

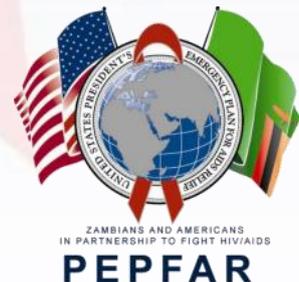
SUPPORT TO THE HIV/AIDS RESPONSE IN ZAMBIA (SHARE II)

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

About SHARE II

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.; LEAD Program-Zambia; Zambia Interfaith Networking Organization on HIV (ZINGO); Zambia Health Education and Communication Trust (ZHECT); Livingstone Tourism Authority (LTA); Network of Zambians Living Positively (NZP+); Grassroots Soccer Zambia (GRS); 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-sectoral response to HIV and AIDS and contribute to the achievement of the USAID/Zambia Mission strategic objectives on reducing the impact 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 HIV/AIDS/STI/TB Council and other stakeholders to support Zambia's HIV/AIDS response.

SHARE II Project Objectives

SHARE II has the following four project objectives or tasks:

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

This report highlights some of the progress that was made on these SHARE II tasks from October 1 to December 31, 2014.

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Task 1: 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.

It Takes a Chieftom: Chieftom Leaders Improve Chieftom-level Uptake of HIV-related Services through HIV/AIDS Mitigation Teams

In Shakumbila chieftom—located in Central Province—a group of women gather for a presentation from local leaders. Burton Chisakasaka, Headman Joseph Shakauma, Agnes Mutelo, and Cindy Chuulu are preparing to talk Shakumbila community members, this time a group of women, about HIV/AIDS, complete with condom demonstrations. This presentation, and many other HIV-related presentations, have been delivered in villages across the chieftom to men, women and youths as a result of the coordinated actions of the Shakumbila HIV/AIDS Mitigation Team (SHAMT), a group borne from an idea conceptualized by chieftom leaders following training from SHARE II in 2012.

The SHARE II Approach: Using Traditional Leaders as Agents of Change

Many of the key drivers of HIV/AIDS in Zambia—including multiple concurrent partnerships, low and inconsistent condom use, low rates of male circumcision (MC) 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.

Equipping chieftom leaders to be effective HIV/AIDS change-agents is a key component in the

A SHARE II-trained female leader discusses the benefits of condom use and VMMC to female Shakumbila residents



package of support that SHARE II offers their partner chiefdoms, which assists local communities to integrate HIV/AIDS into their developmental plans, programs and activities, thus ensuring that current and future local and external resources are used to address HIV/AIDS. Furthermore, the SHARE II package of chiefdom interventions ensures a sustainable local HIV response, as the chiefs and traditional leaders are the engines that drive this work.

SHARE II's approach to helping chiefdoms fight HIV/AIDS begins with a participatory development and poverty-reduction strategic planning process that mainstreams HIV/AIDS as a developmental issue. Because these processes are participatory, the chiefdoms themselves define their HIV/AIDS and developmental problems, and also define solutions to these problems, resulting in chiefdom ownership of the problems and strategies developed to solve the identified problems.

During the course of the development strategic planning process, SHARE II works with chiefs and their councils to identify traditional leaders and other influential opinion-leaders within the community to participate in a comprehensive HIV/AIDS training—equipping them to provide leadership on HIV/AIDS issues including correct HIV messaging, promoting advocacy, addressing issues of gender and HIV, establishing local HIV impact mitigation measures and leading community re-

source mobilization efforts for the HIV response. By building the capacity of traditional leaders to reach out to their communities with HIV/AIDS messaging, SHARE II seeks to catalyze an increased demand for HIV-related health services and strengthen linkages to connect individuals to those services, thereby building a stronger health system at the chiefdom level. To date, SHARE has trained 2,730 chiefs and traditional leaders to serve as health promotion champions and advocates for health system improvements in Shakumbila and 18 other chiefdoms.

A Novel Idea: Shakumbila Chiefdom Leads the Way

SHARE II is working with Senior Chief Shakumbila and his headman to build leadership capacity to address HIV/AIDS in their chiefdom. This relationship began in 2012 when SHARE II engaged Shakumbila leaders in an HIV/AIDS and development planning process, that resulted in a development strategic and operational plan for the chiefdom—one that integrates HIV/AIDS, gender and human rights as key developmental issues. For the first time ever, the traditional leaders of Shakumbila began working together to promote development and to reduce the impact of HIV/AIDS in the chiefdom.



Shakumbila leaders undergoing training in HIV/AIDS messaging, SHARe II's Dr. Kalasa Mwanda facilitating

Prior to SHARe II's entry into Shakumbila, the sole purpose for traditional leaders in the chiefdom was to facilitate the resolution of conflict among community members. SHARe II assisted leaders in Shakumbila to further explore their roles and responsibilities, including those related to the health and well-being of their people. Headman Shakauma explains this change in roles and responsibilities: "SHARe assisted us to see that we begin to use records—we are tracking information, recording events, we are planning and implementing, monitoring and evaluating projects, and] soliciting donors. You know, things that go with the governance of the chiefdom, development of the chiefdom—especially now that everyone is concerned with HIV/AIDS, we can be of help to the chiefdom, as leaders, to help our people live healthier lives," said Headman Joseph Shakauma of SHARe II's support in Shakumbila chiefdom.

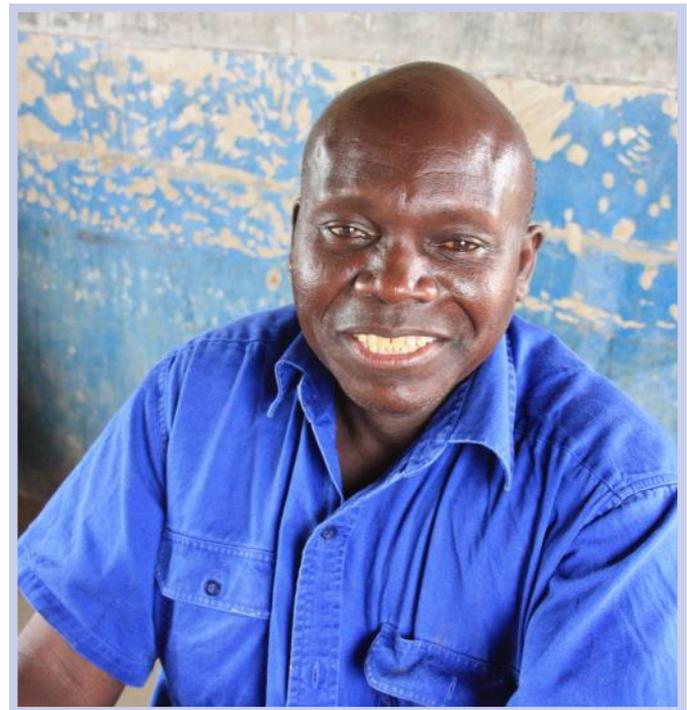
In January 2012, Headman Shakauma and 57 other traditional leaders, including female and youth leaders, were participants in a community capacity assessment and later training in HIV/AIDS messaging in Shakumbila chiefdom.

Motivated and inspired by SHARe II's approach promoting local ownership of the HIV/AIDS response, Shakumbila leaders came together to discuss how they would disseminate their newfound knowledge within the chiefdom. After much debate, the trained leaders informed Senior Chief Shakumbila of their desire to create an organized body to coordinate HIV/AIDS activities in the chiefdom. "I have been with SHAMT since its inception," re-

calls Headman Shakauma. "We were the first group that was trained by SHARe II, and then from there we made the rules to form SHAMT. We are the founding members. Eventually Senior Chief Shakumbila appointed me to lead this group to see that operations are in order."

The goal of SHAMT is simple—to create demand for HIV-related services in the chiefdom. The team does this by working together to plan HIV/AIDS sensitizations in the community,

where they educate individuals on topics like condom use, MC, HIV testing and counseling (HTC), prevention of mother to child transmission (PMTCT) and stigma and discrimination—which often deters people from accessing treatment. SHAMT members also serve as focal point-persons for HIV/AIDS activities in the chiefdom, working with local District AIDS Coordination Advisors to distribute condoms in the chiefdom, and engaging with local and external service providers to connect community members to health services. Rural



Headman Joseph Shakauma, Chairman and founding member of the Shakumbila HIV/AIDS Mitigation Team

HIV-related Service Uptake at Muchabi Rural Health Center



Strengthening the Shakumbila chiefdom health system—Headman Shakauma interfacing with Muchabi RHC staff to ensure service access for referred Shakumbila residents

| Year | VMMC | PMTCT | HTC |
|------|------|-------|-----|
| 2011 | 0 | 70 | 27 |
| 2012 | 0 | 284 | 93 |
| 2013 | 122 | 379 | 134 |
| 2014 | 106* | 1258 | 276 |

An example of increased HIV service uptake at Muchabi RHC in Shakumbila Chiefdom following strategic planning, leadership training and SHAMT formation in 2012. **Many projects offering VMMC services have now closed. Despite this, SHAMT has mobilized 167 young men between October and December 2014 to consider the procedure.*

health center data from Shakumbila indicate that SHAMT activities have contributed to an increased uptake in HIV-related services in the chiefdom, a trend which can be seen in most other SHARE II partner chiefdoms.

Though SHAMT is composed of a core group of 43 active members, it also uses leadership at the village level to broaden its impact. Because Shakumbila chiefdom covers a vast area, SHAMT has recently village-level HIV/AIDS committees in five pilot villages. Village headman and leaders within each village lead the committees, which report to SHAMT and

are responsible for advocating for the health of their community members.

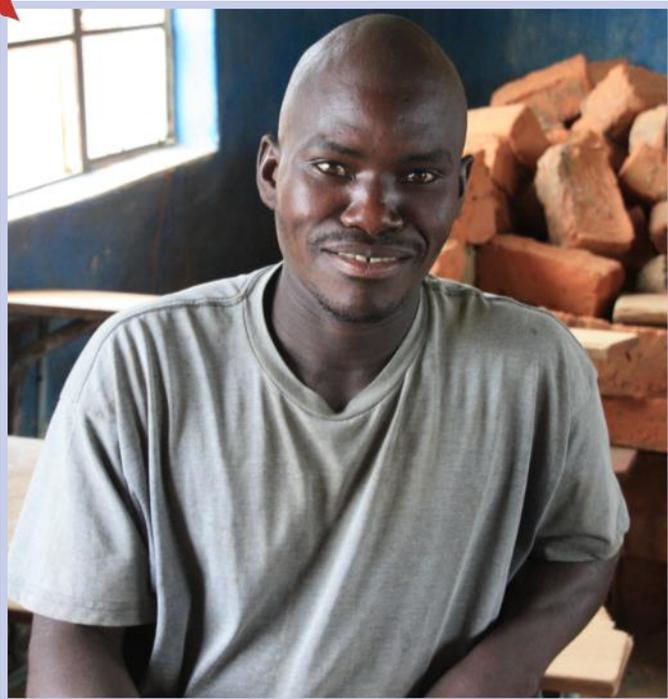
Impressed by the actions of traditional leaders in Shakumbila and the success of SHAMT, SHARE II sought to expand the concept of HIV/AIDS mitigation teams in other partner chiefdoms. Currently, SHARE II-trained traditional and community leaders in Chisunka, Kambwali, Kanyembo and Mwan-sakombe are also organizing to deliver coordinated HIV/AIDS activities in their respective chiefdoms—representing a total of 506 trained leaders working together to promote HIV prevention, care and treatment in five partner chiefdoms.

Message Diffusion: SHAMT Reaches Out to Shakumbila

Once the team was formed, Headman Shakauma and SHAMT hit the ground running. Because of SHARE II training, SHAMT members learned about the ways in which HIV/AIDS impedes development, and how medical male circumcision assists in HIV prevention. In an effort led by headman Shakauma, SHAMT reached out to the local District AIDS Task Force and medical male circumcision service provider, Zambia Prevention, Care and Treatment Partnership (ZPCT II), to organize a voluntary medical male circumcision (VMMC) campaign in the village of Muchabi over three days in August 2012. As a result of demand creation via SHAMT VMMC sensitization activities, 61 boys and men were circumcised during this period, a first for Shakumbila, where male circumcision is not traditionally practiced.

Dennis Mwaaze and his friend, Staloo Mauzwe, attended the 2012 MC campaign. Both chose to be circumcised after attending educational sessions led by SHAMT. “I learned that there is a difference, that one who is circumcised is more protected,” says Dennis about the relationship between HIV transmission and MC, a fact he discovered during a SHAMT sensitization. It has been nearly two and a half years since their decision to undergo the procedure, and both remain voracious supporters. Dennis and Staloo regularly talk to the young men in their village about their experience and the benefits of VMMC, “We tell them to go for circumcision so that they can discover the beauty which is found in it,” shares Staloo.

Similarly, Shakumbila residents Cindy Chuulu and



Dennis Mwaaze, a resident of Muchabi village in Shakumbila chiefdom, was circumcised during a SHAMT-organized MC campaign in 2012

Agness Mutelo are using information they have learned from SHAMT events to reach out to other women and men about VMMC and prevention of sexually transmitted infections. Cindy attended a SHAMT-led PMTCT sensitization when she was pregnant with her first child. She made the decision to go for HTC after learning about how to protect her baby. “I came to know my [HIV] status through SHAMT,” said Cindy. Now Cindy teaches other expectant mothers and fathers about PMTCT, and has successfully convinced some of her fellow community members to visit local health centers for HTC. Cindy expresses, with gratitude, the effect SHAMT has had in the chiefdom, “It has brought much improvement in our community, because people, some of them, they didn’t want to go for [HTC]. Through PMTCT we may prevent our children from getting HIV, so that encourages them. It has helped the community very much.”

Agness is a traditional birth attendant who has been taking the information she has learned from SHAMT back to pregnant women and new mothers. “We were learning about how to avoid contracting sexual diseases,” recalls Agness of the first SHAMT event she attended in 2012. Like Cindy, Agness encourages all of the women she works with to go for HTC and to use condoms. “We have discovered that those mothers who are [HIV] positive, they give birth to healthy children, so we know they are following the instructions we have

been teaching them,” Agness reveals.

SHAMT not only encourages others to go for HIV-related services, but has demonstrated a marked change in the behavior of its own members. Burton Chisakasaka, the son of a headman in Mokokomene village, first encountered SHAMT in 2013, where he assisted the group with lessons held at a nearby health center.

When SHAMT decided to start piloting decentralized village-level committees in an effort to enable greater reach within the chiefdom, they asked Burton to come on board as a SHAMT member and participant in the Mokokomene Village HIV/AIDS Committee. SHAMT then rallied for SHARe II to return to the chiefdom to train new members of their growing team. As a result, Burton was one of 50 community members who attended the second SHARe II HIV/AIDS leadership training at Shakumbila Palace in July 2014. “I have learned a lot,” Burton says. “I’m actually a married person. Before training I went for HTC [alone], and after training I went for HTC with my wife. You see, as a man, it is not easy to accept going for HTC, but due to our effort people see it is good that they should go for HTC, to see if they are sick or not, to know their status. People are seeing us, they are learning what we are doing, they are even encouraged and doing the same.”

Burton’s commitment to the group has not gone unnoticed; he was recently elected secretary of



SHAMT leaders Agness Mutelo (left) and Cindy Chuulu (right) are using the information they learned from SHAMT to educate other men and women in Shakumbila about PMTCT and other prevention methods

SHAMT, a position that requires him to ride his bicycle 22 kilometers to the palace for SHAMT-related business—a responsibility he takes on willingly.

Burton's actions, and those of his fellow SHAMT members are key to the success of SHARE II's approach, in which the power and influence of local and traditional leaders is harnessed to change cultural norms and behaviors that facilitate HIV transmission or exacerbate AIDS, and to identify and prioritize HIV response strategies. The fact that chiefdom HIV/AIDS mitigation teams are now being promoted in other chiefdoms by SHARE II is a testament to the abilities of local leaders to develop thoughtful, innovative and sustainable strategies in the fight against HIV/AIDS. Through leadership and advocacy, chiefdoms like Shakumbila have strengthened linkages between chiefdom and national-level health systems to ensure service availability, to keep their people healthy and minimize the likelihood of transmitting HIV to others. ♦



Burton Chisakasaka, Mokokomene Village HIV/AIDS Committee member and SHAMT Secretary

July-September 2014: Other HIV/AIDS Leadership Activities and Achievements

- **Reaching Adolescent girls and Young Women 10-24 with HIV/AIDS and Reproductive Health Services in Mukuni Chiefdom:** SHARE II-trained *Balaya*—men and women who socialize adolescents in chiefdom traditions and culture in Mukuni—reached out to 3,181 youths aged 10-24 years with messages on HIV prevention, adolescent sexual reproductive health, dangers of early marriage and pregnancy. As a result of these sensitizations, traditional leaders withdrew three girls from early marriages and returned them to school, six men reported accessing VMMC and *Balaya* assisted with the creation of condom access points in 12 zones within the chiefdom.
- **Stakeholder Engagement in Partner Chiefdoms:** SHARE II partner chiefdoms continue to identify and engage stakeholders to participate in the implementation of strategies outlined in their development plans. Chikanta chiefdom hosted the British High Commissioner and representatives from the Department for International Development, who visited to familiarize themselves with development programs in Chikanta and to offer their support. Chief Chikanta also presented at a World Bank meeting on the strategies his chiefdom is taking to alleviate poverty.
- **Harnessing Social Media for ZAM Coordination:** The Zambia Association of Musicians (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.
- **SHARE II-trained Champions Expand their Reach:** After SHARE II training, influential opinion leaders continue to create platforms for the dissemination of HIV/AIDS messages. A SHARE II-trained champion, actress and local TV presenter, Bessy Mulenga, recorded a 13-episode drama titled *Umupamba*. Set to air 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.

Operationalizing HIV/AIDS Wellness Policies: The Ministry of Agriculture and Livestock Implements its HIV/AIDS and Wellness Policy

Over the December holidays, members of the HIV/AIDS Workplace Program at the Ministry of Agriculture and Livestock (MAL) headquarters visited Lusaka's New Soweto Market in search of groundnuts, beans and dried kapenta—a small local dried freshwater fish packed with proteins. Members sorted the bulk bags into smaller portions and bundled the three food items together to create nutritional supplement packages. Last year, the HIV/AIDS workplace program delivered these packages to MAL staff members living with HIV, but this year—following the launch of the SHARe II-supported MAL Wellness and HIV/AIDS Workplace Policy—over 50 Ministry employees suffering from HIV/AIDS **and other chronic illnesses** within Lusaka District received these packages to alleviate their compromised health status. “Now it is about wellness, previously it was HIV, and now it’s anyone,” says Melinda Lukungu, a librarian with the Zambia Agriculture Research Institute (ZARI) and a member of the MAL HIV/AIDS Workplace Program Committee, responsible for promoting and coordinating HIV/AIDS and wellness activities both locally in Lusaka and nationally.

Over the years Zambia has made great strides to reduce the burden of HIV, with HIV prevalence in the 15-49 age group now standing at 12.5%. Recognizing the threat HIV/AIDS has on productivity levels in formal workplaces, these efforts led to the development of workplace HIV/AIDS policies aimed at removing stigma and discrimination, providing information to infected and affected employees and promoting access to treatment, care and support. However, the HIV epidemic in Zambia is shifting and so are the needs of the programs beneficiaries, particularly in the workplace. With increased access to ART, PLHIV are living longer, and rising concerns among all staff include non-communicable diseases (NCDs),



Melinda Lukungu, Ministry of Agriculture and Livestock HIV/AIDS Workplace Program Committee member, discusses the distribution of nutritional supplement packages to Ministry employees suffering from chronic illnesses

other communicable diseases, reproductive health and occupational safety.

Successful workplace HIV program platforms can be harnessed and expanded to implement effective integrated HIV/AIDS and wellness workplace programs. This approach mitigates the fatigue arising from implementation of purely HIV/AIDS-focused workplace programs and reduces HIV-related stigma. Furthermore, workplace wellness programs addressing primary risk factors for NCDs—conditions which account for nearly a quarter of

Zambia's mortality—have the potential to improve overall health outcomes for employees and provide relief to the overburdened health care system.

When SHARe II began working with eight of the line ministries in Zambia to operationalize work-based HIV/AIDS activities, the emphasis was largely on building the capacity of the ministries to continue the implementation of traditional HIV/AIDS workplace programs. However, an internal SHARe II mid-term review revealed that purely-focused HIV/AIDS programs were not meeting the needs of workplaces. In terms of priority, program beneficiaries perceived HIV to be at par with other chronic health conditions. In June 2013, SHARe II and the Public Services Management Division (PSMD) agreed to broaden the scope of these programs, focusing instead on workplace wellness as well as HIV/AIDS, rather than *just* HIV/AIDS in order to address the growing epidemic of NCDs, other health conditions, and the perceived “HIV/AIDS messaging fatigue” among public sector employees.

Through a participatory approach, SHARe II also began working with ministries to formulate HIV/AIDS and wellness workplace policies, and to assist

workplaces to design and implement their own customized wellness and HIV/AIDS programs. Among PSMD and the 16 ministries that SHARe II is working with to develop wellness and HIV/AIDS policies, the Ministry of Agriculture and Livestock was one of the first to engage with SHARe II in an effort revamp their outdated HIV/AIDS workplace policy.

We and Our Staff: Internal HIV/AIDS and Wellness Mainstreaming in MAL

Launched in July 2014, the new *MAL Workplace Wellness and HIV/AIDS Policy* is unique in several ways. The new policy is based on the expanded vision within the Ministry, which not only focuses on supporting workplace HIV/AIDS programs, but also broader employee wellness, while maintaining a focus on HIV/AIDS. Because of this shift, HIV/AIDS issues have become a component within a broader context of wellness. Ms. Lukungu was a key participant in this process and praises the new policy, “It has created a complete picture. [Before] we just focused on HIV/AIDS, on people having the virus. Wellness is much more balanced.”



Ministry of Agriculture and Livestock employees and SHARe II staff at the July 2014 Launch of the new Wellness and HIV/AIDS Workplace Policy



Before the redesign of MAL's workplace program there was a continual decline in both management support for and staff participation in workplace and HIV/AIDS activities. By integrating wellness into HIV/AIDS workplace programs, the public sector has seen renewed enthusiasm for workplace activities. "This policy offers direction and a new zeal to activities in the Ministry," explains Ms. Lukungu. An unexpected result of marrying HIV/AIDS and wellness programs, has been an increase in participation in HIV programs and uptake of HIV services!

From a policy implementation standpoint, to set the new policy in action, the MAL HIV/AIDS workplace program committee members are working with departments within the Ministry to encourage resource allocation for wellness and HIV/AIDS activities through line items in their annual budgets. Additionally, the program has adopted a mainstreaming approach, using existing Ministry activities to promote the HIV/AIDS and wellness policy.

Recently, Ms. Lukungu presented at a training on monitoring and evaluation for planners within the MAL. "I had the planners come to me to have one-on-one meetings where I wanted them to really look at the policy document, especially the objectives, the vision and the implementation of the policy. I told them the points on resource mobilization are heavily dependent on the planners, because you see, the planners are the ones who make the budget for the Ministry in all ministry departments," said Ms. Lukungu. Now planners are not only well versed on the role they play in promoting HIV/AIDS and wellness in the Ministry, but they are also more informed about NCDs and other health conditions. "After I mainstreamed the document a big group went to the gym the following day. Even at lunch they would talk about starches and cholesterol and asked for menu changes!" she exclaimed.

We and Our Farmers: External HIV/AIDS and Wellness Mainstreaming in MAL

In Chipata, the provincial headquarters for MAL in Eastern Province, staff have been particularly proactive about budgeting for wellness and HIV/

AIDS activities, and as a result, they have been able to implement a number of activities such as peer education and sensitization. Moreover, extension officers trained in peer education are now using their knowledge in wellness and HIV/AIDS to reach out to farmers during agricultural trainings. "They go out to the farming campsites with the other extension officers, and as they teach the farmers about tomato growing, for instance, they will also integrate issues having to do with HIV/AIDS and distribute health information," explains Ms. Lukungu of the reports she has received about the innovative strategy from the workplace program in Eastern Province.

The HIV/AIDS workplace program committee at MAL headquarters is now promoting the mainstreaming activities performed by employees in Chipata as a best practice for the Ministry. When Ms. Lukungu talks with ZARI researchers about the latest information and resources available to them through the library, she also distributes the HIV/AIDS and wellness policy and talks about key points within the document; crop scientists are encouraged to talk to farmers about wellness during trainings on planting methods; and while discussing topics like yellow maize at demo days, extension officers may mention the importance of nutrition for PLHIV.

Ms. Lukungu is proud of the initiative that MAL has taken to promote wellness in the agricultural sector, "When you look at the Ministry, we are the ones that lead the agricultural sector, we give policy directives and direction in technical aspects of agriculture, but you see, this policy can also give policy directives in the areas of wellness and HIV/AIDS to our stakeholders, like the farmers and various farming organizations. That is how far this document can impact the agricultural sector. This policy is good, it can do so much."

Not only is the MAL policy leading the agricultural sector in workplace wellness, it also has significant influence on the public sector in Zambia, as other line ministries—encouraged by MAL's success—follow suit in the development of their own integrated HIV/AIDS and wellness policies. Though these policies are only a small element of the national HIV/AIDS response, their impact will be felt through a healthier and increasingly productive workforce in Zambia.♦



Extension Officers from the Ministry of Agriculture and Livestock discuss wellness and HIV/AIDS with farmers during agricultural demonstration days

July-September 2014: Other HIV/AIDS Legal and Policy Activities and Achievements

- Developing National HIV/AIDS/STI/TB Council Act (NAC Act) Statutory Instruments:** During the period under review, SHARE II participated in NAC planning sessions for their 2015 activities. Together, NAC and SHARE II identified and planned critical activities to develop statutory instruments for the NAC Act. SHARE II also advocated for the formation of a technical committee within NAC to undertake this task.
- Ministry Workplace HIV/AIDS and Wellness Policies:** SHARE II continues to assist ministerial HIV/AIDS and wellness workplace program committees with technical input in the development of workplace policies. The Ministry of Mines, Energy and Water Development as well as the Ministry of Labour and Social Security finalized their policies during the quarter under review. Additionally, the Permanent Secretary of the Public Services Management Division (PSMD), a wing of government responsible for managing civil servants in public service, invited SHARE II to facilitate the development of a new policy. Senior members of PSMD attended the 10-day drafting exercise.
- Support to the Coalition of African Parliamentarians Against HIV and AIDS (CAPAH):** Upon request from CAPAH, SHARE II is working with them to develop a basic technical guide detailing simple guidelines on the ways that Members of Parliament can use their mandates to advance the HIV/AIDS response in Zambia.



Task 2: 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.

Living Positively: Positive Health, Dignity and Prevention with NZP+

In 2000, Mwelwa Chibuye was diagnosed with HIV at age 21. A Lusaka resident and member of the Network of Zambian People living with HIV and AIDS (NZP+), Mwelwa—now 35, volunteers her time forming support groups for HIV positive women living in compounds on the fringes of the capital city.

SHARE II has been working with the Network of Zambians Living with HIV and AIDS (NZP+), the national organization mandated to coordinate and manage the HIV/AIDS response for people living with HIV (PLHIV), to strengthen its coordination and management capacity. NZP+ has been institutionally weak, particularly at national level, with a critical shortage of both financial and human resources to provide effective leadership and coordination. SHARE II has assisted the NZP+ secretariat to plan for and implement a coordinated PLHIV-driven response to the HIV epidemic in Zambia; the effects of this support and strengthening at the secretariat level has permeated down to the district level, and down even to Mwelwa's local support group, where before members merely attended sessions for encouragement and assistance. Now, members are reaching out to their communities with HIV prevention and mitigation activities, playing their role as active contributors to the national HIV/AIDS response.

A Stronger NZP+: A Renewed HIV/AIDS Response

Established in 1996, NZP+ is a national organization committed to improving the lives of Zambians living with HIV/AIDS through support, information sharing, leadership and advocacy. Today, the network has grown from a mere 28 members to approximately 100,000—representing 4,500 support groups nationwide. NZP+ prescribes to the concept of 'positive health, dignity and



Mwelwa Chibuye, a volunteer capacity building officer and a member of NZP+ since 2001

prevention' (PHDP), which focuses on improving and maintaining the dignity of people living with HIV, thus creating an enabling environment that reduces the likelihood of new infections.

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

However, for many years NZP+ struggled to carry out its mandate. Limited resources and inadequate management systems at the national level resulted in a ripple effect for NZP+ district chapters, which are responsible for organizing local support groups and activities. The decline of NZP+ was not only felt internally, it had far reaching consequences on the effectiveness of the national HIV/AIDS response. 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.

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. In 2012, SHARE II assisted NZP+ to conduct an organizational capacity assessment (OCA) of its institutional and systems capacities to carry out its mandates; 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



An NZP+ member of Kapiri district chapter discusses adherence education and positive living, topics often discussed in local support groups, at the NZP+ Strategic Plan Launch in 2012



have been very helpful to NZP+ in its efforts to mobilize resources to fund both programs and institutional/systems strengthening activities. Over the past year, SHARe II has provided intensive support to strength NZP+ management and governance systems, including its financial and M&E systems.

With regard to program management, overarching thematic areas in the strategic plan—such as *HIV prevention* and *HIV treatment, care and support*—outline core strategies for NZP+ to empower PLHIV through PHDP, increase access to HIV-related services and promote treatment adherence. Commenting on the programmatic guidance the strategic plan has provided to NZP+, Kunyima Banda, a program manager with the NZP+ secretariat had this to say: “SHARe II has been supporting NZP+ for quite some time, and because of that I think we’ve seen a number of things come out of this partnership. SHARe II helped us with the strategic plan, which is now being used at the different levels, and provides some direction for program implementation for the district chapters” she said.

NZP+ District Chapters Taking the Lead in HIV Prevention, Treatment, Care and Support

The Chipata District NZP+ chapter was one of six pilot chapters that underwent intensive institutional capacity building with SHARe, the predecessor to SHARe II. With continued SHARe II support, the Chipata chapter is now able to use their enhanced management skills to meet strategic objectives in the areas of *HIV prevention* and *HIV treatment, care and support* as outlined in the strategic plan. “SHARe II provides direction in that you then have capacity to get other support from different areas. The Chipata chapter is in a position now where it is attracting support from various organizations,” said Ms. Banda in December 2014. “I visited them two months ago, and I found them implementing a program called PMTCT Option B+—and they are not just doing it in Chipata, they are doing it in Katete and Lundazi.”

The Prevention of Mother to Child Transmission (PMTCT) Option B+ approach, adopted as a best

practice by Zambia, offers all HIV-positive pregnant women the option of lifelong antiretroviral therapy (ART), regardless of their CD4 count, thereby streamlining the PMTCT process. Through a partnership with CARE International, the Chipata District NZP+ chapter has trained HIV-positive women in the Option B+ approach for PMTCT uptake, as well as community agents who talk with the community about the importance of ART adherence for PMTCT. Ms. Banda expressed great pride in the work of the Chipata chapter, “Option B+ is one intervention that looks at treatment as prevention. So when we have [NZP+] members going around and increasing uptake of Option B+, for me that is good.”

Support Groups: The Foundation of the Network

At the heart of NZP+ are its PLHIV support groups. Overseen by NZP+ district chapter leadership, support groups form the foundation of the network. With capacity-building from SHARe II at the national and district levels to improve management and coordination, individual support groups can now operate more effectively, thereby offering PLHIV more opportunities to engage in activities aimed at reducing the burden and spread of HIV in their communities.

Not only do support groups provide PLHIV with a source of information and direction, members at this grassroots level undertake NZP+ action, thereby contributing to the goals and objectives of the organization. The primary function of a support group is to provide a safe space for PLHIV, where they can obtain information, share experiences, promote PHDP and plan for joint action. In addition to the internal primary function of a support group, PLHIV are encouraged to contribute to the HIV response through awareness creation, information dissemination, referral and importantly, HIV prevention.

A Turning Point for Mwelwa

Shortly after Mwelwa learned her HIV status, a friend introduced her to NZP+. “I remember when I just joined [NZP+] it was a bit difficult for me. As much as I could see other people living

positively, there was a time when I said ‘Ah, I don’t know whether I can cope with this issue of living positively and taking medication all the time,’” Mwelwa recalls.

At one point, Mwelwa stopped taking her ARVs and had to be put on a more intensive second line treatment when she re-entered care after falling sick. She credits the information she received in a support group for helping her to get back on ART, “Because NZP+ gave me the right information I went back on medication, I continued. I’m living positively and I’m protecting myself.” In her

position as a volunteer capacity building officer with the NZP+ Lusaka district chapter, Mwelwa is now offering women and young people the same support she once benefitted from. In 2014 alone, Mwelwa formed ten support groups for women living with HIV in the fringe compounds of Lusaka. “In our support groups we talk about adherence and the importance of it. I tell them my story,” says Mwelwa of her second-line treatment regime involving three pills taken twice daily.

NZP+ Innovations and Partnerships Promoting PHDP and Access to Treatment

- SECRETARIAT LEVEL:** The NZP+ Secretariat is contributing to regional efforts to support PLHIV through a partnership with UNAIDS by facilitating trainings on PHDP with representatives from national organizations within the Network of African People Living with HIV/AIDS Southern Africa Region (NAPSAR). “It’s an approach that we think will promote a healthy lifestyle, because PHDP puts the individual living with HIV at the center of managing their own health, which means the person is empowered,” explains Ms. Banda of the training sessions she has held. PHDP is a holistic approach to HIV management which includes multiple components including human rights, health and well-being and social and economic support—an approach that NZP+ hopes to advance through newly developed training material for district chapters.
- DISTRICT LEVEL:** As many PLHIV will attest, adherence is paramount to managing HIV. However, poor access to medicines often negatively impacts treatment compliance. To improve antiretroviral (ARV) medicine availability, the Lusaka and Livingstone NZP+ district chapters are partnering with Treatment Advocacy and Literacy Campaign (TALC) to implement the Tendai Project, an initiative of the Southern Africa Regional Programme on Access to Medicines and Diagnostics (SARPAM). Tendai—the Tracking Essential National Medicines and Diagnostics Access Initiative—places monitors at various health facilities to track and document stock-outs of 10 essential drugs, including ARVs. Lusaka and Livingstone NZP+ members act as Tendai monitors at local health facilities, tracking medicines and providing evidence of essential drug stock-outs to advocacy organizations, including the NZP+ Secretariat, who then bring the appropriate government entities and partners on board to intervene.
- SUPPORT GROUP LEVEL:** With SHARe II support, NZP+ trains community-based adherence supporters that attend support group meetings, educate PLHIV in treatment literacy, track ART defaulters and follow-up with PLHIV who are not accessing treatment. For some PLHIV who live in remote areas, obtaining medicine is particularly burdensome and expensive in terms of transport and other costs. To address this, support group members are working together to pool resources to access ART. Each month, everyone in the support group contributes toward transport money for one member to collect ART at the local health facility for oneself and all other members. “People see the need for this, people are taking responsibility,” explains Ms. Banda. The NZP+ Secretariat is now taking these successes to the Ministry of Health in hopes of garnering support for community ART models, whereby adherence support workers would function as community ART distributors, thus reducing congestion at health facilities by limiting PLHIV clinic visits to semiannual check-ups for viral load and CD4 cell counts, and allowing monetary resources to remain within vulnerable households.

NZP+ Next: Focusing on a New Generation

Mwelwa also carves out time in her schedule to mentor youths in Lusaka who were born with HIV. “I know we say to live positively, but it’s not really easy when you don’t have the right information,” says Mwelwa of the HIV-positive youth who are now at the age where they want to explore romantic relationships. Mwelwa connects with youth by sharing her personal experiences with them, encouraging them to accept and manage their situation as best they can. “Look here, I’ve been living with HIV for 14 years now and I’m still alive. Don’t allow society, or your family or your friends at school to intimidate you, because when you have HIV it doesn’t mean the end of life.”

Disclosure is an additional struggle for adolescents and young adults who have lived their entire life on ART. From personal experience, Mwelwa understands that disclosure is a very personal decision, but cautions youth, “If you are not ready to disclose then you need to protect other people”—which often leads to discussions about negotiating condom use. Mwelwa is sure to explain the importance of using protection when the status of one’s partner is HIV-negative or unknown, as well as the relationship between

sexually transmitted infections and increased risk of HIV transmission.

These young people are the next generation of NZP+ members who will be the voice of PLHIV in Zambia. Mwelwa understands that giving them right information and foundation will ensure that NZP+ remains strong and relevant for its members and for the national HIV response.

SHARE II Helping to Build a Strong NZP+

SHARE II has strengthened NZP+, assisting the organization in the development of a strategic direction that not only addresses the advocacy needs of PLHIV at every level of the organization—secretariat, district and local support group—but asks that PLHIV lead the response through methods such as PHDP. Mwelwa’s outlook perfectly embodies this concept, “As people living with HIV and AIDS, for us to live positively in our communities, we should be the ones in the forefront to champion not having new infections, because we know how it is to live with HIV. As much as we are living positively, we wouldn’t want another person to get infected.” ♦

July-September 2014: Other Coordinating Structures Activities and Achievements

- **Orientation of the new Director General (DG) for the National HIV/AIDS/STI/TB Council (NAC):** In November, SHARE II met with the new NAC DG and key staff to discuss SHARE II-supported activities. SHARE II reviewed the DATF certification process to ensure sustainability and support from the DG for activities at the district level.
- **Production of a Best Practices Newsletter for DATFs:** SHARE II and NAC are expanding support to DATFs through *The DATF Newsletter*, a monthly publication containing examples of successful DATF practices. The NAC Documentation and Communication Manager has been tasked with the production of the newsletter. NAC will distribute the first newsletter in January 2015.
- **Support to the NZP+ Administration and Human Resource Committee:** During the period under review, SHARE II and NZP+ conducted interviews for the position of Executive Director. NZP+ will review the four candidates and expects the successful candidate to begin in the first quarter of 2015.
- **Development of Positive Health, Dignity and Prevention (PHDP) Materials:** NZP+ and SHARE II have begun drafting and reviewing PHDP manuals for use by NZP+ support group facilitators at the district level. Pre-testing of this material will take place in early 2015.

Facilitators map out health facilities and treatment access points within the community during an NZP+ support group meeting



Task 3: Strengthen and expand HIV/AIDS workplace 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.

A New Lease on Life: Zambia's Parolees Living with HIV Improve their Lives

In Livingstone's Malota compound, 37-year old Peter Simuyandi's construction business is taking off. While serving a five-year prison sentence for stock theft, Peter acquired construction skills through bricklaying and plastering classes. Now Peter is using his new trade to not only support his family of seven children, but to employ 12 young people and to transfer skills to others in the community, including four former inmates. While incarcerated, Peter—who discovered he was HIV positive during his incarceration—also received other important information through SHARe II-supported peer education training in HIV/AIDS; information that allowed him to learn how to live a healthy life and to encourage others to do so as well—both inside and outside of prison. On April 8, 2014 Peter was granted parole and is now thriving as a result of SHARe II's expansion of work with the Zambia Prisons Service (ZPS) through the National Parole Board—providing opportunities for prisoners like Peter, with good behavior and medical considerations, to be released early into an environment conducive to leading a productive, healthy and fulfilling life.

In Zambia there are an estimated 17,000 incarcerated individuals housed in 54 prisons, which is nearly three times the national prison capacity of 6,100 prisoners. Resources in the prison system are often stretched thin, and insufficient funding impedes the ability of prison authorities to provide adequate services to inmates, especially those living with HIV. Inside prison, risk behaviors such as tattooing, sharing of needles and razors and unprotected anal sex are



Photo credit: Lubuto Library Partners

Peter Simuyandi, a parolee living with HIV, used the skills he learned in prison to start a construction company in Malota compound, Livingstone

commonplace. These behaviors pose a high risk for HIV transmission, and contribute to the 27.4% prevalence of HIV among adults in the Zambian prison system—which is more than double the HIV prevalence in the general population. “We were not staying well because there was too much congestion. Even feeding was not good. Those who were sick could not even take their medication,” explains Peter of the conditions he experienced while in prison.



Mukobeko Maximum Security Prison—overcrowding in Zambia's Prisons exacerbates risks of HIV transmission

ZPS Strategy for Improving Prison Conditions and Services

The ZPS is very aware of the problems it faces in providing quality and humane custodial and correctional services to the prison populations in the country. In the area of health and HIV/AIDS, the service has identified long term and short term strategies to deal with some of these challenges, including the following:

1. Working with GRZ and other stakeholders to improve living conditions and decongest the prisons through refurbishment/expansion of existing prisons and through construction of new prisons;
2. Working closely with the judicial system and other partners to identify better sentencing procedures that take into account the current prison conditions such as community sentencing and increasing the number of inmates on parole;
3. Working collaboratively with GRZ and other stakeholders to improve disease prevention, treatment, care and support, including HIV and TB, in order to improve health outcomes for inmates and safeguard the greater public health good; and
4. Collaborating with stakeholders to improve nutrition and nutrition infrastructure for prison

inmates.

Through these and other short-term and long-term strategies the Zambia Prison Service hopes to improve both the quality and effectiveness of custodial and correctional services to the prison populations so that those who are eligible may leave the prison environment fully rehabilitated and ready to be reintegrated into Zambian society and ready to contribute meaningfully to the greater good of the country. Additionally, from a public health perspective, that prisoners may leave the prison system in as good health as when they were incarcerated, if not better.

As part of this strategy, the ZPS has mounted a response to HIV/AIDS among inmates that includes providing HIV prevention, care, treatment and support services. However, the response has been hampered by congested living conditions, inadequate nutrition, and poor access to antiretroviral therapy (ART) and other treatment services. Additionally and importantly, legal barriers prevent provision of condoms for the prevention of HIV and other sexually transmissible illnesses (STIs).

SHARe II Support to the ZPS

SHARe II has been working collaboratively with the Zambia Prison Service, providing technical assistance at three levels:

Behavioural HIV Interventions for Staff, Outreach Communities and inmates:

SHARe II provides technical assistance to 29 prisons to implement workplace-based HIV/AIDS programs for staff and defined outreach communities, and to implement HIV/AIDS programs for inmates. The programs targeting staff are extended beyond the workplace to defined outreach communities, reaching family members of staff and others in the camps/communities where the prison staff live. 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



SHARe II's Benny Njovu training inmate HIV peer educators at Mukobeko Maximum Security Prison

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 in these partner prisons address HIV risk through unprotected anal sex and other behaviours 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.

Zambia Prison Service Structural Interventions:

Structural interventions 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 prison populations. Specifically SHARe II has provided technical assistance to the Zambia Prison Service to develop and review its strategic plan and has worked the Prison Service 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 currently serving as the Prison AIDS Advisory Committee (PAAC) Secretariat.

Zambia Prison Service Parole Board Support:

SHARe II has been financially supporting the ZPS Parole Board hearings since April 2014. The Parole Board had been unable to hold parole hearing due to lack of funding for two years (2012 – 2013). Parole plays a critical role in

advancing HIV prevention, treatment, care, and support for inmates – the Zambia Prison Service reports that the majority of the paroles that were approved in the past few years have been on the grounds of poor health, and over 50% are related to HIV infection. In a prison environment that is characterized by a high burden of HIV/AIDS, TB, and other disease conditions, overcrowding, poor infra-structure, poor access to health and poor diet, a strong and effective parole system can:

- Help to decongest the prison cells, allowing for living conditions that are more supportive of good overall health, including less overcrowding and improved nutrition with fewer prisoners to feed;
- Allow an opportunity for sick inmates, including inmates living with HIV, to access HIV and/or other treatment outside prison, nearer to their home environments where they can be supported by their families;
- Provide a safer and less stressful environment for both prisoners and prison officers and a more conducive environment for prevention of HIV, TB and other diseases; and
- Remove qualifying inmates from a high HIV-risk prison environment to a lower HIV-risk community environment.

Results of SHARe II Support to the ZPS Parole Board

Parole not only advances HIV/AIDS and public health goals, it is also an incentive that promotes good behaviour amongst inmates and is an economical means for the state to administer punishment. The expected public health outcomes of SHARe II support to the ZPS Parole Board related to HIV/AIDS include the following:

- **Improved Access and Adherence to ART and Treatment:** Paroled inmates living with HIV will be provided an opportunity to access consistent ART and care in an environment which supports good health, improving not only health outcomes for the individual, but also providing HIV prevention benefits;
- **HIV Prevention:** Averted HIV infections through improved access and adherence to HIV treatment for parolees living with HIV and through removal of qualifying inmates from a high HIV-risk prison environment to a lower HIV-risk community environment;
- **Improved Nutrition:** A domestic environment will very likely improve nutritional support for paroled inmates living with HIV through a balanced diet in comparison to restrictions on food that the prison environment necessarily imposes; and



Poor nutrition for inmates, who receive one meal a day, has particular consequences for inmates living with HIV

- **Improved Living Conditions for Inmates who Remain Behind Bars:**

Not only does parole benefit those who are released but also those who remain incarcerated, as prison populations will reduce, thereby decongesting the limited prison space—creating a more conducive environment for prevention of HIV, TB and other diseases.

As a result of SHARe II support to the ZPS Parole Board, in 2014, for the first time in two years, the Board was able to hold three hearings, process 397 applicants, and grant parole to 151 eligible prisoners, of whom 29 (19.2%) were released on the grounds of HIV disease. “I think SHARe II came in a time when we needed support the most,” said ZPS Superintendent and National Parole Board Secretary Elizabeth Mafonko.

Peter was one of the first prisoners to benefit from the new partnership between SHARe II and the Parole Board. “I applied for parole because I left my family and they were suffering in my absence,” Peter explains. While away from his family, Peter’s wife supported their seven children through piecemeal work. She was even forced to sell a large number of their belongings in order to survive. Now that Peter has returned home his family of nine is significantly more stable. Peter’s wife is grateful for the Peter’s early release, “At least now life is a bit ok. We are grateful to the government for the parole program because it has helped us a lot.”

SHARe II support has had a profound effect on the way that the National Parole Board works to mainstream HIV/AIDS with the Parole and Discharge Committee. “Before SHARe II, I think HIV wasn’t something that was really a priority. We really tried to bring it out, but from the time SHARe II came in, I think it has been more pronounced,” Ms. Mafonko explains. Previously, when considering early release for an inmate, the health and HIV status of a prisoner may have been secondary to reforms in behavior. Now Ms. Mafonko says she tells the officers who sit with the eligible prisoners to prepare paperwork for the Parole and Discharge Committee to be specific. “You have to indicate that a person has gone into AIDS, that this person is sick. [Ask] is this person on ART? Or maybe they just got their results. So even as [the Parole Board] is sitting,

we know the state that person is in and we consider all of those.” These considerations expand into the work of extension officers responsible for the supervision of parolees in their communities. “Those days sometimes we would just go and supervise, we wouldn’t even mind much about HIV. But now it’s obligatory that when we go out there, if that person is positive we need to find out if they are adhering to their medication. We have to find out from their family members, how they are taking care of this person. Is this person doing something that will enable him to have income that will sustain his life in terms of buying the right food?”

Because parole is a conditional release from prison, there are certain expectations of those who are granted early release. For individuals living with HIV, ZPS expects that parolees will adhere to treatment, maintain general health and livelihood, and if trained as an HIV/AIDS peer educator while in prison, they are using those skills to mentor other individuals in the community.

Before Rose Tembo was sentenced to time behind bars, her health and that of her son—born with HIV—was deteriorating. “I was sick all the time and my legs swelled,” recalls Rose. Though Rose knew her HIV status before her time in prison began, she did not know how to manage her or her son’s condition. Now that Rose has acquired skills and information in HIV/AIDS through peer education training, she is able to take care of her son. Since her release in August 2014, Rose has been reaching out to pregnant women in Malota compound too, equipping them with important information about prevention to mother to child transmission and encouraging regular visits to the clinic or hospital. Rose hopes that other women do not find themselves in her situation, “I did not go for HIV testing before my son was born, I was ignorant and did not seek services,” she says. “Rose wishes she had had this information herself before she got pregnant. I think this is a very positive stance that she has taken, people in the community are really appreciating that,” explains Ms. Mafonko.

Nearby in Dambwa compound, cousins Mwila Mubebe and Precious Moono hope to take their informal HIV/AIDS mentorship to the next level through the formation of support groups for women. Mwila and Precious consider themselves



Photo Credit: Scarlett Chidgey

Mwila, a parolee in Dabwa compound in Livingstone is maintaining her health and livelihood through the sale of mats

privileged to have obtained training in HIV/AIDS peer education and take great pride in disseminating this knowledge within their community. Mwila and Precious are providing for their families now too. Both learned to knit doormats while serving out sentences for possession of illicit substances, now they are selling their handmade doormats to maintain the health and wellness of themselves and their loved ones. Mwila has even managed to set aside transport money to send her son back to school, as a lack of resources prevented him from school attendance during Mwila’s incarceration.

In-between construction projects Peter treks out to a nearby village to speak to people about HIV/AIDS at the local clinic and Kabuyu Support Club, a group he formed to educate PLHIV and to encourage them to live positively. In Livingstone, Peter also uses his HIV/AIDS peer educator skills to speak with merchants at the local markets. “From when I came out from prison, I am sensitizing and teaching people how to live with HIV and how to be careful, how to prevent themselves from getting HIV,” explains Peter. These discussions aren’t limited to the community either; they are a major topic within Peter’s household too. “Even me as a wife and my elder children, my husband teaches us about how we are to live in this era of HIV,” says Peter’s wife. What’s more, Peter aspires to use his peer education skills

in the very place he obtained them. By reaching out to the local prisoner population, Peter hopes to encourage others in similar situations to live healthy and productive lives.

Parole has proved to be fruitful for Peter, Rose,

Mwila and Precious—providing all four with the opportunity to make meaningful contributions to their families and communities, but also to manage living with HIV in a more supportive environment—a win-win for all, including those remaining in the prison system. ♦

July-September 2014:

Other Workplace HIV/AIDS Programs Activities and Achievements

- **Zambia Prisons Service (ZPS) Health Systems Strengthening Stakeholder Meeting:** In coordination with the Prisons' HIV/AIDS Advisory Committee, SHARe II facilitated a meeting with high-level government and health officials to discuss prison-based health systems strengthening. SHARe II oriented stakeholders from the Ministry of Health, Ministry of Community Development, Mother and Child Health and prison officials on their roles in HIV prevention among incarcerated populations. Provincial medical officers representing the two ministries agreed to work with the prison health directorate to include inmate health in their plans for 2015 activities.
- **HIV/AIDS Programming for the Zambia Police Service (ZP):** During the period under review, staff from the ZP HIV/AIDS Secretariat used skills learned from SHARe II to conduct training in HIV/AIDS and wellness with police officers from seven police camps: Choma, Kabwe, Luanshya, Mansa, Mpika, Ndola and Solwezi. The Secretariat also made support visits to GESHA support teams in the Copperbelt and PAW groups in Kapiri Mposhi, Roan and Tazara to review activities undertaken since SHARe II training.
- **Sensitization by Tourism HIV/AIDS Public-Private Partnership (PPP) Mobilizers in Mfuwe:** SHARe II-trained community mobilizers from defined outreach communities in Mfuwe are working in their communities on HIV/AIDS prevention with support from the district health department. In the period under review, the mobilizers provided HIV/AIDS sensitization to a total of 672 people.
- **Expanding Programs to Defined Outreach Communities in Livingstone:** SHARe II continued to work with 66 community mobilizers and PLHIV supporters to address the HIV/AIDS drivers in the communities of Simoonga and Mukuni on the outskirts of Livingstone. The teachers from the school program for Simoonga Basic and Mukuni Comprehensive report that all of the girls participating in the program remained in school and wrote their final exams in December.
- **Sensitization for Sex Workers by the Livingstone Tourism Association (LTA):** With SHARe II assistance, the LTA continues to implement workplace-based HIV/AIDS programs in small and informal tourism businesses in Livingstone through peer education and mobilization activities. During the reporting period, the LTA held a one-day sensitization program for 90 female commercial sex workers in Livingstone to discuss HIV prevention strategies and positive health-seeking behaviors.
- **HIV/AIDS Programming in Line Ministries:** The Ministry of Transport, Works, Supply and Communications (MTWSC) Workplace HIV/AIDS Program mobilized internal resources to hold two SHARe II-facilitated five-day peer educator workshops attended by 45 MTWSC staff. SHARe II also provided technical support to the MTWSC at a GESHA meeting with 33 participants from the Ministry's Positive Action by Workers (PAW) group. Following the workshop, PAW members conducted two outreach activities over the course of four days—providing HIV/AIDS sensitization to Ministry employees and creating demand for HTC within the Mobile and Alive campaign, an initiative of the Truckers Association of Zambia.



Task 4: 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 Stakeholders' Forum, coordinated by NAC with support from SHARE II, was planned for the July to September 2014 quarter, but did not take place due to funding delays; the event has now been cancelled due to funding limitations.

A tracking system for HIV/AIDS leadership, policy and legal and coordinating structures has been successfully developed and implemented by SHARE II. The system will be handed over to NAC during the next quarter. 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

No data quality assessments (DQAs) were conducted during the period under review. DQAs are planned for the next quarter.

PEPFAR Targets

Data collection continues through SHARE II and its partner for the PEPFAR MER indicators which were implemented in 2014. SHARE II achieved its FY 2014 targets and is on track to achieve the LOP targets for both the MER and NGI indicators and FY2015 targets for GEND_NORM and GPY_PREV (see Table on the next page). ♦

SHARE II MER indicators are either new or modified indicators from the NGI, including GPY_PREV and GEND_NORM. Under the GPY_PREV indicator—which focuses on delivering a core prevention intervention package to priority populations—SHARE II's performance at Quarter I was 11%. 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) Prisoners.

For the indicator GEND_NORM—number of people completing an intervention pertaining to gender norms that meets minimum criteria—achievement was at 22% during the reporting period. 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 5%, as of Quarter I. This can also be attributed to delay in funding which led to the suspension of outreach activities. ♦

Achievement and targets on PEPFAR MER indicators for FY2015 and LOP

| PEPFAR Target | Current Fiscal Year (FY2015) | | | | | Life of Project (LOP) | | | | |
|---------------|------------------------------|------|--------|-------|----|-----------------------|-------|--------|-------|----|
| | Target | Male | Female | Total | % | Target | Male | Female | Total | % |
| GPY_PREV | 20117 | 0 | 2297 | 2297 | 11 | 29263 | 15670 | 3629 | 19299 | 66 |
| GEND_NORM | 15900 | 1214 | 2297 | 3511 | 22 | 6289 | 2969 | 2783 | 5752 | 91 |
| HTC_TST | 17388 | 549 | 396 | 945 | 5 | 101504 | 61189 | 38778 | 99967 | 98 |

Finance & Administration

Task Order Funding

During the reporting period SHARE II received a Stop Work Order (SWO) from USAID due to delays in funding. The SWO period lasted from October 15-3, 2014, after which SHARE II received a further obligation of funds. However, due to additional unanticipated funding delays, SHARE II was advised by our COR on November 21, 2014 to slow down programme activities pending further funding, which may not be received before the end of the year.

As at December 31, 2014, John Snow, Inc. had expended and accrued approximately \$22,523,531 under the SHARE II task order, representing 99% of the total obligation at that date.

At the time of submitting this report, JSI has since received a further obligation of funding in January 2015 and the obligation total now stands at \$24,296,985.99. JSI received notification from USAID that the project will not receive the full award budget amount of \$29,990,690 and the total obligation is expected to be \$25,796,986 (approximately 86% of the award budget, a reduction of \$4,193,704).

Local Sub-partners

On receipt of the Stop Work Order from USAID, JSI immediately issued SWOs to all sub-partners. Whilst work was resumed early in November 2014, JSI also asked all sub-partners to slow down all activities following advice from the COR on 21 November, 2014.

Following the notice of the funding reduction, since the end of the reporting period, SHARE II is currently in the process of meeting with all sub-partners and requesting all sub-awards to be closed out as soon as possible. It is anticipated that all sub-partners will be closed out by 28 February 2015.

Personnel and Procurement

All key personnel remain at post.

During the period being reported, Mr Justin Chitengi, Policy and Legal Manager resigned and left the project.

There were no further personnel changes and no further hires are anticipated.

There was no significant procurement during the project and none is anticipated through the remainder of the project.. ♦

Chief Mwansakombe proudly displays the new *Mwansakombe Chiefdom Development Strategic Plan 2014-2018* at the strategic plan launch on October 1, 2014



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