

# SUPPORT TO THE HIV/AIDS RESPONSE IN ZAMBIA (SHARE II)

**Quarterly Report**  
April to June 2015

CONTRACT No: GHH-1-00-07-00059-00  
TASK ORDER No: GHH-1-02-07-00059-00  
SUBMITTED TO USAID/ZAMBIA ON JULY 31, 2015



**USAID**  
FROM THE AMERICAN PEOPLE



ZAMBIANS AND AMERICANS  
IN PARTNERSHIP TO FIGHT HIV/AIDS  
**PEPFAR**

This report has been supported by the United States President's Emergency Plan for AIDS Relief (PEPFAR) and was made possible by the support of the American people through the United States Agency for International Development (USAID) under the terms of the Support to the HIV/AIDS Response in Zambia (SHARe II) Project: GHH-I-02-07-00059-00, implemented by John Snow, Inc. The contents of this report are the sole responsibility of SHARe II and John Snow, Inc., and do not necessarily reflect the views of PEPFAR, USAID or the United States Government.





## Strengthen and Expand Leadership in HIV/AIDS and Improve the Policy and Regulatory Environment

Through Task 1, SHARe II engages, mobilizes and equips leaders (political, traditional, religious and other influential opinion leaders) to be effective HIV/AIDS change-agents; supports the enactment, formulation and implementation of appropriate HIV/AIDS-related policies and laws; and equips partner institutions (legal and law enforcement) to appropriately manage HIV-related cases. SHARe II operates at two levels:

- At the *structural level*, SHARe II provides technical support to help leaders, including traditional leaders and parliamentarians, formulate and enact appropriate HIV/AIDS-related policies and laws; provides technical guidance for providing leadership to change harmful socio-cultural practices and norms; and provides advocacy support to increase local resource allocation for the national HIV/AIDS response.
- At the *behavioral level*, SHARe II works with leaders and other key players to build their skills and competencies so that they can use their authority and reach to enhance the HIV/AIDS response. These champions and partners can then lead efforts to discourage harmful behaviors (such as multiple concurrent partnerships and gender-based violence); promote helpful interventions (including condom use and male circumcision); and apply a gender, human rights and HIV/AIDS framework to the justice system, including HIV-related law enforcement and adjudication.

A fundamental cornerstone of the SHARe II strategy in HIV/AIDS leadership engagement is to help build understanding that HIV/AIDS is a developmental issue, and that action taken by leaders in HIV/AIDS now will ultimately contribute to national development. SHARe II thus encourages leaders to incorporate HIV/AIDS advocacy into their duties and responsibilities, as citizens in positions of influence and authority.

In an optimal policy and regulatory environment, there is minimal stigma towards and discrimination against people living with HIV (PLHIV) and those affected by the pandemic; the leadership of the different societal sectors speak openly about HIV/AIDS; and both laws and policies make it easier for implementers of HIV-related services to offer their services freely and objectively and for people needing these services to access freely and without fear of discrimination. SHARe II therefore works closely with government institutions and other key stakeholders to improve the policy and legal environment for people affected by HIV/AIDS and for PLHIV.

### 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



*Figure 1: Local Court Magistrates attending an in-service HIV/AIDS training workshop*

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 tomorrow, 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



Figure 2: Leaders from Christian Colleges and Universities at a meeting to validate the "HIV/AIDS and the Christian Faith" Leaders' Manual



Figure 3: Three police training academies (Sondela, Lilayi and Kamfinsa) have integrated HIV into their curricula—1,456 officers have graduated HIV-competent to date, and 1,500 are expected to graduate HIV-competent every year

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.

## Other HIV/AIDS Leadership Activities and Achievements

- **Community Capacity Assessment (CCA) and Community Development Action Planning (CoDAP):** No CCA or CoDAP were conducted this quarter
- **Building the Capacity of Traditional Leaders to Reach Out to their Communities with HIV/AIDS Messaging:** During the period under review, SHARe II offered technical assistance to the traditional leaders in Mutondo, Kahare, Mumena, Ndungu and Nyakulen'ga chiefdoms. HIV/AIDS messaging training, supportive supervisory meetings and meetings on sustainability were also held in Mwandu, Nalolo and Macha chiefdoms. The participants are expected to go and train others in the chiefdom and be able to share HIV/AIDS messages with other people in their communities. Forty leaders in each chiefdom were trained in HIV/AIDS Leadership Messaging. The Implementation Process Assessment was also conducted in the chiefdoms. The majority of those trained earlier are passing on the HIV/AIDS messages.
- **Integrating HIV/AIDS into the Curricula of Theological Training Institutions:** In the period under review, the facilitator's manual for theological schools was finalized and a validation meeting was held with the heads of theological training institutions who took part in the development of the manual. SHARe II partner schools continue to integrate HIV/AIDS into their curriculum. Graduating students from these institutions are going to come out with comprehensive knowledge on HIV/AIDS issues.
- **Documentation of work done:** During this reporting period, SHARe II continued the process of documenting the work that has been done throughout the life span of SHARe II. This included technical briefs, success stories and best practices. Some of the success stories have been put together to form the SHARe II end of project booklet

## 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 with 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 alco-

hol. 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 Alco-

#### The Participation of the Alcohol Industry in the ZNAP Formulation Process:

*In most countries, there has been a tug of war and suspicion between the alcohol industry and the public health promoters to the extent that the two have failed to work together. In other countries, the alcohol industry has managed to hijack the agenda, a move which has created suspicion in many who feared that the industry would convince the policy makers to accept alcohol as a normal commodity without health risks when misused. The case has been very different in Zambia. The ZNAP is a product of balanced, forward looking deliberations founded on a public health approach within the framework of the World Health Organization for the development of national alcohol policies. And in this approach the alcohol industry is considered a stakeholder to the policy formulation process.*

hol 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

## *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

*Table 1. Key Milestones in Zambia National Alcohol Policy Development Process*

#	Milestone	Completion
1	<b>Development and Approval of the ZNAP Formulation Concept Paper:</b> 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	<b>Engagement of Stakeholders and Initial Consensus-Building:</b> 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	<b>Convening of Twelve Stakeholder Meetings and Consultations:</b> 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	<b>Presentation of the ZNAP Draft to Public Sector Line Ministries by MOH:</b> 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	<b>Final Stakeholder Policy Validation Meeting:</b> 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	<b>Tabling the Policy before Cabinet for Approval:</b> 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

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 Table 1.

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 one meeting at which the views of the committee were taken into consideration; activity 2 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. It is anticipated that up to 2000 participants will benefit 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 he 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.

## Other HIV/AIDS Leadership Legal and Policy Activities and Achievements

- **Working with Chiefdoms to Define HIV/AIDS Policy through Chiefdom HIV/AIDS Policy Decrees:** During the period under review on 13th – 18th April, 2015, SHARe II provided technical assistance to one chiefdom – Macha in Southern province- to develop and launch its HIV/AIDS policy declaration on leadership commitment on HIV/AIDS;
- **Workplace HIV/AIDS and Wellness Policy Development in Line Ministries:** SHARe II facilitated the process of developing an evidence based context specific and relevant HIV/AIDS workplace policy to Ministry of Tourism and Arts. Additionally, the SHARe II policy team, working with the workplace team provided technical assistance to Ministry of Mines, Water and Energy to successfully launch its HIV/AIDS and Wellness Workplace policy on 17th April, 2015.



Figure 4: Ministry of Mines, Water and Energy HIV/AIDS and Wellness Policy Launch, April 17th.

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

SHARe II strengthens the capacities of HIV/AIDS coordinating structures to oversee, manage and implement the national and community-level HIV/AIDS responses. Technical assistance provided to entities in the public and private sectors, selected umbrella civil society organizations and chiefdoms includes supporting expansion of successful evidence-based interventions, disseminating use of best practices across sectors, and advising on the most efficient and effective use of resources.

### 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

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.

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 nega-

NZP+'s reversal of fortune began in September 2012, when NZP+ faced up to some of its chal-





allenges, 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. ♦



Figure 5: Choma NZP+ support group

## Strengthen and Expand Workplace HIV/AIDS Programs

SHARe II works with both the public and private sectors to expand access to workplace programs and strengthen linkages and referral systems with community-level partners and implementers. 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.

### Workplace HIV/AIDS Programs Activities and Achievements

- Support to the Zambia Federation of Employers (ZFE) :** SHARe II supported the organization's review of the peer educator programs in the ZFE supported companies. The review showed that Heinrich Beverages recorded high mortality rates. Most of the workers in this department were new and had not been sensitized on HIV/AIDS issues. They also noted that most of the workers had low literacy levels and were in the low income bracket. Management has since instituted an improved diet program for staff during their tea breaks, and uses that time to educate the staff on HIV/AIDS, responsible living, nutrition and other wellness aspects of the program.
- Addressing HIV/AIDS and Reproductive Health Needs of Adolescents in Simoonga and Mukuni villages:** SHARe II, through its trained community mobilizers and through remote technical assistance, has continued to mobilize these communities around issues of cultural socialization of young people. Among the notable things that the community is emphasizing is the need for better education and keeping the girls in school, prevention of early drop out of school for girls due to economic pressure for parents to marry off underage girls because parents want resources in the form of bride price. In addition to working with adolescent girls, boys and young women, the community mobilizers have been providing HIV prevention messages and condoms to the adult members of the community. In the period under review, 698 young people were reached with sexual reproductive health and HIV related information and 912 community adult members were reached with various HIV/AIDS services and messaging, including the distribution of condoms, HIV counseling and testing ,and referrals for voluntary medical male circumcision. The Mukuni royal establishment is very supportive of the program and has been supplying fuel to facilitate the social mobilization and demand-creation activities for the facilitation team and the community mobilizers.
- Zambia Prison Service HIV/AIDS Programs:** SHARe II continues to provide secretarial services to the Prisons HIV/AIDS advisory committee (PAAC) and in the period under review, the PAAC held a planning meeting to harmonize the prisons health directorate activities with partners. A draft work plan was developed which incorporates all HIV/AIDS and health related activities being carried out by partners. All activities are now combined in one work plan to help in the coordination of these activities by the prison service. This was necessitated by the fact that there were so many activities going on in the prison without the involvement of the prison health directorate leading to duplication of activities and waste of resources. The PAAC also revised the terms of reference for the PAAC and agreed that the secretariat of the PAAC be moved to the Prison service while the chair should go to the members. This is to help the prison service be on top of things and be able to communicate effectively with members on the program implementation strategies and outcomes.



## Strengthen Collaboration and Coordination of HIV/AIDS Activities with the Government of the Republic of Zambia, U.S. Government-funded Partners, and other Stakeholders

SHARE II provides technical assistance to the Government of the Republic of Zambia through the National HIV/AIDS/STI/TB Council (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.

A tracking system for HIV/AIDS leadership, policy and legal and coordinating structures has been successfully developed and implemented by SHARE II and will be handed over to NAC during the quarter under review. This system will greatly assist NAC and Zambia to meet some of the UNGASS reporting requirements.♦

### Monitoring & Evaluation (M&E)

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 the quarter included routine in-house data management, such as data entry and cleaning and M&E support to technical teams.

#### *Data Quality Assessments*

One data quality assessment (DQA) was conducted during the period under review with SHARE II partner, Zambia Prisons Service.

#### *PEPFAR Targets*

SHARE II has already achieved its LOP targets for MER indicators and NGI indicators. (see Table 2). SHARE II partners continue to implement programs and report those results which have no cost.

SHARE II MER indicators are either new or modified indicators from the NGI, including PP\_PREV and GEND\_NORM. Under the PP\_PREV indicator—which focuses on delivering a core prevention intervention package to

priority populations—SHARE II's performance at Quarter 3 was 78%, and 127% for the LOP. 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) Prisoners.

For the indicator GEND\_NORM—number of people completing an intervention pertaining to gender norms that meets minimum criteria—achievement is at 142% during Quarter 3 and 212% for the LOP. Interventions that feed into the GEND\_NORM indicator are primarily behavioral interventions implemented nationally in partner formal workplaces and defined outreach communities, and partner chiefdoms and churches.

Under the HTC\_TST indicator (formerly NGI indicator P11.I.D)—number of individuals receiving testing and counseling services for HIV and received their test results—SHARE II performance was 0%, as of Quarter3. This is attributed to the suspension of outreach activities due the lower than anticipated funding levels. LOP achievement is 100%.

As of June 30, 2015, data reporting from all partners and from SHARE II has been closed.

Table 2. Achievement and targets on PEPFAR MER indicators for FY2015 and LOP

PEPFAR Target	Quarter 3 2015 (FY2015)					Life of Project (LOP)				
	Target	Male	Female	Total	%	Target	Male	Female	Total	%
PP_PREV	9,927	5,665	1,916	7,581	78	29,263	28,197	8,842	37,039	127
GEND_NORM	2,100	1,430	1,547	2,944	142	6,289	6,110	7,233	13,343	212
HTC_TST	12,500	0	0	0	0	101504	61868	39297	101,165	100

Table 3: Task 1a. Leadership: LOP Achievement as of Quarter 3 2015

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
1.1: HIV Leadership Talking Points	Standardized leadership talking points developed, translated into five local languages	Talking points 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%
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	2,495	3,940	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	2,450	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	17	59%

Table 4: Task 1a. Leadership: LOP Achievement as of Quarter 3 2015 cont...

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
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%
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	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	3,910	782%

Table 5: Task 1a. Leadership: Legal and Policy LOP Achievement as of Quarter 3 2015

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
1.11: HIV-related Curriculum Integration into Pre-Service Schools	Number and percent of schools offering law training which have integrated HIV-related case management into pre-service training curriculum	10	8	80%
1.12a: Bills and Legislation Advancing through Legislative Process	Number of the identified HIV-related pieces of legislation advanced at least two levels from baseline in the legislation process. Target currently includes: - Anti-Gender-based Violence Act - Prisons Act - Employment Act - Industrial and Labor Relations Act - Deceased Brother's Widow's Marriage Act - NAC Act	6	5	83%
1.12b: Policies Advancing through Development Process	Number of the identified HIV-related policies having advanced at least two levels from baseline. The policies are: - National HIV/AIDS Policy - National Workplace HIV Policy - National Alcohol Policy	3	2	67%
1.13a: HIV Law and Policy-related Pre-service Trainings	Number of individuals, judiciary, law enforcement officers, and students, disaggregated by gender, trained in HIV-related case management curriculum, including: - Select individuals in GBV - Targeted leaders in advocacy for the reduction of stigma and discrimination, including PLHIV specific issues - Other trainings	4,350	1,830	42%

Table 6: Task 1a. Leadership: Legal and Policy LOP Achievement as of Quarter 3 2015 cont...

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
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: - Select individuals in GBV - Targeted leaders in advocacy for the reduction of stigma and discrimination, including PLHIV specific issues - Other trainings	1,850	1,575	85%
1.14: By-laws and Decrees on Gender Inequities and Cultural Practices	Number of targeted organizations (local authorities and chiefdoms) which have developed by-laws and/or policies and decrees that seek to address gender inequities and other cultural practices that increase vulnerability of women and girls to HIV/AIDS supported and reviewed	15	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 Operationalized	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 gender	20	15	75%
1.17: Chiefdom Gender Score Card (GSC) Performance	Number and percent of selected chiefdoms where GSC has been administered.	30	10	33%

Table 7: Task 2. Coordinating Structures LOP Achievement as of Quarter 3 2015

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	1,300	3,802	292%
2.1_Train: Individuals Trained in HIV/AIDS-related Institutional Capacity Development	Number of individuals trained in HIV-related institutional capacity building areas. Type of trainings include: - HIV Technical Information training - Resource mobilization - Financial and asset management - District Certification Orientation	1,270	1,044	82%

Table 8: Task 2. Coordinating Structures LOP Achievement as of Quarter 3 2015 cont...

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

Table 9: Task 3. Workplace Programs LOP Achievement as of Quarter 3 2015

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*
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	353,268	88%
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%

\* Funding cuts to SHARe II in FY2015 led to sudden premature closeout of a significant proportion of SHARe II program activities and prevented the implementation of M&E activities to assess achievements in these indicators

Table 10: Task 3. Workplace Programs LOP Achievement as of Quarter 3 2015 cont...

Indicator	Definition	Cumulative (LOP)		
		Target	Achieved	% Achieved
3.3AB: HIV/AIDS Individual and Small-group Prevention Interventions that focus on Abstinence and/or Being Faithful	Number of individuals reached through SHARe II-supported programs with individual and or small-group level preventative interventions that are primarily focused abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards (P8.2.D)	70,000	85,215	122%
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	101,165	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 end-line		N/A*

Table 10: Task 4. Coordination LOP Achievement as of Quarter 3 2015

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	Data collection form developed and approved by NAC, and currently being used. Database changes were held up restructuring at NAC.		
4.3: HIV Activity Monitoring System	Development of a simple system (indicators, tools, reporting protocol) to be piloted by one of the relevant entities (e.g., ministries, Parliament, chiefdoms, CSOs) to track and report on HIV-related activities	Data collection, tracking and monitoring system developed and implemented. Will be 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%

\* Funding cuts to SHARe II in FY2015 led to sudden premature closeout of a significant proportion of SHARe II program activities and prevented the implementation of M&E activities to assess achievements in these indicators



## Finance & Administration

### *Task Order Funding*

There has been no change in the total obligated funding under the SHARe II task order during this period which remains at \$25,405,486 (approximately 85% of and \$4,585,204 less than the award budget).

As of June 30, 2015, JSI had expended and accrued approximately \$24,334,495 under the SHARe II task order. The pipeline balance of \$1,070,991 will be utilized to effectively document and close out the SHARe II project over the remaining months of the project.

### *Local Sub-partners*

All SHARe II Sub-Partners were closed out during the previous period. Administrative close out matters continued during the period and final outstanding audits are expected to be completed in the forthcoming period.

### *Personnel and Procurement*

All key personnel remain at post. Reductions in SHARe II JSI staff have commenced and further reductions are anticipated in the forthcoming period. ♦



Figure 5: U.S. Ambassador to Zambia, Eric Schultz visits Simoonga Village



The Vice President, Her Honor, Mrs Inonge Wina and USAID Mission Director, Dr Susan Brems launch the “HIV/AIDS and the Christian Faith” Leaders’ Manual at the SHARe II Close-out Conference, July 1, 2015



This report has been supported by the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and was made possible by the support of the American people through the United States Agency for International Development (USAID) under the terms of the Support to the HIV/AIDS Response in Zambia (SHARe II) Project: GHH-1-02-07-00059-00, implemented by John Snow, Inc. The contents of this report are the sole responsibility of SHARe II and John Snow, Inc., and do not necessarily reflect the views of PEPFAR, USAID or the United States Government.