIDS	500	3910	782%

In FY 2014 and FY 2015, funding delays, including a Stop Work Order, prevented the full implementation of planned activities and stalled progress. Later in FY2015, funding cuts to SHARe II led to sudden and premature closeout of a significant proportion of SHARe II project activities and importantly, prevented the implementation of M&E activities to assess project results and achievements in these indicators and program areas

1.2 Improve the Policy and Regulatory Environment

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

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

Inadequate HIV/AIDS, gender and human rights training of legal and law enforcement officers has also hindered progress towards achieving an enabling HIV-related policy and regulatory environment in Zambia. Law enforcement officers, particularly the police, are pivotal in the fight against such vices as defilement, rape and other types of gender-based violence. However, the standard curriculum of the police, who are the first point of contact for victims who wish to seek justice in such cases, does not sufficiently equip and prepare officers to effectively handle the HIV-related cases reported to them. Local court

magistrates, likewise, deal with the bulk of HIV/AIDS-related cases; historically, however, they have had insufficient training and knowledge about HIV/AIDS, gender and human rights and how to handle HIV-related cases, leading to lack of standardization in case management and sometimes, to miscarriage of justice.

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

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

1.2.1.1 The Anti-Gender Based Violence Act (AGBVA)

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

USAID support through SHARe II in this area has helped to create a stronger AGBVA legal framework, and has led to wide dissemination and interpretation of the Act to rural communities in partner chiefdoms. While there was no movement in the development of statutory instruments for the AGBVA during this period, SHARe II continued distributing condensed versions of the Act to traditional and other leaders in rural communities.

1.2.1.2 The Prisons Act, Cap 97

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

In the period under review, SHARe II assisted PAAC in the compilation of recommendations to support prison legal reforms into a document for submission to Ministry of Justice. The compiled list has been circulated through the PAAC secretariat.

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

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

The Deceased Brother's Widow's Marriage Act of 1929 states that “*No marriage heretofore or hereafter contracted between a man and his deceased brother's widow within Zambia or*

without, shall be deemed to have been or shall be void or voidable, as a civil contract, by reason only of such affinity.” This law therefore provides an exception to the laws against bigamy and incest for a surviving brother who wishes to contract a marriage with his deceased brother’s widow, even if the surviving brother is already married—legalizing widow inheritance. The law opens the door for coercing widows into marriage at a time when they might be most vulnerable to such coercion, having just lost their spouse.

From a Public Health Perspective, Widow Inheritance:

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

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

In March 2015, SHARe II completed data collection on support for the DBWMA repeal in the four remaining provinces (Easter, Muchinga, Lusaka and Western Province). SHARe II and ZLDC have commenced data analysis and report writing, expecting to present the report and recommendations to MOJ in June 2015

SHARe II also provided the Chairperson for the Parliamentary Standing Committee on Delegated Legislation with an orientation on the work of SHARe II and ZLDC towards the repeal of DBWMA. The Chairperson requested SHARe II present their findings to the rest of the committee. SHARe II will also use this opportunity to educate Members of Parliament on DBWMA and the vulnerabilities it creates for women, including the increased risk of HIV transmission and acquisition.

Zambia follows a dual legal system consisting of Statute Law inherited from the English common Law. It is codified or written through the legislature or parliament. The other type of law is Customary Law which is not written but is passed on orally from generation to generation; and is different from tribe to tribe. Traditional leaders are the main custodians of customary law. Some SHARe II supported chiefdoms have been developing decrees or policy and leadership commitment declarations in their chiefdoms.

The process involves a democratic process of identifying cultural practices and traditional beliefs which can promote HIV/AIDS transmission and discards them through decrees. At the same time it involves identifying good cultural practices which can prevent further HIV infection. Unfortunately, because customary law is subordinate to statute law the presence of DBWMA on statute books impedes the positive desire of most SHARe II supported traditional leaders to outlaw wife inheritance.

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

1.2.1.4 The NAC Act

In the period under review, SHARe II participated in work planning for NAC activities in 2015. Key activities, critical to the development of legislative procedural rules (statutory instruments), were included on the agenda. Additionally, SHARe II advocated for the development of a technical committee to assume responsibility for the development of statutory instruments to operationalize the Act. Thus far, NAC has identified key stakeholders to participate in this activity and has hosted two meetings.

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

1.2.1.5 The Employment Act and the Industrial and Labor Relations Act

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

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

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

The work supported by SHARe II will ensure HIV/AIDS will have been mainstreamed already when the President assents to these two labour related laws.

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

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

1.2.2.1 The National Alcohol Policy (NAP)

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

With assistance from SHARe II, the Ministry of Health developed the National Alcohol Policy (NAP) and the NAP Implementation Plan. The Ministry of Health submitted these documents to Cabinet for approval in early 2014. In the period under review, the Cabinet created an advisory group of Permanent Secretaries to review the NAP and report to the Secretary to the Cabinet on the suitability of the policy for approval.

The National Alcohol Policy defines the guidelines for the production, distribution and consumption of alcohol in Zambia, and further defines multifaceted sector-based responsibilities for preventing and/or reducing alcohol related harm to society as well as to the individual.

Currently due to the weak alcohol-related policy environment, implementers of interventions to reduce the harmful use of alcohol have faced challenges in achieving traction across the whole value chain from alcohol production to consumption.

The policy comprehensively addresses the gaps in the regulatory environment, provides for a more supportive environment for supporting those with alcohol abuse issues to change, and protects the rights of the substantial segment of the population which either do not drink or has a moderate consumption of alcohol which does not cause harm; the policy does this by addressing all aspects of the alcohol value-chain.

Although the policy has not yet been approved, the Ministry of Community Development, Mother and Child Health has adopted NAP as a working document and are using the Policy Implementation Plan to form three technical working groups responsible for implementing its provisions: Alcohol Demand Reduction; Harm Reduction, Treatment and Support; and Advocacy and Coordination. These working groups meet once a quarter to discuss actions towards operationalization of the policy implementation plan. .

Case Study: Addressing Alcohol-related Harm through Technical Support to Policy Formulation and Program Implementation

Background

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

The PEPFAR/USAID-funded SHARe II project has been working collaboratively with the Government of Zambia (GRZ) and other stakeholders on programs and activities towards realizing the Zambia National Alcohol Policy's (ZNAP) Vision of '*a nation free from negative social, health, and welfare consequences of alcohol use in the population, in order to enhance national development*', since 2011. This vision embodies the aspiration to address the harmful and excessive use of alcohol, which is associated many social, economic and public health problems in the country.

In order to realize this vision, the GRZ has developed a comprehensive final Draft National Alcohol Policy, to provide an appropriate and evidence-based policy framework to guide the production, distribution and consumption of alcohol in order to mitigate various negative consequences associated with harmful use of alcohol. The draft policy defines the guidelines for the production, distribution and consumption of alcohol in Zambia, and further defines multifaceted sector-based responsibilities for preventing and/or reducing alcohol related harm to society as well as to the individual. It comprehensively addresses the gaps in the regulatory environment and provides for a more supportive environment for supporting problem drinkers to change and for protecting the rights of the substantial segment of the population which either do not drink or has low consumption of alcohol which does not cause harm. The policy does this by addressing all aspects of the alcohol value-chain.

Formulating the Zambia National Alcohol Policy

One of the guiding principles in the process of formulating the ZNAP and in its implementation is: *Multisectoral Approach and Partnership*. This is where all sectors of society must be actively involved in the design, implementation, review, monitoring and evaluation of the ZNAP in order for it to be effective. Zambia managed the formulation process in a very inclusive manner; the process of developing the policy generated unprecedented interest among the many stakeholders who wanted to provide their inputs to the policy and play

their part to reduce the effects of alcohol-related harm on Zambian society. The Stakeholders in the process comprised of four main groups:

Government of the Republic of Zambia (GRZ) through the Ministry of Health (MOH) and other Line ministries and Government Agencies: GRZ is the primary stakeholder in this process. The MOH is the sponsoring Ministry for the policy. The Ministry has overall oversight and leadership and stewardship of the policy formulation process and is the Ministry that will table the policy before Cabinet for approval. Additionally, the implementation of the policy will be monitored and evaluated through the MOH.

SHARe II: The SHARe II project has been the lead technical advisor to the Ministry of Health (MOH) in the development of the Zambia National Alcohol Policy (ZNAP). SHARe II also provided funding support towards the policy formulation process. Ordinarily, MOH would have hired a consultant to provide technical leadership; SHARe II played this role.

Private Sector - Alcohol Industry Representatives: Zambia took the view that the National Alcohol Policy is an important public policy, and as such, its formulation required the presence and/or inputs of key players and stakeholders, including the alcohol industry. In this way, it becomes possible and easier for the industry to participate and support interventions, subsequent laws and regulations aimed at reducing alcohol related harm including those targeting the industry. SABMiller, a major representative of the alcohol industry in Zambia responded positively and was present throughout the policy formulation process and provided input.

Civil Society Representatives: Similarly Zambia took the view that the formulation of the policy required and/or inputs of key players and stakeholders, including civil society. Civil society was very broadly represented – groups included implementers of harm-reduction programs related to alcohol as well as faith-based organizations.

The ZNAP formulation process began in 2011 and was finalized in May 2013, with SHARe II as the lead technical support partner to MOH during the process. The key milestones in the process are presented in the table below.

Zambian Breweries Uses the Draft National Alcohol Policy to Implement Programs to Prevent Alcohol Misuse

Although the National Alcohol Policy and its Policy Implementation Plan have not formally been approved and launched by the GRZ, many stakeholders are already implementing it. An example is Zambian Breweries. Zambian Breweries through representation from SABMiller was an integral and important stakeholder in the formulation process of the ZNAP. The private sector responsibilities outlined in the policy include the following two key measures:

1. Utilizing the public-private partnership policy under the Ministry of Commerce, Trade and Industry to promote the private sector's involvement in programs that intend to

prevent, reduce, treat and rehabilitate people and families affected by alcohol-related harms.

2. Producers and retailers have a special and specific responsibility to ensure that alcohol is sold and consumed in accordance with national laws and regulations.

In the case of *Zambian Breweries* the following activities are being undertaken:

Establishment of the Sales and Marketing Compliance Committee (SMCC): This committee was established by *Zambian Breweries* and its purpose is to ensure that *Zambian Breweries* complies with sales and marketing recommendations of both the National Alcohol Policy and the Zambia Liquor Licensing Act. The committee comprises of three members from *Zambian Breweries* and two non-*Zambian Breweries* members. So far, the committee has already held three meeting at which the views of the committee were taken into consideration; the activity below was initiated as a result of the decisions made in the committee meeting.

Development of a sensitization program for alcohol distributors and retailers: According to the situation analysis of the National Alcohol Policy, most retailers and distributors are not aware of the provisions of the Zambia Liquor Licensing Act, and thus do not know whether or not they are compliant. Given this, *Zambian Breweries* has taken it upon itself, with technical support from SHARe II, to develop a series of workshops aimed at raising awareness on the provisions of the Zambia Liquor Licensing Act among liquor traders (distributors and retailers), in order to ensure regulatory compliance within the alcohol value-chain. Up to 2000 participants have already been trained and are benefiting from these planned trainings.

Creating awareness about the dangers of alcohol abuse through radio stations: *Zambian Breweries* has gone further than just addressing the needs of traders by ensuring that consumers are sensitized on the dangers of alcohol abuse. In this regard, the company has put together a series of radio programmes which will start with both Radio I and Radio Phoenix running programs where experts will discuss different aspects of alcohol and alcohol-related harm. Members of the general public will be allowed to ask questions by phoning in. These programs will form the basis for putting together radio programs which will be given to community radio stations throughout the country as repeat programs.

Like *Zambian Breweries*, several other implementers are going ahead and using the draft National Alcohol Policy to implement programs and activities. We hope that the MOH will take note and expedite the approval of the policy in order to fully strengthen the Alcohol policy and regulatory environment, and give implementers an approved implementation policy framework to guide programs and activities.

Figure 4: Key milestones in the formulation of the national alcohol policy

#	Milestone	Completion
1	Development and Approval of the ZNAP Formulation Concept Paper: SHARe II developed and presentation the policy formulation concept paper to the MOH, with subsequent approval and acceptance of the concept paper by MOH	January, 2011
2	Engagement of Stakeholders and Initial Consensus-Building: At this meeting MOH was unanimously retained as the chair; SHARe II was accepted as the consulting agency and lead technical advisor to the MOH; agreement was reached that a public health approach was going to be used in the development of the ZNAP; and the national technical steering committee was appointed	March, 2011
3	Convening of Twelve Stakeholder Meetings and Consultations: The first, to agree the draft policy roadmap and terms of reference for the technical committee; and subsequently to provide inputs to the substantive aspects of the policy	March, 2011 –Oct, 2012
4	Presentation of the ZNAP Draft to Public Sector Line Ministries by MOH: A GRZ-only process in order for Ministries to define their alcohol-related sectoral mandates and responsibilities, and also for them to ensure that alcohol policy was congruent with existing public policies under their different ministries.	Nov, 2012
5	Final Stakeholder Policy Validation Meeting: MOH called back all its stakeholders to a final stakeholder meeting to validate the policy, after submissions by the public sector, where final edits were incorporated and approved. At this same meeting, the ZNAP policy implementation plan was presented by SHARe II and approved.	March, 2013
6	Tabling the Policy before Cabinet for Approval: This is a GRZ-only procedural process. As of May 2013, the Zambia National Alcohol Policy and its accompanying Policy Implementation Plan had been completed, and had been submitted to the Minister of Health awaiting presentation to Cabinet for approval. This step has not taken place to date.	May 2013

1.2.2.2 The National HIV/AIDS Policy

The scope of the Zambia National HIV/AIDS multisectoral response is guided by the National HIV/AIDS/STI/TB/STI Policy of 2005. All other guiding documents including the NASFs, annual work plans, communication strategies, and prevention strategies are based on the policy pronouncements enshrined in the policy. Since 2005, the HIV/AIDS context in Zambia has changed over time, necessitating policy review. Since 2011, SHARe II has provided technical assistance to NAC and the Ministry of Health in the development of a concept paper and a comprehensive plan for the review of the existing National HIV/AIDS Policy. An external consultant, hired by NAC with UNDP support, performed a policy revision evaluation and situation analysis to guide the National Policy Steering Committee—composed of multisectoral representatives—in their identification of policy issues requiring modification. SHARe II has requested that NAC and MOH convene a validation meeting with stakeholders from each province to review the report before making policy change recommendations.

1.2.2.3 The Overarching National Workplace HIV/AIDS Policy

The National Policy on HIV/AIDS and the World of Work provides the principles and a framework for mounting an optimum response to HIV/AIDS in the entire Zambian world of work. It forms the basis for the development of workplace policy guidelines, which address the more specific issues related to the workplace HIV/AIDS response. The policy applies to all employers and workers, including applicants for work, within the public and private sectors. It also applies to all aspects of work, both formal and informal. Once approved, this policy will form the scope of HIV/AIDS and wellness practices in the world of work to reverse some of the negative practices thereby contributing to improved productivity. In the period under review, SHARe II provided the Ministry of Labour and Social Security with guidance in the process of finalizing an overarching national workplace HIV/AIDS policy. The Ministerial Policy Liaison Committee has included the development of this policy on its agenda for 2015. SHARe II has advised NAC and MOH to mobilize additional external resources to support policy development beyond the life of the SHARe II Project.

1.2.2.4 The National Gender Policy

The National Gender Policy has been developed, with input from SHARe II and other stakeholders. The approval of this policy will result in both quantitative and qualitative gender parity whose outcome results will be the inclusion of both men and women; women and boys; and young and elderly people in the development agenda of Zambia and better protections against GBV and other gender-related ills. Due to funding cuts to SHARe II and the directive from USAID to close-out programs, planned activities were cancelled and SHARe II closed-out support in this program area.

1.2.2.5 The National Education Policy

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

1.2.2.6 Other Policy Analysis Undertaken by SHARe II

In the period under review, SHARe II provided technical assistance to the Ministry of Transport, Works and Communication (MTWSC) to mainstream HIV/AIDS into the Road Development Agency (RDA) Clause. The RDA Clause ensures that the RDA earmarks a percentage of road construction project funding for community development activities, including HIV/AIDS, in the areas where construction takes place. During development of the suggested clause amendment, SHARe II assisted MTWSC to define the roles of NAC and DATFs to coordinate the HIV response and to identify stakeholder to carry out HIV/AIDS activities such as sensitization, HTC and condom distribution. SHARe II then facilitated a stakeholders’ meeting where the clause was presented and validated by key MTWSC

representatives. During this reporting period, MTWSC presented the HIV/AIDS amendments to the RDA Clause to the Ministry of Justice for consideration.

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

SHARe II has initiated an innovative way of integrating workplace wellness activities into the HIV/AIDS programming of the public sector by evolving from developing stand-alone HIV/AIDS to holistic workplace wellness activities. This has been attained by training key HIV/AIDS activities implementers from line Ministries in a step-by-step workplace wellness



Figure 5: The Acting Permanent Secretary of the Ministry of Chiefs and Traditional Affairs addresses staff members at the HIV/AIDS and wellness workplace policy drafting workshop in March 2015.

policy development process. Selected participants (mostly from HR and planning departments) undergo a week-long training which introduces them to the fundamental principles of developing HIV/AIDS and wellness policies; SHARe II then supports each invited Ministry to develop a draft HIV and wellness workplace policy and supports them to develop a roadmap towards completion of their HIV/AIDS and wellness workplace policies.

In the period under review, SHARe II engaged 31 members of staff from the Ministry of Chiefs and Traditional Affairs and the Ministry of Foreign Affairs in HIV/AIDS and wellness policy development workshops. The ministries will use the information from policy development exercises facilitated by SHARe II to produce the first draft of their respective workplace policies.

The Public Service Management Division (PSMD), the government body responsible for human resources administration for all public service employees in Zambia, has always been a key player in the Inter-Ministerial AIDS Stakeholders' Forum. In 2014, PSMD partnered with SHARe II to review and update their 2005 workplace policy. During this reporting period, PSMD finalized their workplace policy, which now has clearer roles and objectives for addressing wellness and HIV/AIDS in the division. Additionally, the ministry of Mines, Energy and Water Development, the Ministry of Labour and Social Security and the Ministry of Commerce, Trade and Industry finalized their HIV/AIDS and wellness policies with technical assistance from SHARe II. SHARe II's expectation is that each of the partner Ministries would develop and write their own policy, and SHARe II will only provide technical assistance to guide the process. The pace progress is thus defined largely by the level of commitment of each Ministry.

By September 2015, 14 SHARe II partners had finalized and disseminated their policies.

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

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

1.2.4.1 Sustainable HIV/AIDS Programming: Mainstreaming HIV/AIDS into Pre-Service Training for Law Enforcement Officers within the ZP and ZPS

During the reporting period, SHARe II continued compilation of the pre-service training curriculum for law enforcement officers which includes topics such as HIV/AIDS, gender and human rights that Zambia Police Service (ZP) will mainstream into the standard police training program. SHARe II is planning a validation workshop with ZP, Zambia Prisons Service (ZPS), and stakeholders to review the final content of the curriculum.

The ZPS is a unique public institution serving a group of people—prison inmates—whose HIV prevalence is estimated to be twice the national average. SHARe II provides HIV-related technical assistance to the ZPS in a number of areas, including implementing workplace-based wellness and HIV/AIDS programs for staff, supporting HIV/AIDS programs for prison inmates and serving as the Secretariat of the Prison HIV/AIDS Advisory Committee (PAAC) as the lead technical adviser on HIV/AIDS legal and policy issues.

Case Study: Graduating HIV/AIDS Savvy – Integrating HIV/AIDS into Learning Institutions Curricula

Although HIV has been a reality in Zambia for 30 years, many leaders and public institutions still lack the capacity to adequately address HIV/AIDS issues. As a result, in churches, in courts, in policing and in many other aspects of our society, institutions and individuals who should have been sources of hope, refuge, and redress for PLHIV and those affected by HIV/AIDS have instead often been sources of stigma and discrimination, injustice, and human rights violation. To address this, the PEPFAR/USAID-funded SHARe II project has taken a two-pronged approach to build HIV response and HIV leadership competencies in some of these institutions and individuals.

Building HIV Response Leadership Competencies among In-Service Practitioners

The first approach trains in-service practitioners, and using this approach, SHARe II has trained *533 Zambian magistrates, 898 police officers and 486 religious leaders* in HIV/AIDS case-management and leadership, with customized trainings appropriate for each group. For many partner institutions and organizations, in-service training often requires balancing service provision mandates (the reason why these practitioners are in employment) with the need to upgrade skills by releasing practitioners to be away from work to attend training. This often means that while some officers are at training, others must remain to provide service coverage. Thus, for a partner like SHARe II, this entails bringing together practitioners selected for training from a number of partner institutions or departments, often from different localities, to a central location. Because of this and other reasons, in-service training is often very costly. While HIV/AIDS knowledge and skills gaps are unquestionably there among those already in service, the prohibitively high training costs limit the reach of in-service training.

Building HIV Response Leadership Competencies among Pre-Service Students: Legal Practitioners and Law Enforcement Officers

The second approach that SHARe II took used was to integrate HIV into training schools so that practitioners are equipped with the necessary HIV knowledge and skills as part of their core training, and graduate already HIV competent, a more cost-effective and ultimately more sustainable approach. SHARe II has integrated HIV/AIDS into the curricula of law schools, police training academies, and theological colleges and universities.

With SHARe II technical guidance and support, universities and colleges have started providing pre-service training to legal practitioners (some of whom later join the Judiciary) and law enforcement (police) officers in basic HIV/AIDS facts and appropriate HIV-related case management. SHARe II, with partner institutions, developed three HIV/AIDS modules:

HIV/AIDS and Human Rights Law, HIV/AIDS and Gender Law and HIV/AIDS and Labor Law to improve the handling and adjudication of HIV-related cases. Five institutions of higher learning that train professional and lay legal practitioners, prosecutors and police investigators have integrated these modules into their coursework including the National Institute for Public Administration (NIPA), the University of Lusaka, Zambia Open University, Livingstone International University of Tourism Excellence and Business Management and Mulungushi University. These programs will train at least *500 law students each year* (e.g. NIPA expects an intake class of 198 students in its upcoming 2015 law degree class). Three police training colleges—Kamfinsa, Lilayi and Sondela—have integrated HIV into their curricula; *1,456 officers have been trained to date and 1,500 are expected to be trained every year* in HIV-related case management and criminal law. Upon graduating, legal practitioners (including magistrates) and police officers who go through this training are knowledgeable about HIV/AIDS and well-equipped to handle cases and crimes related to HIV/AIDS.

Building HIV Response Leadership Competencies among Pre-Service Students: Religious Leaders

Over 80% of Zambians belong to a church grouping, and regularly attend church services and other church gatherings. The Church in Zambia is very diverse, comprising of many denominations and belief systems. While the Church has been a staunch ally in the national HIV response, the Church response to HIV/AIDS has been largely left to each denomination to define and implement. In the denominations where information about HIV is readily available to Church leaders and the leaders are HIV-competent, the Church response has been of tremendous help to PLHIV and those affected by HIV, and to the country as whole. However, in the situations and/or denominations where Church leaders lack correct information about HIV and where misconceptions and myths about HIV are prevalent, the Church often inadvertently becomes a vehicle for social injustice and other HIV-related harm, a situation that urgently needed to be addressed and corrected.

Recognizing the problem, and the need to reach and equip as many religious leaders as possible, with the knowledge and skills to effectively address HIV, SHARe II partnered with eleven cross-denominational Christian theological colleges and universities to develop a first-class Christian Leaders Manual called 'HIV/AIDS and the Christian Faith' which integrates HIV into Christian training. The manual represents the first combined effort by the Christian Church in Zambia to begin to systematically address HIV in the country by ensuring that the leaders of the Christian Church, graduate from these partner Theological and Bible schools, HIV-competent. All eleven colleges have already rolled out the training in their institutions. The integrated HIV/Christian faith training will help the Christian Church in Zambia to increasingly respond to HIV/AIDS faithfully and competently, and provide PLHIV and those affected by HIV with compassionate, respectful, and non-judgmental care. Since 2013, *1,667 Christian leaders have graduated HIV-competent* from the 11 universities and colleges.

This means that church leaders now enter service already HIV competent and enabled to create platforms that allow HIV responses to take place in their houses of worship and to lead the church in a united stand to address the causes and effects of the HIV/AIDS epidemic, including gender inequality, power relations, denial, shame, guilt, stigma and the many forms of discrimination experienced by those living with and those affected by HIV.

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

In the period under review, SHARe II provided remote assistance to previously trained Counterfeit Crimes coordinators. All regions reported that officers were actively utilizing the information learned from SHARe II to mitigate offenses considered detrimental to the national HIV/AIDS response, such as manufacture and sale of illegal drugs—including counterfeit ARVs.

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

SHARe II, in collaboration with the Ministry of Justice, has been training court magistrates in HIV-related case management, including gender-based violence, underage marriages, labor laws and the rights of people living with HIV. In the absence of specific HIV/AIDS laws in Zambia, these trainings aim to standardize and improve the handling and adjudication of HIV-related cases brought before the Zambian courts by including information on relevant cases in Zambia as well as comparative case analyses from other countries in the region. Due to funding cuts to SHARe II and the directive from USAID to close-out programs, planned activities were cancelled and SHARe II is currently in the process of closing-out support in this program area.

1.2.4.4 Sustainable HIV/AIDS Programming: Integrating HIV/AIDS into Curriculum of Pre-Service Legal Institutions

SHARe II partners with higher learning institutions to mainstream HIV/AIDS into curricula for students of law. In this manner, new lawyers are better prepared to manage cases involving HIV/AIDS-affected individuals when they enter the system. USAID support through SHARe II is transforming the judicial landscape in Zambia making it a more supportive and relevant partner in the national HIV/AIDS response.

During the period under review, Zambia Open University and the National Institute of Public Administration (NIPA) enrolled their first class of law students where HIV/AIDS will be a required component of their degree program. However, due to funding cuts to SHARe II and the directive from USAID to close-out programs, planned activities were cancelled and SHARe II is currently in the process of closing-out support in this program area.

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

Chiefs and other traditional leaders have the authority to amend customary laws and to provide traditional guidance and leadership to influence behavior and social norms that affect the response to the HIV/AIDS epidemic.

They are powerful allies in the HIV response because of their ability to discourage behaviors such as early marriage, gender-based violence, property-grabbing from widows and orphans, sexual cleansing after the death of a spouse and the practice of multiple concurrent partnerships, and to promote helpful interventions such as condom use, male circumcision, couple HIV testing and counseling, PMTCT and early entry into HIV care and treatment.

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

Traditional leaders in Zambia are the custodians of cultural practices; they have the power to either perpetuate them or eliminate them. Some cultural practices and social norms, such as multiple concurrent partners, age-disparate sexual relations, sexual cleansing of widows/widowers, wife inheritance, early marriages, alcohol abuse and GBV, influence individual and group HIV risk and contribute to the spread HIV.

SHARe II respectfully engages chieftom leaders and their people, initially by assisting them to address poverty and HIV/AIDS by planning for development and local HIV responses. During planning, they were encouraged to collectively identify cultural determinants of HIV transmission in their communities and the possible solutions to address them.

Through a bottom-up consultative and participatory process that allows community voices to be heard, SHARe II assisted chieftoms to initiate and maintain changes in community norms in support of HIV prevention through written community HIV/AIDS policies and decrees.

To date, 10 partner chieftoms in Southern, Eastern, Copperbelt and Luapula provinces, with technical assistance from SHARe II, have formally outlawed harmful behaviors through HIV/AIDS decrees. In the period under review, reports from six chieftoms (Chikanta, Chisunka, Kambwali, Kanyembo, Nzamane) indicate that these HIV customary decrees have influenced behavior and practices among residents.

- In Kambwali chieftom, husbands now accompany their pregnant wives for couple HTC and PMTCT following the introduction of a by-law making antenatal care and PMTCT, where applicable, compulsory for all pregnant women, with consequences for both the women and their male partners for not conforming;
- In Nzamane chieftom, where decrees have been developed to regulate alcohol production and consumption, Mr. Ndhovu, the chief's spokesperson, says "the brewing of Kachasu alcohol has significantly reduced across the chieftom, as village heads and zonal leaders now have a written guide to follow and enforce.";

- Similarly, following a decree requiring strict operating hours for alcohol vendors (10:00-20:00 hours), Chief Chisunka reports a reduction in the misuse and consumption of alcohol, and this has led to reductions in reported cases of GBV;
- Cooma chiefdom has banned early and forced marriages, and this has led to an increase in young girls retrieved from early marriages and returning to school;
- Following a decree banning wife beating and other GBV, chieftainess Kanyembo reports that the number of cases of GBV that chiefdom leaders and courts are handling have significantly reduced.

A major lesson learned by SHARe II in this area is just how impactful these decrees have been on local HIV responses. The impact of these decrees is immediate; subjects change behavior to conform. SHARe II's support to improve the HIV-related policy and regulatory environment in chiefdoms has the potential to make a considerable impact on the course of Zambia's HIV epidemic.

1.2.5.2 Implementation of Gender Score Card in Partner Chiefdoms

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

The GSC establishes an accountability framework for assessing the effectiveness gender mainstreaming in selected areas of societal functions including leadership in development, education, livelihood, access to health services etc. Because the GSC is administered serially, it is expected that a chiefdom will know whether it is making progress or not towards gender parity which is a prerequisite of gender equity and equality, which will, in turn, work positively towards HIV infection prevention, treatment, care and support.

The implementation of the GSC in the chiefdom stimulates a constructive dialogue about critical areas needing attention and it is hoped to be a source of good practice sharing. SHARe II intends to analyze the already collected data and provide feedback to the chiefdoms, the Ministry of Chiefs and Traditional Affairs, and the Ministry of Gender to inform decision-making, not just in HIV/AIDS, but also from a developmental point of view.

However, due to funding cuts to SHARe II and the directive from USAID to close-out programs, planned GSC activities were cancelled.

1.2.6 Major Achievements in HIV-related Policy and Regulatory Work

Table 3 below summarizes the major achievements under SHARe II's HIV-related policy and regulatory environment work.

Table 3: SHARe II HIV-related policy and regulatory environment major achievements

#	Major Achievement	Brief Description
1.	Wellness and HIV/AIDS Workplace Policy Development in Line Ministries	During the reporting period, SHARe II assisted PSMD, MMEWD, MCTI and MLSS to finalize their HIV/AIDS and wellness policies, and facilitated policy development workshops for MFA and MOCTA. Ministries that are operationalizing their policies are now budgeting for wellness and HIV/AIDS activities and note increased participation in workplace HIV/AIDS and wellness programs.
2.	Decree Results	Reports from six chiefdoms demonstrate the impact made by SHARe II-supported customary HIV/AIDS decree to initiate and maintain changes in community norms in support of HIV prevention. Changes include reduced cases of GBV, increases in individual and couple HTC and PMTCT, reduced alcohol misuse and reductions in early marriages for young girls.
3.	RDA Clause Amendment	SHARe II technical assistance to the MTWSC to mainstream HIV/AIDS into the Road Development Agency (RDA) Clause will ensure that the RDA earmarks a percentage of road construction project funding for HIV/AIDS activities in the areas where construction takes place. During this reporting period, MTWSC presented the HIV/AIDS amendments to the RDA Clause to the Ministry of Justice for consideration. This amendment will enshrine local and sustainable support towards the HIV/AIDS response.

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

Life of project results from SHARe II's HIV-related policy and regulatory work are shown below in Table 4.

Table 4: Legal and policy life of project indicators

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
1.11: HIV-related Curriculum Integration into Pre-Service Schools	Number and percent of schools offering law training which have integrated HIV-related case management into pre-service training curriculum	10	8	80%

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Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
1.12a: Bills and Legislation Advancing through Legislative Process	Number of the identified HIV-related pieces of legislation advanced at least two levels from baseline in the legislation process. Target currently includes: <ul style="list-style-type: none"> - Anti-Gender-based Violence Act - Prisons Act - Employment Act - Industrial and Labor Relations Act - Deceased Brother's Widow's Marriage Act - NAC Act 	6	6	100%
1.12b: Policies Advancing through Development Process	Number of the identified HIV-related policies having advanced at least two levels from baseline. The policies are: <ul style="list-style-type: none"> - National HIV/AIDS Policy - National Workplace HIV Policy - National Alcohol Policy 	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 curriculum, including: <ul style="list-style-type: none"> - Select individuals in GBV - Targeted leaders in advocacy for the reduction of stigma and discrimination, including PLHIV specific issues - Other trainings 	4350	3,097	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 curriculum, including: <ul style="list-style-type: none"> - Select individuals in GBV - Targeted leaders in advocacy for the reduction of stigma and discrimination, including PLHIV specific issues - Other trainings 	1850	1575	85%
1.14: By-laws and Decrees on Gender Inequities and Cultural Practices	Number of targeted organizations (local authorities and chiefdoms) which 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 pieces of legislation and policies (target is 5 out of 10) which could include national policies on development, education, gender, investment and health, and laws which will be identified in conjunction with NAC, analyzed and reviewed to identify bottlenecks in HIV management and service delivery	5	4	80%
1.16: Sectoral Policies Developed and	Number of public sector ministries and departments (target 15) and CSOs (mother bodies target 5) that SHARe II is engaged with that have workplace HIV/AIDS policies that mainstream	20	14	70%

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
Operationalized	gender			
1.17: Chiefdom Gender Score Card (GSC) Performance	Number and percent of selected chiefdoms where GSC has been administered.	30	10	33%

* In FY 2014 and FY 2015, funding delays, including a Stop Work Order, prevented the full implementation of planned activities and stalled progress. Later in FY2015, funding cuts to SHARe II led to sudden and premature closeout of a significant proportion of SHARe II project activities and importantly, prevented the implementation of M&E activities to assess project results and achievements in these indicators and program areas

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

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

Due to funding cuts to SHARe II and a directive from USAID to close-out programs, all program activities under this objective were closed-out between January and March 2015.

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

The mandate of the National HIV/AIDS/STI/TB Council (NAC) is to coordinate the multi-sectoral HIV/AIDS response in Zambia. NAC works with a number of technical support partners, including USG agencies and projects, UN agencies, public sector institutions, and others in its efforts to coordinate the national HIV/AIDS response. SHARe II's support to NAC was provided through a package of technical assistance, including provision of technical support and advising on specific issues, coordination between SHARe II and NAC staff in program implementation, and participation in NAC management meetings, directorate-specific program planning, evaluations, and relevant theme groups and technical working groups (TWGs).

In the period under review, in October 2014, the Chief of Party and technical staff briefed the new NAC Director General (DG) on the work of SHARe II and provided an orientation on the DATF certification process. The DG suggested areas he thought needed emphasis and requested for more involvement in future activities. SHARe II and NAC obtained the DG's approval during the reporting period to develop a new form of remote support for DATFs through a monthly publication called the *DATF Newsletter*. The NAC Communications and

Documentation Manager is responsible for producing the publication, which contains tips and examples of successful DATF practices which can help other DATFs address gaps in performance. NAC issued the first electronic newsletter in January 2015.

In January 2015, funding to SHARe II was cut, and the SHARe II Chief of Party and other senior managers held several meetings with the DG and NAC leaders, to manage the premature close-out of programs. Most planned activities were phased-out or cancelled. In February 2015, as part of close-out, SHARe II handed over the certification tool, assessors' guidelines, DATF and PATF database and other related documentation to NAC for use in on-going and future HIV/AIDS coordination activities.

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

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

2.2.1 Support to DATF Organizational Capacity Certification (OCC) Process

The SHARe II-developed DATF Organizational Capacity Certification (OCC) process promoted and supported DATF management performance improvement through an external and independent accreditation process that includes 28 performance standards in eight categories. In October 2011 (baseline), trained independent assessors objectively evaluated all 72 DATFs to determine baseline capacities.

In the previous period, SHARe II completed follow-up assessments of all 72 DATFs. The data show significant improvements in DATF performance among all DATFs, but particularly among the 15 targeted pilot DATFs identified by the project to test the certification process. Those DATFs received intensified capacity building support between July 2013 and July 2014. In the period under review, SHARe II continued to provide remote support to 20 DATFs. SHARe II worked with DATFs to review action plan progress, troubleshoot challenges, provide solutions and document achievements during monthly check-ins.

A number of DATFs were able to use their improved capacities to provide technical and coordinated support to 32 Community AIDS Task Forces (CATFs) in their respective districts. This includes guidance in resource mobilization, record keeping, and data collection. Through this SHARe II technical support, DATFs are now able to convene regular stakeholder meetings, leverage resources, review and prepare annual workplans with stakeholders, conduct annual HIV/AIDS events jointly, use HIV/AIDS data for decision making which has seen more DATFs improving their mandate of HIV/AIDS coordination. There is also improved local leadership involvement in district HIV/AIDS responses.

Due to funding cuts to SHARe II and a directive from USAID to close-out programs, all program activities under this sub-task were closed-out between January and March 2015

2.2.2 Support to DATFs in Orientation of Key District Stakeholders

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

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

In the period under review, SHARe II and NAC continued to provide technical support to DATFs in the convening of stakeholders through regular meetings. Between October 2014 and September 2015, 30 of the 72 DATFs conducted quarterly stakeholder meetings. DATFs report that stakeholder forums have become exceedingly important in the management of the district-level response and for sharing information amongst one another. Regular meetings have also enabled DATFs to leverage more resources from stakeholders willing to support better HIV response coordination through stakeholder forums.

2.2.3 Support to DATFs to Build HIV/AIDS Technical Competencies

A key aspect and expectation in the coordination of the HIV/AIDS response is that the DATF members will have some basic understanding of HIV/AIDS, to assist in their coordination of the district response. However, many DACAs and indeed even more DATF members are not HIV/AIDS competent; this creates a challenge in their efforts to coordinate the HIV response.

In February 2015 SHARe II and NAC finalized the *HIV/AIDS Technical Training for Non-Health Workers Facilitator's Guide and Training Handbook* to be handed over to NAC for use in training partners and other coordinating structures such as DATFs. This information enables participants to better understand HIV/AIDS and improves coordination of the local response in their districts, including better articulation of HIV/AIDS issues during DATF coordination meetings.

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

SHARe II technical support assisted coordinating structures to mobilize, administer and manage resources, and use them effectively to address and coordinate the HIV/AIDS response. In 2011, during engagement visits to the 72 DATFs, SHARe II found faltering and ineffective HIV/AIDS response coordination in most districts due to lack of financial and

other resources. The main reason for this was the increasingly erratic central National AIDS Council (NAC) funding disbursements to District AIDS Task Forces (DATFs) for HIV/AIDS response coordination due to funding constraints at NAC. It was also clear that there was lack of awareness by local district authority leaders of their role in district HIV/AIDS response coordination and lack of support to the DATFs.

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

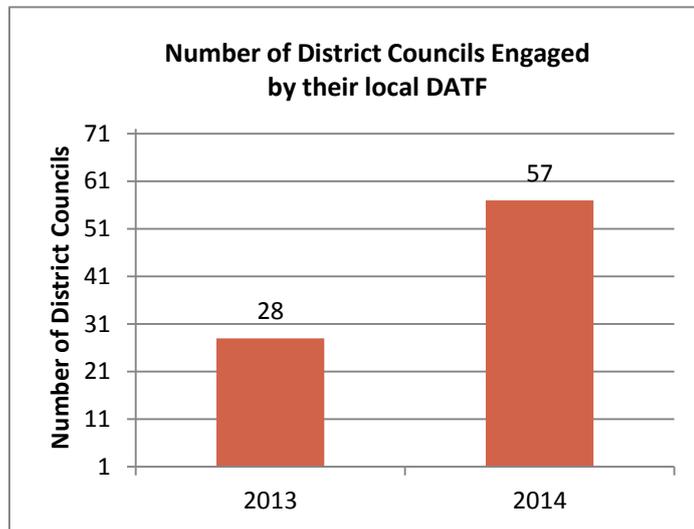


Figure 6: Number of district councils engaged by their local DATF on the Nakonde Declaration and supporting district HIV/AIDS activities through CDF funding

With technical assistance from SHARe II, an increasing number of DATFs were able to access CDF funds for district health efforts. In the year 2014, 57 out of 72 DATFs met with their district council representatives to provide an orientation on the Nakonde Declaration and to seek council support for local HIV/AIDS response activities, and 24 DATFs received a total of K253,000.00 in CDF funds for HIV/AIDS activities.

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

Some of the most significant achievements in the response to the HIV/AIDS epidemic in Zambia have been made through civil society implementers. Building on work begun under SHARe, SHARe II has continued to work with civil society organizations to improve their institutional capacity to coordinate, manage and implement the national HIV response. SHARe II is currently working with several CSOs to help improve institutional capacities, including: the Network of Zambian People Living with HIV/AIDS (NZP+), ZHECT, LEAD, ZINGO's mother-bodies such as Independent Churches of Zambia (ICOZ) and Council of Churches of Zambia (CCZ), as well as Livingstone Tourism Association (LTA) to help improve institutional capacities.

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

Between October 2014 and September 2015, SHARe II focused most of its technical support towards building technical and institutional capacities for the Network of Zambian People Living with HIV/AIDS (NZP+). NZP+, established in 1996, aims to improve the lives of Zambians living with HIV/AIDS by pursuing support for, communication with and representation of PLHIV. The NZP+ network consists of almost 100,000 people nationwide in over 4,500 local support groups, coordinated by district-level chapters.

In collaboration with NAC and the NZP+ Human Resources Committee, SHARe II assisted with the recruitment process for a new NZP+ Executive Director. In the period under review, NZP+, with the support of NAC and SHARe II, conducted interviews for the position of Executive Director. NZP+ board members interviewed four shortlisted candidates. The successful candidate will take his or her appointment in the first quarter of 2015.

During the previous reporting period, in April to June 2014, SHARe II provided technical support to NZP+ to develop a Positive Health, Dignity and Prevention (PHDP) training package through adaptation of SHARe II Positive Action at Work (PAW) materials and additional information from the Southern Africa region developed by the Global Network of People Living with HIV/AIDS (GNP+). In the period under review, drafting of PWP/PHDP materials was completed. The documented was handed over to NZP+ and NAC.

USAID support to NZP+ through SHARe II has strengthened NZP+'s capacity to implement programs to reach PLHIV with HIV-related services and improved NZP+'s management and institutional capacity to coordinate the PLHIV response to HIV/AIDS in Zambia. A strong NZP+ can effectively coordinate the PLHIV response; advocate for and mobilize resources for programs; and support and build the capacity of its district chapters to manage evidence-based and sustainable local HIV/AIDS responses.

With a nationwide presence, a strong NZP+ can be an effective voice of the voiceless at community level and is uniquely placed not only to represent the PLHIV voice, but also to provide guidance and information to PLHIV to enable them to contribute fully to Zambia's HIV prevention efforts.

Case Study: A Revived and Stronger PLHIV Response

The Network of People Living with HIV in Zambia (NZP+), established in 1996, aims to improve the lives of Zambians living with HIV/AIDS. The NZP+ network consists of approximately 100,000 members nationwide, in over 4,500 local support groups, which are coordinated by district-level chapters. For years however, the functioning of the support groups and chapters had been hampered by poor management at national level; the organization had no long-term plans, few financial resources and inadequate management systems. The network's public image was generally negative and its performance in the national HIV/AIDS response suboptimal, which led to a loss of goodwill from key stakeholders, reducing its external funding and—consequently—its operations, with further

loss of donor support.

For many years NZP+ struggled to carry out its mandate, and barely managed to survive. Limited resources and inadequate management systems at the national level resulted in a ripple effect of poor performance, which affected the functioning of some NZP+ district chapters. The chapters had to continue supporting their members without support and guidance from the Secretariat. For the chapters in the peri-urban and rural areas where information is not readily available, inability to access new and up to date information on HIV/AIDS to assist their members to live positively with HIV disease was one of the major challenges faced.

The decline of NZP+ was not only felt internally, it had far reaching consequences on the effectiveness of the national HIV/AIDS response. The organization was once part of the country team that led the Country Coordinating Mechanism (CCM) of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), but due to the weakening of the Institution it was removed from the team in 2011 after serving 9 years as the national representative for PLHIV. A national HIV/AIDS response that does not take into consideration the views, concerns and expressed needs of PLHIV—of which there are approximately 1.1 million in Zambia—has inherent design flaws that make it operate sub-optimally. Therefore, as the fortunes of NZP+ declined, so too did the overall effectiveness of the national HIV/AIDS response.

NZP+'s reversal of fortune began in September 2012, when NZP+ faced up to some of its challenges, and – with technical assistance from the United States Agency for International Development (USAID)-funded Support to the HIV/AIDS Response in Zambia II (SHARe II) project NZP+ was given a new lease of life. SHARe II's technical assistance to NZP+ to strength its management and institutional capacity to coordinate the PLHIV response to HIV/AIDS spans a number of areas.

SHARe II assisted NZP+ to conduct an organizational capacity assessment (OCA) of its institutional and systems capacities to carry out its mandates in 2012; based on OCA results, SHARe II provided both technical and *financial support to develop the NZP+ 2012 – 2016 Strategic Plan and its Operational Plan*. The NZP+ 2012 – 2016 Strategic Plan lays down the strategic direction NZP+ should take for program coordination, implementation and institutional capacity strengthening in order to position the network to optimally contribute to the PLHIV response to HIV/AIDS and to the national HIV/AIDS response. The strategic and operational plans have been very helpful to NZP+ in its efforts to mobilize resources to fund both programs and institutional/systems strengthening activities.

Over the past one and a half years SHARe II has provided intensive support to strength NZP+ management and governance systems, including its financial and M&E systems. Thanks to SHARe II support provided at a critical juncture in NZP+'s history, the network is becoming more effective at both coordinating the work of its district chapters and soliciting

support from external organizations A strong NZP+ will effectively coordinate the PLHIV response; advocate for and mobilize resources for programs; and support and build the capacity of its district chapters to manage evidence-based and sustainable local HIV/AIDS responses. With a nationwide presence, a strong NZP+ can be an effective voice of the voiceless at community level and is uniquely placed not only to represent the PLHIV voice, but also to provide guidance and information to PLHIV to enable them to contribute fully to Zambia's HIV prevention efforts.

Following resource mobilization training from SHARe II in 2013, NZP+ developed a number of project proposals and submitted them to potential donors. In 2015, this exercise paid off! NZP+ was selected as a Global Fund Sub-recipient through the Churches Health Association of Zambia (CHAZ), and was awarded a grant of ZMW 360,000 (\$46,753) per year for 3 years, focused on HIV coordination and advocacy activities. The overall goal of the activities is to strengthen District Chapters to carry out their mandate. In order to carry this out the secretariat will be using the District Chapter certification standards which were developed by SHARe II. NZP+ attests that after the support from SHARe II they have received a lot of recognition from the NGO community and that they feel that they are once more highly visible and relevant in Zambia's HIV/AIDS response.

The icing on the cake? NZP+ was reinstated on the GFATM Zambia CCM team in 2015. Thanks to the support of SHARe II, provided at a critical juncture in NZP+'s history, the network is becoming more effective at coordinating the work of its district chapters, representing Zambia's PLHIV nationally and internationally, and soliciting support from external organizations.

2.4 Major Achievements in SHARe II Coordinating Structures Work

Table 5 below summarizes the Coordinating Structures major achievements.

Table 5: Major achievements in SHARe II coordinating structures work

#	Major Achievement	Brief Description
1.	Development of a strategy with NAC to provide remote support to DATFs through a DATF E-Newsletter and monthly phone support	SHARe II supported NAC to develop and maintain a new form of remote support through the <i>DATF Newsletter</i> , a monthly publication which contains tips and examples of successful DATF practices which can help other DATFs address gaps in performance.
2.	30 out of 72 DATFs conducted quarterly meetings with district stakeholders	SHARe II provided TA to DATFs to hold quarterly stakeholder meetings, which serve as platforms for networking, as a mechanism for feedback, learning and information-sharing on current science, best practices, and lessons learned generated through the HIV/AIDS response in districts and elsewhere

#	Major Achievement	Brief Description
3.	Finalization of the <i>HIV/AIDS Technical Training for Non-Health Workers Facilitator's Guide and Training Handbook</i>	SHARe II and NAC finalized the <i>HIV/AIDS Technical Training for Non-Health Workers Facilitator's Guide and Training Handbook</i> . This was handed over to NAC for use in training DATFs and partners. This information enables participants to better understand HIV/AIDS and improves coordination of the local response in their districts, including better articulation of HIV/AIDS issues during DATF coordination meetings.

2.5 Coordinating Structures Life of Project Indicator Tracking

Life of project results from SHARe II's HIV-related policy and regulatory work are shown below in Table 6.

Table 6: Coordinating structures life of project achievement

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

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
2.1_NACs: NAC Staff Mentoring to Build Institutional Sustainability of NAC	NAC staff (out of 10 PACAs and 10 NAC Secretariat staff) mentored in coordination to provide: - Technical support to DATFs on performance improvement - HIV/AIDS technical information - Training in resource mobilization	20	16	80%

¹ In FY 2014 and FY 2015, funding delays, including a Stop Work Order, prevented the full implementation of planned activities and stalled progress. Later in FY2015, funding cuts to SHARe II led to sudden and premature closeout of a significant proportion of SHARe II project activities and importantly, prevented the implementation of M&E activities to assess project results and achievements in these indicators and program areas

Objective 3: Strengthen and Expand Workplace HIV/AIDS Programs

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

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

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

Due to funding cuts to SHARe II and a directive from USAID to close-out some SHARe II programs, most program activities under this objective were in the process of being closed-out during the reporting period.

3.1 SHARe II Workplace HIV/AIDS Program Approaches and Components

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

3.1.1 Peer Education

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

In defined outreach communities, trained community mobilizers and program facilitators provide HIV services through individual, couple and family-centered counseling; refer/link clients to additional services and monitor and track clients to ensure that they act on referrals and receive services; and provide follow-up and adherence support. Selecting peer educators and community mobilizers who are willing to take on this additional work is critical, as is providing support and incentives for their retention in the program.

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

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

The SHARe II GESHA program provides a 'safe haven' or neutral ground where discussions on gender, culture, and sexuality can openly take place between workmates, between couples and between community members, without fear of sanctions from cultural standard-bearers. The GESHA program strongly promotes mixed gender discussions and also promotes couple-centered discussions. The program involves defined outreach communities members, including spouses and partners, thus circumventing the cultural barriers in HIV/AIDS information sharing.

Further the GESHA program refocuses the discussion on the drivers of the HIV/AIDS epidemic in Zambia, including multiple concurrent partnerships, alcohol abuse, and sexual violence against women and girls, in the context of the gender, sexuality and the cultural environment. The program assists communities to come up with HIV interventions that are relevant to their local situations to address the drivers of the HIV/AIDS epidemic. The

GESHA approach challenges communities, couples and individuals to re-examine own behavior and come up with collective and individual actions to reduce vulnerability to HIV, and begin to slow down local HIV/AIDS epidemics.

3.1.3 Positive Action by Workers (PAW) Program

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

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

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

3.1.4 Linkage to HIV/AIDS Services

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

3.1.5 SHARe II Workplace HIV/AIDS Program Components

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

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

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

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

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

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

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

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

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

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

An effective coordination strategy is very important in ensuring workplace HIV/AIDS programs success. SHARe II has taken on a number of medium and large ZFE (employer representative organization) member enterprises to implement workplace HIV/AIDS programs as part of a larger effort to build ZFE's capacity to coordinate HIV/AIDS programs. SHARe II has also engaged the ZCTU (workers' representative organization) to reach unionized employees in selected workplaces.

Table 7 below highlights the specific support provided by SHARe II in the period under review:

Table 7: SHARe II technical support to ZFE partner companies

#	Partner Company	Technical Support Provided
1.	SABMiller	<ul style="list-style-type: none"> Reviewed the workplace program implementation strategy with management. Discussions on operationalizing the results of the KAP survey at Heinrich beverages (HB). Developed a work plan for the implementation of the workplace program with SABMiller. Reviewed the performance of trained peer educators at Heinrich Beverages (HB) Advised and supported the development of a nutritional supplementation program for low-income HB employees Trained XX peer educators at HB and provided guidance on HIV/AIDS sensitization to be done by trained employees
2.	NUPAAW	<ul style="list-style-type: none"> As part of the scaling up the workplace HIV/AIDS and wellness programs in Mkushi and Chisamba farming blocks, SHARe II and NUPAAW developed plans to train agricultural workers and shop stewards as peer educators and GESHA facilitators Discussed the planning process for an exit strategy and sustainability plan for the programs in Mkushi and Chisamba
3.	NWK AGRI-SERVICES	<ul style="list-style-type: none"> Held discussions with Management on the coordination of the workplace program and the need to appoint senior staff to manage the program in each district where NWK AGRI-SERVICES has depots Held a peer education training for human resource managers responsible for the coordination of the workplace program and 6 regional HIV/AIDS and Wellness Focal Point Persons from Lusaka, Central, Southern and Eastern Provinces

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

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

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

In the period under review, SHARe II provided evaluation of peer educator performance, and worked with PPP partners to develop program sustainability plans to ensure the

continuation of their workplace programs after SHARe II close-out. Due to funding cuts to SHARe II and a directive from USAID to close-out some programs, all program activities under this area of support were closed-out in February 2015

3.2.3 Collaboration with the Livingstone Tourism Association

The LTA implements workplace-based HIV/AIDS programs in small and informal tourism businesses in Livingstone through peer education and community social mobilization activities. Between October 2014 and September 2015, LTA partners continued implementation of HIV/AIDS peer education and social mobilization activities. During the reporting period, LTA organized a one-day sensitization meeting for 90 commercial sex workers to discuss HIV prevention methods and positive health-seeking behaviors. LTA also



Figure 7: Staff at wilderness safaris and the coordinator discussing future workplace HIV/AIDS and wellness programs

held quarterly mentorship meetings for peer educators from markets guesthouses to review performances and share experiences. SHARe II provided technical assistance through its local office in Livingstone, strengthening LTA's ability to coordinate HIV/AIDS programs among their member businesses, and linked them to other stakeholders, such as the DATF and district health office, for additional technical support. However, due to funding cuts to SHARe II and a directive from USAID to close-out some programs, all program activities under this area of support were closed-out in February 2015.

3.2.4 HIV/AIDS Interventions in PPP-Defined Outreach Communities

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

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

To strengthen the corporate social responsibility programs of PPP partners in Livingstone, SHARe II facilitates PPP partner engagement on HIV/AIDS and other health-related issues with defined outreach communities. PPP partners and SHARe II carry out community outreach activities in chief Mukuni's Gundu village and Chief Sekute's Simoonga village to address gaps in adolescent sexual health education.



Figure 8 Girls at Mukuni Comprehensive School make a promise before their teacher that they will remain in school and take steps to prevent HIV and teen pregnancies



Figure 9: Grade 6 Pupils at Simoonga Basic School brainstorming risk factors that would hinder their progress at school and put them at risk of HIV

In the period under review, SHARe II continued to work with community mobilizers and PLHIV peer supporters to address the drivers of HIV/AIDS in the communities of Simoonga and Mukuni. Teachers participating in the SHARe II-supported program at Simonga Basic School and Mukuni Comprehensive School engage pupils (grades 5 -12) through interactive teaching methodologies that motivate pupil self-reflections on sexuality and sexual health and a number of problems, such as teen pregnancy, early marriage and GBV. Since the program began, there have been no instances of teen pregnancy or early marriage among female students in either school. In Mukuni, the program has been extended to out of school youth through the Balaya-led adolescent reproductive health program mentioned earlier under section I.1.

3.2.4.2 HIV/AIDS Programming in Mfuwe – South Luangwa Defined Outreach Communities

In South Luangwa, SHARe II works with Kakumbi Community Resource Board (CRB), Zambian Wildlife Authority (ZAWA), and thirteen tourism businesses (Kafunta Lodge, Norman Carr Safaris, South Luangwa Conservation Society, Chipembele lodge, Tribal Textiles, Kiboko Safaris, Croc Valley Lodge, Mfuwe Lodge, Robin Pop Safaris, Shenton Safaris, Bakabaka Ltd, Flatdogs Lodge, Lion Camp,) to implement workplace HIV/AIDS programs.

In the period under review, community mobilizers from defined outreach communities in Mfuwe continue to provide HIV/AIDS and wellness sensitization with support from the district health department. Between October 2014 and September 2015, SHARe II-trained mobilizers provided HIV/AIDS sensitization to a total of 846 people. However, due to funding cuts to SHARe II and a directive from USAID to close-out some programs, all program activities under this area of support were closed-out in February 2015.



Figure 10: Young mothers receiving mobile HCT services in Mfuwe

3.2.5 HIV/AIDS Workplace Programs in the Informal Sector

SHARe II has developed a successful partnership with the Lusaka City Council to engage five Lusaka-based markets in workplace HIV/AIDS prevention programs: Chaisa, Chachacha (City Centre), New Soweto, Lilanda, and Chelston. The city council is actively participating in the program through the market in-charges or managers. During the period under review, SHARe II-trained peer educators from Lusaka markets continue to create awareness about HIV/AIDS and wellness-related issues and distribute condoms to fellow market vendors and customers. However, due to funding cuts to SHARe II and a directive from USAID to close-out programs, all program activities under this objective were closed-out in February 2015.

3.2.6 SHARe II Programs through Local Sub-partner ZHECT

Zambia Health and Education Community Trust (ZHECT) provides assistance to the formal private sector to implement workplace HIV/AIDS programs. In the period under review, ZHECT continued to provide technical support in the implementation of workplace programs in 19 partner companies.

In the period under review, ZHECT conducted both HIV prevention awareness and HCT with employees from partner organizations such as: Chibuluma Mines, Kafue Sugar, Kafubu Water and Sewerage Company, Kasama Sugar, LASF, NAPSA, Olam International Limited, Pamodzi Hotel, York Farm, ZAFFICO and ZNBC. SHARe II-trained peer educators from the above institutions continue to engage fellow employees in HIV prevention activities. Additionally, ZHECT guided partner workplaces in revisions of their HIV/AIDS and wellness policies in order to align implementation strategies with adequate legal framework.

ZHECT partner organizations took part in 2014 World AIDS Day celebrations in their respective locations. Examples of activities planned and implemented by workplace programs include:

- **ZNBC Health week:** “Health Week” took place from December 1 to December 5, 2014 at ZNBC. During the event, ZNBC Peer Educators performed role plays for fellow employees on HIV stigma related issues and ZHECT conducted HTC and distributed condoms throughout the week.
- **LASF:** ZHECT offered HTC to LASF employees throughout the week. Additionally, ZHECT and the LASF HIV/AIDS workplace program organized presentations from HIV-positive youth that testified to the importance of lifestyle and behavior changes.
- **York Farm:** York Farm celebrated World AIDS Day with staff and individuals from surrounding communities. Peer educators performed role plays on stigma, VMMC and the benefits of HTC.

Due to funding cuts to SHARe II and a directive from USAID to close-out some programs, all ZHECT program activities were closed-out in February 2015.

3.3 Expand and Replicate Efforts in the Public Sector

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

3.3.1 HIV/AIDS Programming in Line Ministries

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

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implement workplace HIV/AIDS programs. Table 8 below highlights the specific support provided by SHARe II in the period under review:

Table 8: SHARe II support to Line Ministries in the implementation of HIV/AIDS and wellness workplace programs

#	Line Ministry	Technical Support Provided
1	Ministry of Transport, Works, Supply and Communication	<ul style="list-style-type: none"> • With technical support from SHARe II, the Ministry organized a GESHA workshop for 33 members of the existing PAW group (15 couples and 3 unmarried members). After the workshop, PAW members provided HIV/AIDS sensitization to all departments in the Ministry for two days and mobilized truckers on HTC and ART services in a two-day outreach activity called Mobile and Alive for the Truckers Association of Zambia called “Mobile and Alive” in collaboration with Chifundo ART Clinic and Chaisa Clinic. • Conducted two 5-day workshops on peer education for 45 ESCO and Maritime Department staff. • In collaboration with the SHARe II Legal and Policy team, participated in a five-day HIV/AIDS and Wellness policy validation workshop in Kabwe. The workshop was funded by MTWSC using World Bank funds. • Conducted a five-day M&E workshop, providing participants with skills in monitoring and evaluating HIV/AIDS and wellness programs and also sensitization on various HIV prevention topics (i.e. MCP, VMMC, HTC, condom use, HIV treatment and adherence, stigma and discrimination, etc). • Facilitated a three-day peer education training funded by the Ministry for 17 at-risk staff members from Ndola and Kitwe.
2	Ministry of Information and Broadcasting	<ul style="list-style-type: none"> • Assisted the Ministry HIV/AIDS and Wellness Committee in the planning of a meeting to solicit senior management support for workplace HIV/AIDS and wellness programs.
3	Ministry of Agriculture and Livestock (MAL)	<ul style="list-style-type: none"> • Provided guidance on the distribution of the wellness and HIV/AIDS Workplace Policy to provincial and district MAL offices. • In collaboration with the SHARe II Legal and Policy team, co-facilitated a workshop for MAL to develop implementation strategies for effective operationalization of the MAL HIV/AIDS and Wellness Workplace Policy. This workshop was attended by all the nine Provincial Agricultural Officers, Ministry Headquarters key staff, Agricultural Training Institutions (i.e. Zambia Institute of Animal Health, Natural Resources Development College, Kasaka Fisheries Training Centre, and Palabana, Popota, Monze and Mpika Colleges of Agriculture), and selected Executive Officers.

#	Line Ministry	Technical Support Provided
4	Ministry of Commerce, Trade and Industry	<ul style="list-style-type: none"> The Ministry and its six statutory boards; the Competition and Consumer Protection Commission; the Zambia Development Agency; the Weights and Measures Agency; the Citizens' Economic Empowerment Commission; the Patents and Companies Registration Agency; and the Zambia Bureau of Standards continued to hold HIV/AIDS sensitization meetings for staff. SHARe II facilitated a GESHA presentation for 28 male staff of the Zambia Bureau of Standards (ZBS) to address GBV and sexual harassment in the workplace.

3.3.2 Ministry of Home Affairs HIV/AIDS Programs

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

In the period under review, the Ministry of Home Affairs finalized their workplace HIV/AIDS and wellness policy through policy validation meetings with departmental focal point persons. The policy will be officially launched in mid-year.

3.3.2.1 Zambia Police Service Workplace HIV/AIDS Program

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

In the period under review, the ZP HIV/AIDS Secretariat conducted follow-up support visits to ZP camps in the Copperbelt to mentor SHARe II-trained GESHA teams and to review activities addressing ARV misuse in the form of "Nsunko-plus" within ZP camps following training conducted in late 2013 and early 2014 to address the issue. The Secretariat also made visits to Roan, Tazara and Kapiri-Mposhi ZP PAW groups to review activities and to evaluate local ZP support for the program. With skills acquired from SHARe II, the ZP HIV/AIDS Secretariat team also conducted training in HIV/AIDS and wellness workplace programs in Choma, Kabwe, Luanshya, Mansa, Mpika, Ndola and Solwezi. During this period, SHARe II worked with the ZP Secretariat to review annual work plans, aiming to develop a plan for sustainability in anticipation of reduced SHARe II support in 2015.

3.3.2.2 Zambia Prison Service HIV/AIDS Programs

The Zambia Prison Service established the Prison HIV/AIDS Advisory Committee (PAAC) to help coordinate the HIV/AIDS activities in its prisons with various stakeholders, and to

use the forum for advice and resource mobilization in carrying out HIV/AIDS prevention activities. SHARe II has been a key partner of the committee since inception and has provided leadership and guidance that led to the development of the first strategic and operational plans for HIV/AIDS. SHARe II has been working collaboratively with the Zambia Prison Service, providing technical assistance at two levels:

1. **Behavioral HIV Interventions for Staff, Outreach Communities and Inmates:**

SHARe II provides technical assistance to 32 prisons to implement workplace-based HIV/AIDS programs for staff and defined outreach communities, and to implement HIV/AIDS programs for inmates. Staff and defined outreach community programs address the drivers of the HIV epidemic in Zambia and equip peer educators and other providers to implement programs in the workplace and in the community, aimed at reducing HIV risk and vulnerability; increasing uptake of HIV services such as ART and PMTCT; and encouraging adherence to ART and care. The programs also equip senior Prison Service management to manage and coordinate HIV/AIDS programs. The HIV/AIDS programs for inmates address HIV risk through unprotected anal sex and other behaviors such as sharing razors and tattooing. The programs train inmate peer educators and provide HIV prevention information targeting HIV drivers in the prison setting; provide mobile HTC services and linkages to services, including ART; address adherence to HIV care and treatment; and provide support through inmate support groups.

2. **Zambia Prison Service Structural Interventions:** Structural intervention are undertaken in collaboration with other stakeholders and aim to assist the Zambia Prisons Service to implement policy changes to improve its effectiveness in providing custodial and correctional services to the prisoners. Specifically SHARe II has provided technical assistance to the Zambia Prison Service to develop and review its strategic plan and has worked the ZPS and other stakeholders around advocacy and other efforts to improve living conditions for prison inmates, including reducing HIV vulnerability and improving access to HIV treatment and care services for inmates living with HIV.

SHARe II is also providing support to the ZPS Parole Board to implement parole hearings; for most of these hearings, HIV/AIDS and TB are the primary reasons for requesting parole. SHARe II support to the Parole Board benefits HIV outcomes, as the release of qualifying prisoners allows parolees to access better and more consistent HIV-related services outside the prison system and creates linkages to treatment and support groups. During the period under review ZPS held one parole hearing in Lusaka and performed supportive supervision to parolees and parole officers in Central Province.

Between October 2014 and September 2015, PAAC participated in a number of prison-based HIV advocacy and coordination activities:

- **Prison health systems strengthening meeting:** In the period under review, SHARe II, NAC and PAAC facilitated a meeting to discuss HIV prevention in prison settings and strengthening prison health systems with health officials from the Ministry of Health and the Ministry of Community Development, Mother and Child Health as well as stakeholders and prison officials. Participating ministries agreed to include prison health in their annual workplans and invited the Prison Health Directorate to participate in planning meetings for budgeting.

- **PAAC orientation for key stakeholders:** PAAC facilitated meetings to introduce PAAC activities with the prison service to the NAC DG (Dr. Jabbin Mulwanda) and UNAIDS CD (Dr. Medhin Tsehai)—key sources of support for HIV prevention among incarcerated populations.
- **SADC minimum standards regional consultation:** PAAC hosted a consultative meeting to discuss the implementation of SADC minimum standards for prisons. Senior officers and heads of correctional services from SADC member countries attended the meeting. Representatives committed their support to operationalizing the minimum standards in their respective countries.
- **World AIDS Day celebrations with inmates:** PAAC supported WAD celebrations at Mwembeshi Maximum Prison, where SHARe II provided HTC services at the event to inmates and employees.
- **World TB Day celebration and PAAC TB orientation:** PAAC provided logistics support to ZPS for a World TB Day celebration at Mongu Prison. PAAC also organized a prison visit for members to discuss living conditions with inmates and to review health infrastructure and procedures for the care of TB-positive prisoners. PAAC members observed that the prison isolation ward was insufficient. Staff shortages within the prison health system also limit the number of TB patients that can be placed in isolation, thereby putting other prisoners at risk of contracting TB. To address this issue, PAAC plans to hold a two-day retreat with key stakeholders where they will develop an integrated work plan to address HIV and TB programming and implementation challenges within the prison system.

3.4 Major Achievements in Workplace HIV/AIDS Programs

Table 9 summarizes the major achievements under the SHARe II's Workplace HIV/AIDS Programs.

Table 9: Workplace HIV/AIDS programs major achievements

#	Major Achievement	Brief Description
1.	Resource mobilization within ministries and private sector to fund HIV/AIDS workplace program activities	The Ministry of Transport, Works, Supply and Communications Workplace HIV/AIDS Program is now using internal resources to support workplace activities, thus ensuring sustainability for the program. In the private sector, SABMiller and NWK Agricultural Services are also funding their own workplace HIV/AIDS activities and have mainstreamed these activities into their core mandates.
2.	Modified GESHA program expands to Eastern and Lusaka provinces, resulting in a reductions of Efavirenz misuse	Copperbelt ZP has successfully sensitized their staff and spouses on the dangers misusing ARVs such as Efavirenz as an aphrodisiac, which facilitates drug resistance and negates HIV prevention measures. The camps report a drastic reduction in the use and supply of Nsunko-plus in the camps. During this reporting period this program has been scaled up within the Copperbelt and expanded to ZP camps in Lusaka and Eastern provinces.

#	Major Achievement	Brief Description
3.	Government Printers' PAW Program partners with the Truckers Association	PAW members at Government Printers are now actively working with the Truckers Association to educate truck drivers on HIV/AIDS.
4.	SHARe II support to the Parole Board improves prison conditions and the health of HIV-positive parolees	SHARe II supported the prison parole board to conduct parole hearings and supportive supervision visits to ascertain reintegration of prisoners into the community. Of the 397 applicants who were processed, 151 eligible prisoners were paroled, of whom 29 (19.2%) were released on the grounds of advanced HIV disease.

3.5 Workplace HIV/AIDS Programs LOP Indicator Tracking

Life of project results from SHARe II's HIV-related policy and regulatory work are shown below in Table 10.

Table 10: Workplace life of project achievements

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
3.1_Inst: Availability of Workplace HIV/AIDS Policies and Programs	Number of enterprises implementing an HIV/AIDS workplace program, providing at least one of the 4 critical components including workplace HIV/AIDS policy, peer education, testing and counseling, and formal HIV prevention (P10.1.D)	65	142	218%
3.1_InstLarge: Availability of Workplace HIV/AIDS Policies and Programs in Large Enterprises	Percentage of large enterprises/companies (those with employees >100) that have HIV/AIDS workplace policies and programs (P10.3.N)	23	23	100%
3.1_Train: Trainings in HIV/AIDS Workplace Programs	Individuals trained in: - GESHA (Gender and Sexuality and HIV/AIDS) - Peer education - PAW (Positive Action by Workers)	730	2,786	270%
3.1_PerfInst: Workplace HIV/AIDS Program Performance	Percent of sampled service providers (new sample of 25 each year) meeting acceptable implementation standards in their HIV/AIDS workplace programs as monitored through a supportive supervision checklist	25	N/A*	N/A*

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Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
3.2: Individuals Reached with HIV/AIDS Workplace Services	Number of individuals (disaggregated by gender) in project-supported workplaces reached with at least one of the 4 critical workplace HIV/AIDS components, disaggregated by component: workplace HIV/AIDS policy (public sector populations), peer education (private sector), testing and counseling (private sector, informal sector), and formal HIV prevention (informal sector) (P10.2.D)	400,000	365,782	91%
3.3: HIV/AIDS Individual and Small-group Prevention	Number of individuals reached through SHARe II-supported programs with individual and or small-group level preventive interventions that are based on evidence and/or meet the minimum standards (P8.1D)	290,000	334,604	115%
3.4: Employee Sexual Risk Behaviors	Percent of employees exposed to workplace HIV prevention programs who demonstrate a reduction in sexual risk behaviors after 3 years, as demonstrated by reduction in MCPs and/or increased condom use	10% demonstrating a reduction in sexual risk behaviors after 3 year	N/A*	
3.5: Received HIV Test and Know Results	Number of individuals who received HIV testing and counseling (HTC) services and received their test results (P11.1.D)	102,500	101165	99%
3.6: Prevention Efforts with HIV-positive Persons	Number of people living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with Positives (PwP) interventions, disaggregated by setting (P7.1.D)	5,000	11,490	230%
3.7: Prevention Interventions for MARPS	Number of members of most-at-risk populations (MARPs) reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards (P8.3.D)	57,030	70,821	124%
3.8: HIV/AIDS Stigma	Percent of employees in project-participating workplaces expressing accepting attitudes toward people living with HIV/AIDS as demonstrated by those who think HIV-positive individuals should be allowed to work	Change from 75% to 90% between Baseline and endline	N/A*	

¹ In FY 2014 and FY 2015, funding delays, including a Stop Work Order, prevented the full implementation of planned activities and stalled progress. Later in FY2015, funding cuts to SHARe II led to sudden and premature closeout of a significant proportion of SHARe II project activities and importantly, prevented the implementation of M&E activities to assess project results and achievements in these indicators and program areas

Objective 4: Strengthen Collaboration and Coordination of HIV/AIDS Activities

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

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

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

4.1.1 Supporting NAC to Establish and Coordinate Stakeholder Forums

SHARe II is supporting NAC in optimizing its coordination and management mandates through the establishment of a stakeholders' forum. SHARe II is supporting NAC in optimizing its coordination and management mandates through the establishment of a stakeholders' forum. Previously, NAC and SHARe II drafted the terms of reference and established a steering committee for the stakeholders' forum. In FY 2014, the steering committee met several times to prepare for the stakeholder forum which was scheduled to be held on June 25, 2014. However this did not place due to a change in leadership at NAC DG level. SHARe II has engaged the new NAC DG who is fully supportive of stakeholder forums; two stakeholder forums were planned for FY 2015. However, due to funding cuts to SHARe II and a directive from USAID to close-out programs, all program activities under this area of support were closed-out between January and March 2015.

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

In FY 2014, SHARe II worked with the MIS developer at NAC to determine the scope of work and to develop the work plan for its proposed system of tracking national events (such as World AIDS Day, VCT Day, traditional ceremonies, and other HIV/AIDS social

mobilization events). NAC and SHARe II drafted a data collection form, terms of reference and an MoU for a consultant to construct the database development. Once this MoU is approved, a consultant will be contracted to make the database changes. Work on this aspect of SHARe II support to NAC has stalled because of significant changes in staffing, including at NAC DG level during FY 2014. Activities were expected to resume in FY 2015 when the new NAC M&E Director is expected to be on board. However, due to funding cuts to SHARe II and a directive from USAID to close-out programs, all program activities under this area of support were closed-out between January and March 2015.

4.1.3 Support to USG Bilateral Partner Workplace Programs

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

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

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

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

However, within FY 2014, all, but two of the partner projects had come to an end and closed. Only SHARe II, JSI-DELIVER/SCMS, and COH III are currently operating and implementing staff wellness and HIV/AIDS programs. Due to funding cuts to SHARe II and a directive from USAID to close-out programs, all program activities under this area of support were closed-out between January and March 2015.

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

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

system to allow for cross-program reporting, sharing and learning. Although the system has been developed and is operational, in FY 2014 SHARe II was unable to present this system to NAC due to the high levels of instability the institution was experiencing, particularly related to staff attrition, which left severe staffing gaps. The interim NAC management was not available to deal with this aspect of SHARe II program support. With a new NAC DG in place and several key positions that were vacant filled, SHARe II plans to provide orientation and training to NAC on this tracking system, with the expectation that NAC will take over the management and maintenance of the tracking system after SHARe II closes out in November 2015.

4.2 Life of Project Collaboration and Coordination Indicator Tracking

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

Table II: Coordination life of project achievements

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
4.1: Access to Comprehensive Health Services	Proportion of SHARe II-supported USG-funded projects which report access to comprehensive health services, including HIV/AIDS, family planning, alcohol and substance use and other health services, either through referral or direct service provision	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 on national HIV activities, such as VCT Day, World AIDS Day and traditional ceremonies	Framework implemented	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 (e.g., leadership, legal and policy environment strengthening, coordinating structures strengthening)	System implemented	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%

5. MONITORING AND EVALUATION

SHARe II M&E activities ensure the collection, analysis and storage of quality data, and support the timely reporting and adequate utilization of project information in order to improve SHARe II's ability to effectively implement activities. SHARe II also provides

technical assistance on M&E to its sub-partners and to other project partners to strengthen their M&E activities and reporting.

SHARe II activities during FY 2015 included Data Quality Assessments (DQAs) with SHARe II partners, Zambia Prison Service and Zambia Police.

5.1 SHARe II MER Results

The new PEPFAR MER indicators have been implemented and, currently, SHARe II achieved its FY 2015 targets (see Table 12).

Table 12: Achievement and targets on PEPFAR MER indicators for FY2015 and LOP

Indicator	Current Fiscal Year (FY 2015)					LOP				
	Target	Actual				Actual				
		Male	Female	Total	%		Male	Female	Total	%
PP_PREV	9,927	11,827	5,603	17,430	176	29,263	27,497	9,232	36,729	126
GEND_NORM	2,100	3,141	4,450	7,591	361	6,289	6,110	7,233	13,343	212
HTC_TST	12,500	679	519	1,198	10	101504	62,504	38,661	101,165	99

5.1.1 HIV Testing and Counselling

Under the HTC_TST indicator (formerly NGI indicator P11.I.D)—number of individuals receiving testing and counselling services for HIV and received their test results—SHARe II performance was 9.6%, for APR 2015. This is attributed to delay in funding which led to the suspension of outreach activities. Achievement for LOP was 99%.

5.1.2 General HIV Prevention Targeting Priority Populations

Under the PP_PREV indicator—which focuses on delivering a core prevention intervention package to priority populations—SHARe II's performance at APR was 176%. SHARe II's priority populations are as follows: 1) Adolescent Girls and Young Women 10-24; 2) People Living with HIV (PLHIV); 3) Uniformed Services (Prison Guards and Police Officers), 4) Migrant Workers, and 5) Male Prison Inmates. The interventions that feed into the PP_PREV indicator are primarily behavioral interventions implemented nationally in partner formal workplaces and defined outreach communities, partner chiefdoms and partner churches, and also in partner prisons. The interventions are tailored to the target priority populations; all aim to create demand for services (VMMC, HTC, ART and PMTCT), promote condom use as appropriate and prevent HIV. Achievement for LOP was 126%.

5.1.3 Gender Norms

Lastly, for the indicator GEND_NORM—number of people completing an intervention pertaining to gender norms that meets minimum criteria—achievement was at 361% at APR. SHARe II exceeded its FY 2015 target. We underestimated the capacity of ongoing program activities to contribute to gains in this indicator. Some of our programs proved to be more sustainable than we had anticipated, specifically programs in our partner chiefdoms,

and continued to run at full scale and provide full scale data up to the time we closed our reporting system. The interventions that feed into the GEND_NORM indicator are primarily behavioral interventions implemented nationally in partner formal workplaces and defined outreach communities, partner chiefdoms and partner churches. Interventions are tailored to specific implementing partners and their needs. For example, interventions implemented through partner churches are designed to be age-appropriate in line with the requirements of the church, and are therefore tailored to specific age groups.

6. FINANCE AND ADMINISTRATION

6.1 Contract Award, Planning & Budgeting

During the last twelve months the project experienced considerable funding delays resulting in a slowdown of activities. USAID issued a stop work order to SHARe II on 15 October 2014 which was subsequently cancelled on 31 October 2014. In January 2015, USAID advised SHARe II that it would not receive full funding and to scale back all activities and costs accordingly. The final SHARe II Task Order obligation totaling \$25,405,486, was received by April 2015. This represents approximately 85% of the award budget and a total reduction of \$4,585,204). The funding received to support the project through 2015 was therefore reduced by over 65% from the amount expected by JSI for this last year and therefore had a significant effect on project operations. Other than critical and priority activities most activities were closed out prematurely and the project focused on ensuring effective close-out and documentation for the latter months of the project.

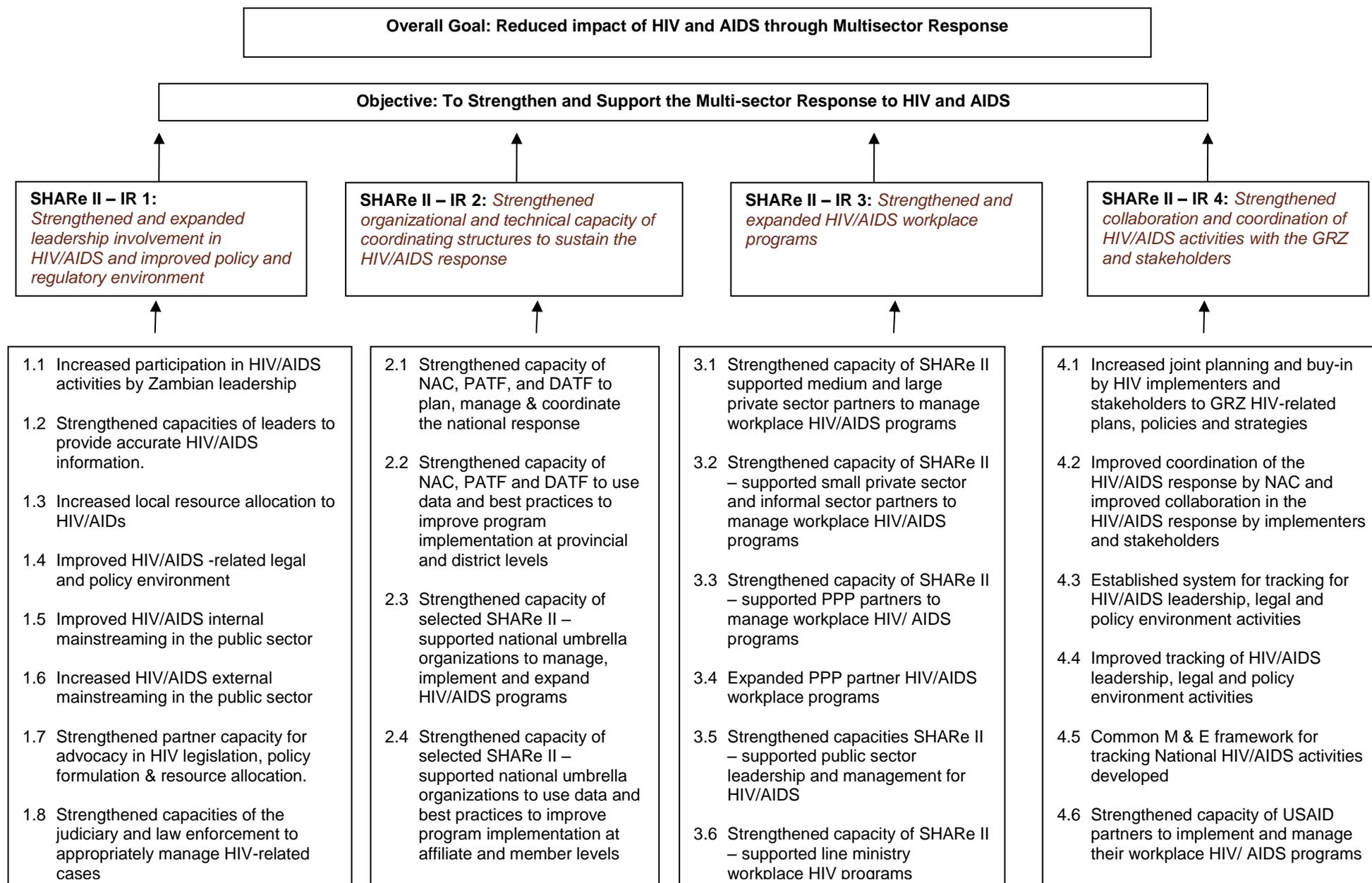
6.2 Staffing and Recruitment

All key personnel remained at post throughout the period. Reductions in all other project staff took place from February 2015 through the end of the reporting period and end of project.

6.3 Sub-Partners

Due to the severity of funding reductions for the final year, SHARe II was forced to close-out all sub-partner agreements and contracts, including US partner Initiatives Inc. considerably earlier than expected. By March 2015 all sub-partners had been closed out. The contracts for all staff hired under Initiatives Inc. who were housed in the SHARe II offices were terminated by 29 February 2015.

APPENDIX: SHARE II RESULTS FRAMEWORK





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